Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Brookfield Care Centre
Name of provider:	Brookfield Care Centre Limited
Address of centre:	Leamlara, Cork
Type of inspection:	Unannounced
Date of inspection:	03 July 2025
Centre ID:	OSV-0000206
Fieldwork ID:	MON-0047215

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Brookfield Care Centre is a purpose built premises, which commenced operation in 2003. The centre is situated in a rural location close to the village of Leamlara in Co. Cork. It can accommodate 63 residents in a variety of single bedrooms, some of which are en suite and others that are not en suite to allow for manoeuvring assistive equipment. Some of the en suite facilities contain a shower, toilet and wash hand basin and others contain a toilet and wash hand basin only. The centre is located on large landscaped grounds with adequate parking for visitors and staff. Residents have access to a number of secure outdoor areas with raised plant beds and garden furniture. The centre comprises three distinct units, each of which has bedroom accommodation for 21 residents and are self contained with their own communal and dining space. One of these units is designated as a dementia specific unit and access to this unit is through a coded door lock. The centre provides long-term accommodation to residents over the age of 18 years but predominantly to residents over 65 years of age. Residents are cared for by a team of nurses and healthcare assistants with the support of ancillary personnel. Residents can retain the services of their own GP.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 3 July 2025	09:00hrs to 17:10hrs	Niall Whelton	Lead
Thursday 3 July 2025	09:00hrs to 17:10hrs	Erica Mulvihill	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Brookfield Nursing Home is located in a rural setting on the road between Carrigtohill and Leamlara. The centre is within a two storey building with 61 residents living in the centre on the day of inspection.

The building is laid out with all resident accommodation on the ground floor and a small first floor area for staff ancillary facilities. There are two stairs from the first floor each leading to a ground floor corridor. These are secured with code locks. The centre comprised three units; the Blackwater, Glenaboy and the Owenacurra units. The Owenacurra unit was a dementia specific area of the building. The centre has easy access to courtyard garden areas and lovely grounds for residents enjoyment and use.

On entering the centre, there was an open reception desk to the left, with a large sitting room to the right and a sunroom straight ahead. The reception area had a number of seats and residents were seen spending time here during the day. There was a dementia specific area of the building, accessed through coded doors. This area had two bedroom corridors and a main day room, off which a dining room and further day room opened.

In the dementia unit, most residents spent their time in the large open dayroom. There was one bedroom opening straight onto the living room. There was a large dayroom to the rear which included a homely kitchenette. Residents were seen using this space, reading the newspaper and knitting. The kitchen was set up like a domestic kitchen and residents were seen pottering in the kitchen, making tea and looked at home in the space.

Externally, there was a garden area which opened from the rear Glenaboy day room. There were two further secure internal courtyards, one from the Owenacurra unit and the other from the Blackwater. These were seen to be well maintained and were used by residents.

During the walk through of the building, the inspectors saw deficits with fire doors and fire containment. This is discussed further in regulation 28: Fire Precautions.

Most of the premises was laid out to meet the needs of the residents. The inspector saw the door to an outside space which necessitated the use of an access code pad if the door was closed. The centre was clean and bedrooms were personalised with residents' own belongings and memorabilia.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection, carried out by two inspectors, over one day, to monitor compliance with the Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013 (as amended). The inspection included a focused review of fire safety and the premises.

The registered provider of the centre is Brookfield Care Centre Ltd which comprises of three directors. the person in charge was supported by a team including as assistant director of nursing (ADON), clinical nurse managers (CNM) and an extended team of nurses, care assistants, catering, maintenance, administration, activities and housekeeping staff.

The provider had previously identified fire safety risks in the centre. To address the risk, the provider put mitigating measures in place by providing an additional staff member on duty; at night this staff member's only role was to do fire safety checks and to assist in evacuation if required. During the day, maintenance personnel were completing the fire safety checks. The provider arranged for a fire safety assessment, in order to have oversight of the fire safety risks and to inform a programme of work. The provider received the report of the fire safety risk assessment during the inspection. It identified the following risks;

- some fire compartment walls did not continue up to the underside of the roof covering as required
- combustible storage in the attic
- loosely laid fire alarm cables in the attic
- damaged fire containment curtains (barrier to fire)
- deficits to fire doors

The provider gave a verbal commitment to address the findings of the fire safety assessment and actions identified during the inspection; these are detailed further under Regulation 17: Premises and Regulation 28: Fire Precautions. The provider committed to submitting a timebound action plan to the Chief Inspector, once the fire safety assessment was reviewed. This was subsequently submitted.

The inspectors noted good practice in the centre and an awareness of the fire safety risks. There were fire safety memos noted, one of which related to ensuring the charging of equipment batteries within a fire rated enclosure. The inspectors observed that this was being implemented, however there was some combustible items stored with the batteries being charged which presented a risk; these were removed straight away.

Regulation 23: Governance and management

The following management systems required action to ensure the service provided is safe, appropriate, consistent and effectively monitored:

- improved oversight of day-to-day fire precautions was required
- as it was not clear during the inspection,assurance was required regarding the location of fire compartment boundaries used to facilitate progressive horizontal evacuation
- a risk assessment was required to determine appropriate controls where electrical fuse boards were located in the treatment room
- a risk assessment was required in respect of the electrical fuse board in a residents bedroom

Judgment: Substantially compliant

Quality and safety

Overall, there was good oversight of fire safety risks and fire safety management and staff spoken with were knowledgeable on the evacuation strategy in the centre. Most of the fire risks identified were known to the provider and mitigation measures had been put in place.

Notwithstanding this, improvements were required in some day-to-day practices and the evacuation strategy to provide staff with correct information regarding fire compartment boundaries for safe evacuation.

Staff were up-to-date in their fire safety training and were participating in drills; both during training and those organised by management.

Personal emergency evacuation plans (PEEP) were in place for residents; comprising a quick reference version on the back of the bedroom door to guide staff. There was a more detailed PEEP in a folder held at reception which contained pertinent information relating to the evacuation requirements of residents. There were some discrepencies noted in relation to the PEEPs and the inspectors noted two rooms where the PEEP was not displayed.

The inspectors saw breaches to fire containment and deficits to other aspects of the premises as they relate to fire safety. Some walls at first floor level had plasterboard, however joints were not taped and filled to ensure the containment properties of the partition.

Fire safety checks were being carried out and logged, however some improvements were required to ensure the checks captured issues. For example, escape routes were being checked, but the exit door was not being opened during these checks to ensure it functioned..

Overall, the premises was in good condition, but there were some areas where action was required to meet the requirements of the regulations; these are set out under regulation 17: premises. Inspectors observed wardrobes in some bedrooms were of a shape and dimension that was not conducive for easily hanging clothing. The provider confirmed that there were plans to renovate bedrooms when the fire safety programme of work was complete, and this would include a review of residents' wardrobes.

Regulation 17: Premises

Overall the premises was suitable for the residents, however some action was required to ensure compliance with regulation 17 and schedule 6;

- the bathroom adjacent to a resident's bedroom contained the identified sink for residents use; this was accessed from the public corridor and did not afford adequate privacy for the resident
- residents' outdoor space did not have a call bell to summon assistance if required. This was brought to the attention of inspectors by a resident. The smoking area was also missing a call bell
- an armchair had a torn cover with the filling material exposed, impacting infection control and fire safety
- a sample of call bells were tested by inspectors; there was a loose connection in one tested which delayed the activation
- there were some areas of flooring which required action, gaps were forming in floor boards
- the sluice room in the Owenacurra was full with laundry bins, preventing access to the sluice machine and hand wash sink
- the smoking shelter was only accessible to mobile residents, as there were two steps up to it
- there were a number of previous leaks in ceilings which needed painting
- a smoke detector was not fixed to the ceiling in the Comms room and was hanging from the wire

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding good levels of fire safety management, improvements were required by the provider to ensure adequate precautions against the risk of fire. Not all but some examples included;

- the rooom used for charging equipment batteries had some combustible items which would contribute to a spread of fire if one started

- the location of the external oxygen storage cage was inappropriately adjacent to the boiler and laundry room
- there was also a bedroom which contained an electrical fuse board. Management confirmed at feedback that this would be reviewed
- there were wheeled refuse bins stored up against the building. If an accidental fire started in the bins, the fire would spread through unprotected openings through windows or via the eaves to the attic space

Improvements were required by the provider to ensure adequate means of escape:

- an inner room (a room where the escape route is through another room and not onto an escape corridor) was being used as a bedroom. Bedrooms should not be inner rooms
- the width of pathways outside some exits were not sufficiently wide to ensure evacuation aids would fit around the door edge, when the exit door was open
- the provision of emergency lighting along external escape routes was not adequate to safely guide occupants from the exits to a place of safety
- an exit from the Owenacurra Day room had a threshold that may impede escape for residents using mobility aids. All exits should be reviewed to ensure unimpeded egress
- a review of escape signage and supplementary escape signage is required; in some escape corridors, escape signage was not always apparent.

Some improvements were required regarding the maintenance of fire safety systems, building services;

- the electrical installation had had its periodic inspection in 2022, however the appendices setting out recommendations and associated risk level were not available
- not all service reports were available for review to demonstrate that emergency lighting and fire alarm systems were serviced at the appropriate intervals. As work was not yet complete on the emergency lighting the annual confirmation for the emergency lighting was not yet available

The fire safety assessment and observations of the inspectors, identified deficits to fire containment in the centre. These included incomplete fire compartment boundaries, inadequate fire containment between the first floor and adjoining attic and breaches through fire rated construction for services such as wiring, pipework which required sealing up. Action was required to ensure fire doors were effective. There were some doors which did not have requisite smoke seals to contain the spread of smoke, the doors to some rooms of increased risk were not effective such as the Owenacurra kitchenette. Fire doors were observed with gaps to the bottom and loose heat and smoke seals.

The inspectors saw a drill record simulating the evacuation of the largest perceived fire compartment when staffing levels are lowest. In practice, it reflected the occupancy and not the potential full numbers. The time taken to simulate this scenario was considered excessive and the provider was required to reduce this time. Staff spoken with understood the concept of the progressive horizontal

evacuation, but as it could not be determined during the inspection, the location of all fire compartment boundaries, staff may not be aware of the correct location to evacuate residents. The provider is required to confirm the locations of fire compartment boundaries to inform evacuation procedures.
Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Brookfield Care Centre OSV-0000206

Inspection ID: MON-0047215

Date of inspection: 03/07/2025

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• Daily and weekly fire safety checks are actively carried out and documented in the Fire Safety Register.

• Fire Wardens are appointed for both day and night shifts, and their names are clearly displayed on the Fire Warden template at reception.These wardens are responsible for conducting comprehensive fire safety inspections throughout the entire building. All checks are recorded and monitored via an electronic logging system, ensuring full oversight and traceability. This process supports ongoing compliance and ensures that fire precautions are consistently maintained to a high standard.

• The Director of Nursing (DON) oversees compliance with the above procedures and ensures that all systems in place are completed in line with relevant regulations.

• Currently the fire strategy and Evacuation / Travel Distance compartment drawings of the building, taking into account newly formed compartment lines, is been reviewed by a fire safety professional and been updated as such to ensure an effective evacuation strategy is implemented for the designated centre.

• As the building design of the Ground Floor Resident Accommodation Area is such that is allows for single - stage total of evacuation of fire compartments in a phased sequence, due to appropriate number of fire exit points, this will be considered as part of the tested fire strategy review, once new compartments are formed as part of recommended actions in fire engineer report.

• A risk assessment has been carried out in relation to the electrical fuse boards located in the treatment room and residents' bedrooms. The assessment (see attached) outlines the associated risks and details the control measures that have been implemented to ensure safety.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The bathroom adjacent to a resident's bedroom, which previously contained a sink accessed from the public corridor and did not provide adequate privacy, has been reconfigured into a bedroom with an ensuite and living area.

• This reconfiguration included removing access from the public corridor and the installation of appropriate passive fire safety systems, thereby ensuring both adequate privacy and dignity for the resident while maintaining compliance with fire safety standards.

• Each courtyard now has a portable call bell device installed which allows residents to summon assistance promptly when required, ensuring safety and accessibility.

• A condition survey of all seating has since been completed, and all damaged armchairs and chairs have been either disposed of, repaired, or replaced to ensure fire safety and IPC compliance.

• A sample of call bells tested by inspectors identified one unit with a loose connection, which caused a delay in activation; this issue was rectified immediately on the day of inspection. To prevent recurrence, staff continue to receive education through toolbox talks on the importance of promptly reporting faults, and the maintenance team now carries out weekly checks of the call bell system to ensure all units remain fully functional.

• As part of continuing refurbishment plans for 2026, various capital expenditure works will be undertaken post the fire safety works which are underway. Replacement of various flooring areas is part of these capital expenditure plans.
To date the reception area and main dayroom flooring has been replaced. A condition survey has been undertaken and as part of the risk assessment process areas of flooring which require immediate attention will be prioritised. • The issue in the Owenacurra sluice room, where laundry bins were obstructing access to the sluice machine and hand wash sink, was immediately addressed on the day of inspection, with the bins removed to restore full access. To maintain ongoing compliance, the ADON will incorporate daily checks of the sluice room into the Infection Prevention and Control (IPC) spot check process.

• The current smoking shelter location is under review, and a more suitable site on the premises has been identified to improve accessibility. The construction of an accessible smoking shelter will be carried out as part of the ongoing refurbishment plans for the designated centre. Currently, no residents in the designated centre smoke.

• As part of the continuing refurbishment plans for 2026, various capital expenditure works will be undertaken following the completion of ongoing fire safety works. These plans include upgrading resident bedrooms, redecorating communal areas, and upgrading pipework for heating and the Domestic Hot Water system. A condition survey has been completed, and areas of ceilings requiring immediate attention have been prioritised, with in-house maintenance addressing these issues in the short term.

• A smoke detector in the Comms room that was found hanging from its wire was promptly addressed, and the detector has now been securely installed. All maintenance issues of this nature are actioned immediately upon identification to ensure ongoing safety and compliance.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The issue concerning the equipment battery charging room, which contained combustible items, was immediately addressed on the day of inspection. All combustible materials were removed, and clear signage has been installed to inform staff that storing combustible items in this room is strictly prohibited.

• The location of the external oxygen storage cage was reviewed following inspection, and it has now been replaced with an appropriate cage installed in a safe and secure location outside the designated centre.

• The bedroom containing an electrical fuse board, which was flagged during the inspection, has been reviewed. A risk assessment has been completed (see attached), with appropriate control measures implemented to ensure safety.

• As an immediate action, the wheeled refuse bins from the outer kitchen area were relocated to the existing central bin store. Plans are underway to establish a designated kitchen bin storage area in a more suitable location, to reduce the risk of fire.

• Regarding the gap identified in the report concerning a room where the escape route passes through another room rather than onto an escape corridor and this room was being used as a bedroom. A fire safety professional is currently being consulted to establish a dedicated fire exit for this room to ensure compliance. As part of this process, input from the relevant planning authority and fire officer will be sought, and any necessary amendments to previously issued fire safety certification and building control documents will be requested.

• Regarding the width of pathways outside some exits, a fire safety professional has been consulted to ensure that fire exit landings and pathways meet relevant building and fire safety regulations. As part of this process, input from the relevant planning authority and fire officer will be sought for any recommended actions that are required. Any necessary amendments to previously issued fire safety certification and building control documents will be requested, and builders will be engaged to increase fire exit landing areas or pathways as needed. We plan to extend the footpath to provide an appropriate landing area at the fire exit points, with completion scheduled by April 2026.

• As part of the current fire safety works programme, the external emergency lighting will be upgraded to comply with current emergency lighting standards. An electrical contractor has been instructed to carry out the works following the submission of an appropriate design proposal. This proposal is expected to comply with the previously instructed design brief prepared by an electrical design consultant (see attached report).

• To address the issue concerning the exit from the Owenacurra Day Room, which had a threshold that could impede escape for residents using mobility aids, an instruction has been issued to an approved supplier to provide a new door conforming to current building regulations. The installation will be carried out by the in-house maintenance team. Additionally, all exits are being reviewed by a competent person to ensure unimpeded egress for all residents.

• A review of escape signage, including supplementary signage, has now been completed, and all required signage is in place and is clearly visible throughout all corridors.

• Periodic inspection with thermal imaging of all distribution boards has taken place in January 2025, with no visable heat issues at time of survey. (see attached reports).The electrical infrastruture within the designated centre is been substantially upgraded with new lighting including emergency lighting, new bedhead services installed within resident rooms, other communal areas of designated centre as these works are currently on going as part of life safety system upgrade works on completion relevant test and inspection records will be issued. As an example please find attached electrical Test Results for new dado trunking and outlets in Owenacurra unit. Copies of the Cert 3 and test record sheets are attached for the Main Kitchen upgrade electrical works.

• All specialist subcontractor service reports are contained within the fire register with attendances determined by the designated centre asset listing and relevant standard requirement, for which an planned preventative maintenance programme is in place.
• An annual emergency light certification (Annex C8) has been issued in May 2025 confirming that all new and remaining emergency lighting had passed a 3 hour duration test (see attached report).
• In relation to the issue in relation identified deficits to fire containment in the centre; a competent contractor has been appointed and is currently working through a scheduled programme to address all identified fire containment and fire door issues across the building. This includes sealing all service penetrations and breaches in compartment boundaries, upgrading fire-stopping between the first floor and attic, and ensuring all works are certified. A full survey of fire doors has been completed, and defects such as missing smoke/heat seals, excessive gaps, or ineffective closers are being systematically remediated, with priority given to higher-risk areas such as the kitchenette, storage rooms, and escape corridors.
• Staff have been briefed on maintaining fire doors in effective condition, and weekly in-house checks are ongoing to monitor progress and ensure interim safety. All remedial works will be logged with certification, supported by photographic evidence, and recorded in the Fire Safety Folder for inspection. This programme of works is currently underway.
• In relation to the locations of the fire compartment boundaries to inform evacuation procedures; the provider has appointed a competent person to confirm and clearly map all fire compartment boundaries. These will be marked on site, included in fire safety folders, and communicated to all staff through immediate briefings to ensure staff know the correct locations for progressive horizontal evacuation.
• Fire drill procedures are being revised to simulate evacuation of the largest compartment at full potential occupancy, including at times of lowest staffing, with clear performance targets and monitoring of drill times. Learning from drills will be recorded,

analysed, and fed back into updated procedures to achieve faster and more effective evacuations.
• A comprehensive review of the evacuation process is underway and a continual fire training program will be continued as a part of this process to ensure that all staff are aware of evacuation procedure.
• Training records, updated fire drawings including travel distance, evacuation strategy and compartment lines, and fire drill results will be retained in the Fire Safety Folder and reviewed regularly at management level.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	30/09/2025

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/04/2026
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/04/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	30/04/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/04/2026
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	30/04/2026

	evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			