

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

Issued by the Chief Inspector

Name of designated centre:	Cuan Chaitriona Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	The Lawn, Castlebar, Mayo
Type of inspection:	Unannounced
Date of inspection:	11 April 2025
Centre ID:	OSV-0000334
Fieldwork ID:	MON-0046838

About the designated centre

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

The designated centre is registered to accommodate up to 58 residents, male and female, over 18 years of age who require respite, convalescence, short and long-term care. The centre provides care for needs ranging from low to maximum dependency levels, including general care of the older person, care of the persons with physical disability, intellectual disability, acquired brain injury, palliative and dementia care. Accommodation consists of 52 single and three twin bedrooms, each with its own en-suite facility. There are a variety of communal facilities available including three large day room areas, two dining rooms an oratory and an activity room. In addition there are three internal courtyards that are easily accessible from various points in the building. The stated aim of the centre is to provide a residential setting wherein residents are cared for, supported and valued within a care environment that promotes their health and wellbeing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58
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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
Friday 11 April 2025	09:30hrs to 17:45hrs	Gordon Ellis	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. There were 58 residents accommodated and the centre was at full capacity.

The inspector was met by the person in charge who facilitated the inspection. Following an introductory meeting, the inspector completed a walk around of the centre. This gave the inspector an opportunity to meet with staff and residents and observe life in the centre.

Residents appeared to be relaxed and comfortable in the company of staff. All interactions were observed to be respectful towards residents.

The layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. Cuan Chaitriona Nursing Home is located on an elevated site on the edge of Castlebar town in County Mayo. Residents' accommodation is provided on the ground floor level throughout, in mostly single-occupancy bedrooms and a small number of twin-occupancy bedrooms. The majority of the residents' bedrooms were personalised with their photographs and other personal touches.

The last inspection of this centre was on 21 January 2025. During that inspection concerns were raised regarding the layout of three twin-occupancy bedrooms viewed, that did not meet residents' needs. The provider was progressing works to address these bedrooms and working towards their committed time-frame for completion.

This inspection found that storage arrangements, some of which were impacting on fire precautions at the centre and were not in line with the requirements of regulation. The inspector observed flammable and combustible items stored in an electrical room, in two boiler rooms and in some of the attic spaces. Furthermore, the inspector observed the presence of combustible items stored under a number of electrical panels in some of the store rooms. These issues are highlighted further under Regulation 28: Fire precautions and Regulation 17: Premises.

While the centre was comfortable and nicely decorated, some aspects of the environment were not in a good state of repair. Some doors and door frames had signs of damage and holes were found in ceiling and wall areas around service penetrations. An oratory was being used to store wheel chairs, and was being used as an activities room.

Main corridors were spacious and the centre was provided with a number of fire exits. Some fire doors appeared to be in a poor state of repair. From a selection of fire doors sampled in the centre, a number of doors had gaps between the top, bottom and sides of doors and the associated door frames. Some doors did not close fully when tested by the inspector and smoke seals were missing from a

number of doors. In addition, an external path at the rear of the centre from a fire exit terminated some distance from the fire assembly point, making it inadequate to provide escape away from the centre in the event of a fire. These and additional fire risks are detailed further in the corresponding sections of this report.

The main fire panel, although not aligned with the industry standard detection category, indicated it was healthy with no faults on the system. Fire evacuation floor plans were observed to be inaccurate, were not a true reflection of the layout of the centre, and were not displayed at the fire panel for staff to refer to in the event of a fire.

The next two sections of this report presents the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The findings of this inspection were that the registered provider had failed to ensure there were management systems in place to ensure that the service provided was safe and appropriate. The inspector found that the provider was not in full compliance with Regulation 23: Governance and management and Regulation 28: Fire Precautions. In addition, while the provider was working towards meeting the requirements of Regulation 17: Premises, this inspection found that the premises did not meet the requirements of the regulations.

Newbrook Nursing Home Unlimited Company is the registered provider of Cuan Chaitriona Nursing Home. There was a clearly defined management structure in place that identified the lines of authority and accountability, specified roles, and detailed responsibilities for all areas of care provision. The management team consisted of a person in charge and an assistant director of nursing, who were supported by a team of nursing staff, health care assistants, housekeeping and catering staff, activity staff, an administration team and maintenance personnel. Additional support to the local management team in the centre was provided by a regional manager who also had oversight responsibility for a number of other designated centres operated by the provider.

This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the provider's progress with completing the actions they had committed to in a compliance plan submitted following the last inspection on 21 January 2025.

The majority of actions committed to by the provider, with regards to fire precautions, had been completed. The provider had a fire safety risk assessment carried out by a competent fire person in March 2025 and was awaiting the findings of the report. Improvements had been made in the frequency, recording and

procedures for checking fire doors and a review by a competent technician of the fire detection alarm system had been carried out. However, while the provider had completed this review, progress had not been made with upgrading the fire alarm system in line with the recommendations of this review. Furthermore, a date to complete the upgrading of the system was not available.

The oversight of fire safety management systems, and the processes to identify, and manage fire safety risks were not robust to ensure the safety of residents living in the centre. The provider had not taken all necessary steps to ensure compliance with Regulation 28.

This was evidenced by a review of the records relating to fire safety, such as fire safety procedures, the fire register, fire policies and auditing systems. These systems failed to identify significant known risks relating to fire safety such as inadequate oversight of maintenance of fire doors, building fabric, storage practices, evacuation systems, means of escape routes and fire containment.

Weekly audits and fire safety checks on means of escape, appropriate storage, containment and fire prevention were being completed, however, these checks did not identify issues such as inappropriate storage practices as observed on this inspection and were not in line with the providers own policy. For example, a fire policy detailed that flammable or combustible items should not be stored near electrical panels or in plant room or boiler rooms.

A review of the fire safety precautions, including the maintenance of the fire safety doors, found that the requirements of the regulations had not been met. This posed a significant risk to residents, staff and visitors to the centre. An urgent compliance plan to address these issues was requested following this inspection.

Regulation 23: Governance and management

In consideration of fire safety matters identified during the inspection, appropriate management systems were not in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored by the provider.

The oversight of fire safety in the centre was not robust, as it did not adequately support effective fire safety arrangements and keep residents safe. For example;

- Fire safety checks in regards to appropriate storage arrangements were not in line with the fire safety policy and did not identify storage issues which impacted on fire safety.
- The providers' in-house fire management systems such as audits and the fire register had not identified significant fire risks in the centre and did not fully support the oversight of fire the centre. These were in regards to storage arrangements, compartmentation measures, fire precautions, fire doors, fire

containment, means of escape and evacuation procedures. These are outlined in detail under regulation 28.

Judgment: Not compliant

Quality and safety

This inspection found that the management of fire safety, as described in the capacity and capability section of this report, did not fully ensure the safety of residents, staff and visitors. Inappropriate storage, inadequate containment and maintenance of fire doors contributed to this risk. An urgent compliance plan was issued to the provider following this inspection. This plan was accepted by the Chief Inspector.

The inspector found non-compliance over fire-containment, visual deficiencies in the building fabric and fire doors, inadequate evacuation planning, inappropriate location of combustible and flammable material, emergency lighting and external escape routes.

For example, flammable and combustible items were found in an electrical room, two boiler rooms and attic spaces. Additional items were found stored underneath a number of electrical panels in some of the store rooms. This created a fire risk and the storage of flammable items underneath electrical panels created a fire source should a fire occur. These and other examples of fire risks are outlined in detail under Regulation 28: Fire Precautions.

The provider had taken some action with regard to the maintenance of the premises. A call bell had been added to the snoozan/hairdressing room. However, there were parts of the premises that did not meet the care and safety needs of the residents. There were numerous parts of the premises such as store rooms, fire risk rooms and attic areas where walls and ceiling surfaces were visibly damaged and required sealing and redecoration to address gaps in these surfaces. Some door and door frames were found to be damaged and in poor condition. In addition, paint was seen to be flaking off a bedroom ceiling and stains from a water leak were found on a bedroom ceiling. In addition, there was inadequate storage arrangements noted in the centre. This was evidenced by an oratory that was being used to storage area and for use as an activities room. Furthermore, in a sluice room, a sluicing machine and suitable wire rack drip tray was missing.

The centre was found to be visibly clean in areas occupied by residents such as the communal dayroom and dining room. The provider was working towards fulfilling their commitments in regards to the actions required for three twin -occupancy rooms to ensure space was available for each resident met their needs. This was identified on the previous inspection with a date committed to for completion by the provider at the end of June 2025.

The inspector reviewed the fire safety register and noted that parts of it were well organised. In-house periodic fire safety checks were being completed and logged in the register as required. However, deficiencies identified such as appropriate storage and wedging of fire doors had not been identified in the in-house routine checks.

There was a fire safety management plan and emergency fire action plan in place. These were found to be comprehensive and informed the fire safety management of the centre. The inspector spoke with a number of members of staff who had good knowledge of the procedures required for evacuating residents, and the procedures to be followed in a fire emergency.

Regulation 17: Premises

The centre did not conform to the matters set out in Schedule 6 of the regulations. For example:

- There was inadequate storage in the centre. For example, an oratory room was being used for storage and as an activities room.
- There were areas of the centre in a poor state of repair. For example, paint was seen to be flaking off a ceiling in a bedroom and stains from what appeared to be a water leak from another ceiling area in a bedroom were also found. Some door frames and doors were found to have signs of damage and in poor condition.
- The centre did not have appropriate sluicing facilities. A sluice room was missing a sluice machine and a wire rack drip tray.
- There were some areas where walls and ceiling surfaces were visibly damaged and required sealing and redecoration to address gaps in these surfaces. This was evident in a number of store rooms, high risk rooms and attic compartment boundaries.

The premises was not fully in accordance with the statement of purpose prepared under Regulation 3. For example:

- The centre's registered floor plans did not include a first floor plant room crucial to the day-to-day running of the designated centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

At the time of inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. The service was non-compliant with the regulations in the following areas:

Day-to-day arrangements in place in the centre did not provide adequate precautions against the risk of fire and some fire risks identified required urgent compliance by the provider. This was evidenced by the following fire risks:

- Inappropriate storage practices in relation to, flammable and combustible items were found in an electrical room, two boiler rooms and attic spaces. Furthermore, items were found stored underneath a number of electrical panels in some of the store rooms.
- A small storage room in a sitting room had enclosed a red break glass unit within the storage room. This created a risk of obscuring staff to activate the red break glass unit to raise a fire alarm in the event of a fire.
- A fire door located in the kitchen was found to be wedged open.
- Signage was lacking to indicate a gas shut off valve in the kitchen

The means of escape for residents and emergency lighting in the event of an emergency in the centre was not adequate. For example:

- External path at the rear of the centre from a fire exit terminated some distance from the fire assembly point. As a result this was not adequate for residents and staff to use in the event of an evacuation. Furthermore, there was a lack of emergency lighting provided for a night time evacuation from this area.
- A designated fire exit as indicated on the evacuation floor plans reviewed on the day was lacking a directional emergency signage to indicate a fire exit.
- A timber cabinet used for the storage of documents and cardboard boxes was located on a protected means of escape. As the enclosure was not fire rated, the means of escape would be compromised in the event of a fire from this area.

The provider did not provide adequate arrangements for maintaining the means of escape and the building fabric. For example:

- The majority of fire door sets throughout the building were partially or in some instances entirely missing cold smoke seals. This included residents' bedrooms, cross-corridor doors, store rooms, office rooms, sluice and high risk rooms. Some fire doors were found to be missing a door closing mechanism. In particular a number of bedroom were fitted with a 1.5 (cat and kitten) door type with a rebated door overlap where smoke seals were missing. Slide bolts to secure the door in place were not present or the receiving hole was not present to take the slide bolt.
- A lack of door closers fitted to these doors meant that there was a risk that a door could be left open in an evacuation. Furthermore, due to the rebate on the door, this could result in both doors not sealing closed adequately in the event of a fire.
- Fire door tags were missing to identify the fire rating of each door and to verify if these were fire doors.
- Fire doors were found to be in a poor state of repair. For example, a treatment room was missing a door closer, fire seals and had a gap between the floor and the underside of the door. A bedroom door and a dining room

door were found to be warped and had a large gap at top of the door. A number of 60 minute cross corridor doors were found to be fitted with Georgian glass vision panels which may not meet the criteria for fire rated glass. The provider could not provide evidence that the glass was fire rated.

- The inspector identified several rooms where holes, services and utilities significantly breached the fire rated construction of walls and ceilings. This was evident in a number of store rooms and fire risk rooms and attic compartment boundaries. In addition to this, the inspector was not assured the spray foam that had been used to seal around some pipework and infill large openings was an appropriate fire sealing product or that this work had been carried out by a competent person. This could significantly impact the containment effectiveness of fire and smoke.

The provider did not ensure that staff were appropriately trained and knowledgeable in relation to fire safety procedures. For example:

- Some staff when asked were not familiar with the location of the gas shut off points, while others were not familiar with the fire safety systems in the kitchen area.

Arrangements for evacuating all persons in the designated centre and safe placement of residents in the event of a fire emergency in the centre were not adequate. For example:

- It was not clear from the fire drill records reviewed if the time for staff to reach the fire panel at the front of the centre was included in the overall drill times as the centre is spread out over a large area for staff to travel back to the fire panel from various areas of the centre. This could pose a delay in responding to a fire emergency.
- Some drill records were incomplete and did not identify details that would provide assurance that all residents could be evacuated to a place of safety in a timely manner.
- Fire drill records and evacuation procedures did not provide assurances that there were; adequate supervision of the remaining residents in the centre during an evacuation, to meet the fire brigade, to supervise residents in other areas of the centre and at the assembly area. Therefore, evacuation procedures and systems in place were not adequate to provide a safe and effective evacuation for the residents in the event of a fire.

The provider had failed to adequately review fire precautions throughout the centre. For example:

- The fire safety systems, checks and audits in place had not identified a significant number of fire safety risks that were apparent throughout the designated centre in regards to fire precautions, fire doors, fire containment, staff resources and evacuation procedures. Some of which resulted in an urgent action being issued to the provider.

- While fire policies detailed risks associated with the storage of flammable or combustible items near electrical panels or in plant room or boiler rooms. These policies were not implemented by staff.

Arrangements for containment of fire in the event of a fire emergency in the centre were not adequate. For example:

- In a kitchen, the inspector found two main access doors from the dining room that led into the kitchen to be in poor condition. Smoke seals were missing at the top, large gapping was found between the frame and the door surround and smoke seals were painted over which rendered them ineffective to contain smoke.
- One of the access doors was difficult to close as it had sagged and was caught on the floor finish. This was further compounded by the location of a refuse bin that prevented the door from closing.
- Both kitchen doors did not appear to meet the criteria of fire resistance for a fire door associated with a fire risk room, in this case a kitchen.
- Some cross corridor doors and doors to rooms were found with significant gapping around the door and door frames, some were found warped. A number of fire doors were found with non-fire rated vents. Furthermore, some fire risk rooms, including an internal electrical room were found to be fitted with fire doors that did not meet the criteria for the required fire rating and function of these rooms.
- A number of rooms that had previously been used as bathrooms were now in use as storage rooms. Assurances from the provider were not available that these rooms met the criteria for a storage room in regards to fire enclosure and containment.
- Several fire door surrounds were found with a timber panel above some of the bedroom areas. Assurances from the provider were not available that the timber panel would provide the required fire rating.
- An L2/L3 category fire detection alarm system was in place. While this system was not aligned with the industry standard for a nursing home, this had been highlighted to the provider on the last inspection. The provider had completed a review of the system. However, progress had not been made with upgrading the fire alarm system in line with the recommendations of this review. A date to complete the upgrading of the system was not available from the provider.

The displayed procedures to be followed in the event of a fire required a review by the provider. For example:

- Fire evacuation floor plans were not displayed next to the fire panel. The floor plans found elsewhere were not an accurate reflection of the layout of the designated centre. For example, a kitchen layout and dining room servery were not reflected on the floor plans and a first floor plant room was not included on the floor plans. This could cause delay and confusion in the event of a fire emergency.

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	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Cuan Chaitriona Nursing Home OSV-0000334

Inspection ID: MON-0046838

Date of inspection: 11/04/2025

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider and PIC have examined the current Fire Management Systems to ensure the Centre has a robust approach to fire safety at all times.</p> <p>Fire Management Systems: The Provider organised a Fire Safety Risk Assessment (FSRA) and a Fire Door Survey in early 2025. The results of the FSRA report are due this month (June 2025). Once the report has been received the risk rating on the actions of this report will formulate the course of work for the remainder of 2025. All works will be risk rated, and the highest risks prioritised.</p> <p>Fire Safety Checks: The Provider and the PIC have reviewed the implementation and the supervision of the daily Fire checks and current systems at the Centre. In accordance with the Fire Policy, the PIC will direct and supervise daily checks in the Fire book.</p> <p>Storage Practices: Inappropriate storage practices have been reviewed, and all flammable or combustible items have been removed from the electrical panels in the plant and boiler rooms.</p> <p>To date the following actions and improvements have been implemented:</p> <p>1)PEEPS -Residents Emergency Evacuation Plans have been updated in April/May 2025 to reflect the ability of the residents, method and type of evacuation, level and number of staff assistance and supervision required. The PEEPS have been communicated to all staff and are in the PEEPs Folder and Epicare.</p> <p>2)Fire training continues yearly and has been completed on 19.03.2025 and 30.04.2025 ,the PIC, Provider and Maintenance staff have attended online B6 PCCE Training (Fire Door Inspection and Maintenance course March and June 2025.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Provider and PIC have reviewed the matters set out in Schedule 6 of the regulations.</p> <ul style="list-style-type: none"> • Storage: The storage arrangements have been reviewed. The Oratory room is not used for storage and only religious activities are conducted in the Oratory. • Repair: A maintenance schedule for repairs of the Centre in has commenced with additional hours allocated to maintenance since the last inspection. The door frames and doors have been reviewed as part of the FSRA and will be addressed in line with recommendations. • A sluice machine and a drip tray has been ordered to fully equip the sluice room. • All walls and ceiling surfaces with visible damage and that required sealing will be reported and highlighted on the FSRA Report. This action Plan will serve as a risk checklist to ensure all areas are addressed and repaired in 2025. However, in the interim obvious damage and penetrations have been sealed and repaired. • A floor plan of the attic plant room has been prepared. An application to vary the registration will be submitted shortly to include this area in the footprint of the registered Centre. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Following Inspection, the registered provider has taken adequate precautions to ensure that residents were protected from the risk of fire. The following immediate improvements and actions have been implemented where possible to address the non-compliances:</p> <p>Day-to-day arrangements</p> <ul style="list-style-type: none"> • Storage areas have been reviewed and inappropriate items have been removed. • The fire break glass / manual call point has been moved to the exterior wall of the store room. • Fire Door Kitchen: This now has a door closing mechanism in place. • Gas Signage: This was installed but at a lower level which made it very difficult to see. Therefore, to reduce this risk two new signs with words / pictorial information which will indicate the location of the gas and shut off valve in the kitchen have been displayed. Further recommendations in the FSRA will be implemented. 	

Means of escape for residents and Emergency lighting

- External Path: The external evacuation route is under review. The interim plan is to extend this path to provide a safe route for residents and staff. Work has commenced on this.
- Emergency Lighting: the emergency lighting in this area has been reviewed and additional lighting will be installed to provide a safe and well illuminated evacuation route.
- Fire Exit: The designated fire exit has been fitted with a new running man sign to indicate a fire exit.
- Storage: The timber cabinet used for the storage of documents and cardboard boxes is being upgraded so that the enclosure is fire rated.

Maintenance of Building Fabric

- Fire Doors: Smoke seals will be installed on all fire doors not being actually replaced following the Fire Door Survey. There is a programme of works planned to repair and replace fire doors as required. The fire door closing mechanism on the cat and kitten doors is being reviewed and recommendations in the Fire Door Survey will be implemented.
- Door closers: These will be fitted to all fire doors in the Centre.
- Fire door tags: These will be installed with accurate information during the programme of works in 2025.
- Fire Rated Glass: All glass vision panels will be reviewed to ascertain their fire rating and replaced where they do not meet the required fire rating.
- Rooms: All rooms are under review in the Centre. Any deficits such as holes, or any services and utilities that are in breach of the fire rated construction of walls and ceilings will be addressed as a matter of priority. Where spray foam has been used the provider will seek the assurance of a competent person and replace with appropriate material as required.

Training

- Fire training provided to staff in March and April 2025, with particular attention to the gas shut off point in Kitchen. All staff have been made aware of the fire safety systems in the kitchen area during fire training and at fire drills.

Fire Evacuation Arrangements

- Fire Drill Records: Fire drill records reviewed and now outline the time for staff to reach

the fire panel at the front of the centre in the overall Drill time. All drill records are completed

- Fire drill records and evacuation procedures : These have been reviewed during Fire Training and Fire drills inspection .Fire Drills will show evidence of horizontal evacuation .The Resident PEEPS identify the level of supervision that residents require ,staff are trained and have been drilled to be confident to supervise residents in the centre during an evacuation, to meet the fire brigade, to supervise residents in other areas of the centre and at the assembly area. The evacuation procedures and systems in place have been practised at Fire Training and during Fire Drills with staff to ensure a safe and effective evacuation for the residents in the event of a fire.

Fire precautions

- Fire safety systems, checks and audits: have been reviewed and acknowledged by the Provider with a detailed response and actions and commitment to a plan of work for the remainder of 2025.
- Fire policy: The PIC will direct and supervise staff daily to ensure there is no inappropriate storage of flammable or combustible items near electrical panels or in plant room or boiler rooms. Staff have access to the Fire policy. The Fire Policy is reinforced during Fire training and Fire Drills of all Fire risks associated with storage.

Arrangements for containment of fire

- Kitchen: Two main access doors have been replaced with new fire doors.
- Refuse bin: This has been moved.
- Fire Doors: All Fire Doors in the Centre are under review to ensure that all fire doors in the Centre meet the criteria for the required fire rating and function of these rooms.
- Storage rooms: All storage room doors will be reviewed are under review to meet the criteria for fire rating and function of these rooms.
- Fire door surrounds will be assessed and upgraded if required to achieve the required fire rating.
- Fire Detection Alarm System: The L2/L3 category fire detection alarm system is in the process of being upgraded to a L1 system.

Displayed Fire procedures

- Fire evacuation floor plans: The Provider is having the current floor plans updated to reflect accuracy of all rooms in the Centre .Once available up to date floor plan with compartment boundaries, escape routes and MCP will be displayed next to the fire panel.

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/09/2025
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	30/09/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in	Not Compliant	Orange	30/09/2025

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	17/06/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/09/2025
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.	Not Compliant	Orange	30/09/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/09/2025
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable	Substantially Compliant	Yellow	30/09/2025

	training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	17/06/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	30/09/2025
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/09/2025

