



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

Issued by the Chief Inspector

Name of designated centre:	Hollybrook Lodge
Name of provider:	St. James's Hospital
Address of centre:	St Michael's Estate, Bulfin Road, Inchicore, Dublin 8
Type of inspection:	Unannounced
Date of inspection:	10 June 2026
Centre ID:	OSV-0005053
Fieldwork ID:	MON-0049683

About the designated centre

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

Hollybrook Lodge provides residential care to 48 residents. All residents and patients cared for in Hollybrook Lodge have access to specialist medical and nursing care, a wide range of support therapies including Physiotherapy, Clinical Nutrition, Medical Social Work, Speech & Language therapy and specialist aged-care services & treatments including Old Age Psychiatry, Bone Health, and Memory Clinic. Hollybrook is a secure, bright, purpose built two storey structure with stairs and a lift. There are two units, Robinson Unit on the ground floor, and the McAleese unit on the first floor. Each unit provides accommodation for 24 residents. There is an enclosed garden for resident's use adjacent to and behind the building. The family room is located on the first floor and there is an external designated smoking area for residents. The Hollybrook Lodge Residential Care Centre is managed by the Medicine for the Elderly Directorate of St James Hospital. The scope of the directorate services comprises acute in-patient, rehabilitation, out-patient, day care, transitional care, residential care and community outreach.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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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
Wednesday 10 June 2026	07:45hrs to 16:00hrs	Yvonne O'Loughlin	Lead
Wednesday 10 June 2026	07:45hrs to 16:00hrs	Frank Barrett	Support

What residents told us and what inspectors observed

Residents spoke positively about the management and staff within the centre. Interactions observed between staff and residents were warm and familiar, reflecting friendly and respectful relationships. Residents informed the inspector that they felt well cared for by staff. During the inspection, inspectors met with a number of the 48 residents living in the centre on the day and held more detailed discussions with 11 residents and five visitors.

Hollybrook Lodge is a designated centre located in Inchicore, Dublin 8, and is registered to accommodate 48 residents. The centre is arranged over two floors and is divided into two units: Mary Robinson on the ground floor and Mary McAleese on the first floor, both named in honour of former Presidents of Ireland. Despite its urban location, the centre offers a calm and welcoming atmosphere, enhanced by its attractive and well-maintained gardens, which provide residents with pleasant outdoor spaces to relax and enjoy. However, inspectors noticed sections of external areas which had wooden decking surfaces which were in a poor state of repair. These areas were accessible to residents and were in close proximity to ground floor day spaces.

Residents had personalised bedrooms with plenty of space for their belongings. The centre itself was bright, well-ventilated and spacious, with furnishings and surfaces that were easy to keep clean. Overall, the environment, including bedrooms, shared areas and toilets looked clean and well maintained. All bedrooms had a clinical hand wash sink available for staff use. A family room was also available with kitchen facilities to support end of life care. Some of the resident bedrooms on the ground floor, had doors which opened onto the rear garden area. These doors were locked and not used by the residents.

However, some infection prevention measures made the centre feel less homely. For example, stations were placed at the entrance to each unit where staff checked their temperature before entering. While this was common practice during the COVID-19 pandemic, it is not typically seen or required in everyday community settings. In addition, each bedroom sink had both soap and hospital-style hand disinfectant, which gave the rooms a more clinical, hospital-like feel.

Residents who spoke with the inspectors were complimentary of the home cooked food and the dining experience in the centre. The daily menu was displayed in the dining rooms. Inspectors observed the main lunch time meal on each unit. The lunchtime was a relaxed and sociable experience, with residents enjoying each other's company engaging in conversation as they ate. Residents confirmed they were offered a choice of main meal and dessert. The food served appeared nutritious and appetising. Staff were observed to be respectful and discreetly

assisted the residents during the meal times. Inspectors observed drinks and snacks were offered to residents in the morning.

The centre provided a laundry service for residents. All residents' spoken with on the day of inspection were happy with the laundry service.

Residents who spoke with inspectors expressed satisfaction with the activities programme in the centre. Some residents stated that they preferred spending time independently and did not experience boredom, as they had access to newspapers, books, radios, Internet services, and televisions. One resident expressed a wish to get outside more often, and said that sometimes, staff are too busy to assist him to go outside.

The activities programme was displayed on notice boards throughout the centre. Residents' views and feedback were sought through resident meetings and satisfaction surveys. Residents informed inspectors that they felt comfortable approaching any member of staff with concerns or issues and had access to advocacy services.

On the day of inspection, a mass service and live music performance were held, both of which were well attended by a large number of residents.

Inspectors observed fire safety signage and notices around the building. There was some confusion between members of staff on the use of the lift during evacuation, as some staff said that the lift was an evacuation lift however, on investigation, it was not. There were obstacles which were noted during the inspection which would impede an evacuation, including a step outside a fire exit and evacuation sheets which were not correctly fitted. However, fire safety evacuation was understood by residents who were aware of the fire alarm and had participated in some of the fire drill procedures or bell tests that had taken place at the centre.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Overall, the registered provider was striving to provide a service compliant with the regulations. Some opportunities for improvements were identified in the area of quality and safety which is further discussed within this report.

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People)

Regulations 2013 (as amended). This inspection had a specific focus on the regulations in relation to infection prevention and control (IPC) and Fire.

The Hollybrook Lodge Residential Care Centre is managed by the Medicine for the Elderly Directorate of St James Hospital. The local management structure included the person in charge and three clinical nurse managers.

The staffing and skill mix on the day of inspection was appropriate to meet the needs of residents. Residents were seen to receive support in a timely manner, such as providing assistance at meal times and responding to requests for support.

The person-in-charge had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship. The provider had an IPC link practitioner on each unit who's responsibility was to engage with St.James Hospital for education and up-dates.

Staff in the centre had effectively managed a small number of infectious outbreaks during the previous year. A review of statutory notifications submitted to the Chief Inspector found that outbreaks were appropriately managed, controlled, and reported in line with regulatory requirements. The most recent outbreak occurred in February 2026. An outbreak review report had been completed following the event, which identified lessons learned and actions to support continuous improvement in outbreak preparedness and management.

Audits were completed on a regular basis, which included hand hygiene, environmental hygiene and standard precautions. The scores were high which reflected what the inspectors found on the day. However, the audits did not identify some of the findings of this inspection which are set out under Regulation 27: Infection control.

Fire safety audits were being completed on fire safety systems throughout the centre. Fire safety oversight was supported by specialists based on the campus. However, while this level of expertise was being utilized to implement a fire safety audit schedule, it was also used to facilitate fire evacuation drills. This meant that all fire drills completed at the centre were being managed by personnel that may not be present at the time of an emergency. As a result, some areas of concern noted during fire drills were not being resolved, which led to some confusion among staff regarding the correct means of evacuation, and the procedures to take. A review of fire safety of the entire centre was required, due to a number of concerns noted during this inspection. These issues are discussed under Regulation 23: Governance and Management, while the detailed fire safety findings are discussed in the Quality and Safety section and Regulation 28: Fire Precautions.

Regulation 15: Staffing

Inspectors reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill-mix of

staff was sufficient to meet the needs of residents, having regard to the size and layout of the centre. There was a low turn over of staff in the past year.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that all staff were up to date with mandatory infection prevention and control training and fire safety training. There was a blended approach to the training which included face-to-face and on line learning.

Judgment: Compliant

Regulation 23: Governance and management

Management systems generally ensured that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(d). However, further action was required to be fully compliant. This was evidenced by the following:

- The provider had outsourced the cleaning of the centre to an external company, however, the oversight of the cleaning practices was ineffective. This is discussed further under Regulation 27: Infection control.
- Fire safety management of the centre was not robust, as all routine fire drills were managed by campus specialists that may not be on site at the time of a fire. The delegation of responsibility to in-house staff in the event of a fire was lacking. This issue had been identified on the previous inspection, but no remedial action was taken to address it.
- Fire safety policy adapted by the provider was not always followed at the centre. This was evidenced by confusion over evacuation methods, which were unclear in the policy document, and further by a reference to door closers fitted to all doors, which was not the case at the time of this inspection.
- There was no up-dated fire safety risk assessment completed by a competent person to review and analyse the impact of all aspects of the buildings fire safety systems and the management systems put in place by the provider. Some of the concerns raised on this inspection are noted under Regulation 28: Fire Precautions.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and the required notifications in relation to IPC and fire safety were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

On the whole, residents were supported to enjoy a good quality of life in a manner that respected their wishes, preferences, rights, and choices. Residents were actively involved in the organisation and day-to-day operation of the service, promoting a person-centred approach to care. However, not all areas of fire safety and infection prevention and control were compliant with the regulations.

On this inspection, the premises was reviewed and the providers compliance with the requirements of schedule 6 of the regulations, which outlines the facilities, and equipment for the use of residents. While the layout of the centre provided ample internal space for day-to-day activities and the overall running of the centre, external areas required review. Some areas which would not be suitable for residents use were noted and some areas of damage to the property were affecting the use of the external spaces. Internally, the premises was found to be well maintained overall, however, some equipment was not in place which the residents may rely upon. These are discussed further under Regulation 17: Premises.

Fire safety was reviewed on this inspection, as well as commitments made by the provider following findings of fire safety related issues on previous inspections. There was a category L1 fire detection and alarm system in place which was serviced up-to-date. There was emergency lighting and directional signage in all areas. Signage was posted throughout the centre giving details on how and where to evacuate the building in the event of a fire. However, concerns were noted with escape routes, where the route included a step which would be difficult to negotiate for impaired mobility or sighted persons. Bedroom doors were noted as being held open and were fitted with hold open devices, however, in many cases, there were no door closers fitted, which meant the hold open devices were ineffective as the door would not close if released. Concerns were noted with the condition of some fire doors which may affect the fire rating of the doors. Residents who wished to smoke were facilitated to do so at a dedicated smoking area, however, this was equipped with a foam type fire extinguisher which was not suitable for use on a person in the event that their clothes catch fire. This extinguisher was replaced with an appropriate one following this inspection.

The bedroom corridors were divided into sections with cross corridor doors which would close on activation of the fire alarm. Some of these doors were fitted on compartment lines, and the doors fire rating reflected this. However, some staff were not aware that the position of the doors was not always an indicator of the compartment lines. This meant that some bedroom compartments were larger than staff were familiar with and included up to 12 residents. This size of compartment was not reflected in staff drills completed at the centre. Fire safety concerns are noted further in Regulation 28: Fire Precautions

Resident care-plans were maintained on a paper based system that provided easy access for staff. Improvements in care planning was observed since the last inspection. For example, the care-plans viewed were detailed, patient centred and reviewed in-line with changes in the residents needs.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was well maintained and nicely decorated, however, not all areas of the premises were in line with matters set out in schedule 6 of the regulations. For example;

- Some sinks in resident bathrooms were not fitted with plugs meaning residents were not able to use their sink for personal cleaning.
- A hoist was removed from an assisted bathroom on the ground floor. The track for this hoist was still in place along with the electrical connection, but the hoist itself had been removed.
- Externally, the premises required a review. There was decking fitted on the ground in some resident seating areas that was posing a risk to residents as some of the boards were damaged, rotting or presenting a trip hazard. There was also a shed placed in this area which stored materials and supplies for the use of the centre, such as continence wear. While the provider confirmed that this area was cordoned off following this inspection, the area was not available for access until the repair work was completed.
- At the rear of the building, some of the guttering was damaged and causing water to damage the walls, and some of the doors at the ground floor area.

This impacted on the ability of residents to use the doors as they appeared to be damaged at the bottom.
Judgment: Substantially compliant
Regulation 25: Temporary absence or discharge of residents
Inspectors reviewed residents' records and observed that, where a resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon the residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.
Judgment: Compliant
Regulation 27: Infection control
<p>The provider generally met the requirements of Regulation 27: <i>Infection control and the National Standards for infection prevention and control in community services</i> (2018), however further action was required to be fully compliant. For example;</p> <ul style="list-style-type: none"> • Cleaning products were not used in accordance with the providers own cleaning policy. For example, plain water was used to clean residents' furnishings, which increased the risk that surfaces were not cleaned effectively and may have compromised infection prevention and control measures. • Safety-engineered devices were not in use on needles in one of the units. This omission increased the risk of sharps injuries to staff and was not in line with best practice for the prevention of needlestick injuries.
Judgment: Substantially compliant
Regulation 28: Fire precautions
<p>The registered provider did not provide adequate means of escape including emergency lighting for example:</p> <ul style="list-style-type: none"> • One of the main evacuation stairs from the first floor, discharged out to the rear garden at ground floor level. The door to exit was also identified as an exit route for ground floor evacuation. There was a step down to the footpath

outside this door with a further step back up, to continue evacuation away from the building. This would prove difficult for anyone evacuating with mobility or vision impairment. This would also prove difficult for residents requiring mattress evacuation through this route. Another evacuation route required a 90 degree turn outside the door to get to the assembly point. The space was narrow and would be difficult to manage bed evacuations which were confirmed as in use for ground floor residents.

- Some exit doors were fitted with thresholds which were not level, nor had they a ramp to the threshold lip. This would be a difficult obstacle for residents in an evacuation situation.
- The main reception area was fitted with a door that opens on activation of the fire alarm. Staff and management confirmed that this route would be used in an emergency evacuation, however, it was not identified as an escape route with emergency exit signage.

The registered provider did not make adequate arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout, and escape routes, fire control techniques and the procedures to be followed should the clothes of a resident catch fire. For example:

- While there were regular fire drills completed at the centre, none of the drills reviewed were completed using staff at the centre to manage the evacuation. Additionally, the drills completed did not reflect the size of the largest compartment. Many of the drills were single bed evacuations, even in situations where there was more than one bed within the bedroom. The drills did not have an indication of learnings or outcomes from the drill, resulting in staff repeating some of the issues and not completing certain aspects such as closing doors. This is a repeat finding.
- Staff were not consistent in their approach to evacuation methods, for example, some staff indicated bed evacuation, while other staff insisted on the use of ski-sheets in evacuation situations.
- The fire fighting equipment available at the smoking area was not suitable for use in the event of clothes catching fire. The procedure and training on the steps to take in the event of a residents' clothes catching fire required review to ensure that residents that wish to smoke, can do so safely.

The registered provider did not make adequate arrangements for containing fires. For example:

- The size of some of the compartments within the centre required review. The cross corridor doors fitted did not accurately reflect the location of the compartment lines, as some did not provide compartmentation. Staff referred to these doors as being the compartment line, indicating a gap in the training and remedial works were required to ensure the compartments sizes were manageable for the needs of the residents at the centre.
- The containment measures in place at fire doors were insufficiently robust. A sample of doors reviewed highlighted issues with damaged doors, self closing devices which had been removed. Many doors were also fitted with door

holders which are devices used to hold doors open and will allow the door to close on the sounding of the fire alarm, however, these are not effective when there are no door closers fitted which was the case on numerous doors.
Judgment: Not compliant
Regulation 5: Individual assessment and care plan
A review of care plans found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents that were colonised with an infection and those residents that had a urinary catheter.
Judgment: Compliant
Regulation 6: Health care
There were good standards of evidence based healthcare provided in this centre. A medical officer routinely attended the centre and was available to residents. Allied health professionals also supported the residents on site.
Judgment: Compliant
Regulation 9: Residents' rights
Residents were provided with the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents meetings. Residents had access to radio, newspapers, televisions and advocacy services.
Residents were supported to access recommended vaccines, in line with the national immunisation guidelines. The inspectors observed kind and courteous interactions between residents and staff on the day of inspection.
Judgment: 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hollybrook Lodge OSV-0005053

Inspection ID: MON-0049683

Date of inspection: 10/06/2026

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none">Reviewed the cleaning practices and oversight of cleaning practice in place in Hollybrook and aligned with the policy. Full retraining of all cleaning staff carried out and recorded on the correct use of chemicals as per policy and also appropriate procedures and safeguards to ensure chemicals are never left unattended.Cleaning assessments are now carried out weekly by contract supervisor from cleaning team and records retained by CNM's and Contractor Supervisor for inspection. The Contractor Site Manager from facilities management now meets with Hollybrook cleaning staff and supervisor twice monthly. The Assistant Manager from cleaning team attends once weekly to review the cleaning process.Transition fire drill facilitation to a nominated on-site Senior Nursing Person in Charge, with campus specialists retained in an advisory/audit role only. Identified staff to be facilitated with a fire warden course and in person drill training by the fire services team.Review and update the fire safety policy to accurately reflect current door closure arrangements and to clearly define evacuation methods for staff.Commission an updated fire safety risk assessment from a competent person, covering the building's fire systems and management arrangements, and implement its recommendations on a tracked action plan.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> ▪ Identified sinks without plugs and work in progress to complete the same. ▪ Review the ceiling hoist with clinical team and install engineer. Post review it has been recommended by the ceiling hoist management to keep this track in place. Should a ceiling hoist be required at a future time the re install process and cost would be prohibitive. ▪ Review the decking area for safety and complete remedial required works. The decking was reviewed by SJH Engineering and cordoned off for remedial works. ▪ Procurement process commenced for the repair of decking. Procurement process and required works for completion by end Q4 2026. ▪ The guttering has been reviewed and repaired. ▪ The doors at the ground floor area have been reviewed and directed to maintenance contractor for required works. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> ▪ Reviewed the cleaning practices and oversight of cleaning practice in place in Hollybrook and align with the policy in place. Full retraining of all cleaning staff carried out and recorded on the correct use of chemicals as per policy and also appropriate procedures and safeguards to ensure chemicals are never left unattended. ▪ Cleaning assessments are now carried out weekly by contract supervisor and records retained by CNM's and Contractor Supervisor for inspection. The Assistant Manager from facilities management now meets with Hollybrook cleaning staff and supervisor twice monthly. The Assistant Manager attends once weekly to review the cleaning process. ▪ Safety-engineered devices now in use in line with best practice for the prevention of needlestick injuries. 	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> Reviewed exit near the staircase on the ground floor to ensure that a mattress evacuation can be carried out at this time. Plan agreed to remove the step down/step up by raising the ground level within the void to create an even surface. Procurement process commenced for the infill works and required works for completion by end Q4 2026. Hedgerow to be removed and footpath to be extended adjacent to end of exit in the ground floor unit by end Q4 2026. Facilities management tasked for exit doors fitted with thresholds to be repaired using a steel plate ramp. Compliant emergency exit signage to be installed on the reception route and to update relevant documentation and training to reflect this. Interim measure: brief all staff by the fire safety team on the current viable routes pending remedial works and note this in fire evacuation training sheets post every training. Transition fire drill facilitation to a nominated on-site Senior Nursing Person in Charge, with campus specialists retained in an advisory/audit role only. Identified managers from nursing and catering to be facilitated with a fire warden course and in person drill training by the Fire services team. Plan a series of scenario-based compartment evacuations ensuring full building completion by end of the year. Ensure provision for this is handed over in the transition of fire drill facilitation. Ensure outcomes are part of post drill debrief and tested in next drill. Deliver refresher training to standardise evacuation method (bed evacuation vs. evacuation sheets) and correct fitting of evacuation sheets. Provide written confirmation (via Fire Safety Procedures handbook) to all staff that no lift at the centre is an evacuation lift and reinforce in Hollybrook Lodge induction/training. The fire safety procedure handbook will be added to provide staff awareness along with Fire Policy and a copy of it will be provided to each unit with a copy in display in the fire register. Appropriate fire extinguisher type was installed at the smoking area and added to routine fire equipment checks. Review the procedures for managing a resident whose clothes have caught fire. Procedures for managing a resident whose clothes have caught fire updated. Provide written confirmation (via handbook) to all staff of the procedure, place a copy in the smoking area, and reinforce it in Hollybrook Lodge induction/training for all staff. Provide written confirmation (via Fire Safety Procedures handbook) to all staff of the compartmentation limits and reinforce boundaries in future fire evacuation drills. Updated drawings are now available, based on the granted fire safety certificate, showing the compartmentation boundaries throughout the building Complete review to identify doors that do not align with compartment boundaries. Updated drawings are now available in the fire register in the reception and awareness piece will be included in the training, based on the granted fire safety certificate, showing the compartmentation boundaries throughout the building. Commission a full fire door survey by a competent fire safety engineer to map true compartment lines against door locations, and remediate misalignments. Repair or replace damaged fire doors and reinstate self-closing devices (free swing devices) across all fire doors as a priority action. 	

- Audit all door hold-open devices; fit door closers wherever hold-open devices are in use.

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	31/12/2026
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	31/12/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the	Substantially Compliant	Yellow	09/09/2026

	Authority are in place and are implemented by staff.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/12/2026
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable 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.	Not Compliant	Orange	31/12/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2026