

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

Issued by the Chief Inspector

Name of designated centre:	Ballinamore Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Tully, Ballinamore, Leitrim
Type of inspection:	Unannounced
Date of inspection:	25 July 2025
Centre ID:	OSV-0005290
Fieldwork ID:	MON-0047779

About the designated centre

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

Ballinamore Community Nursing unit is a purpose-built facility that provides accommodation for 20 residents who require long-term residential care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. In the statement of purpose, the provider states that care is focused on a person centred approach where each resident is treated with dignity and respect. This centre is a modern building and is located in the town of Ballinamore. It is a short walk from the shops, library, church and business premises. Bedroom accommodation consists of 18 single and one double room. All rooms have fully accessible en-suite facilities. A variety of communal accommodation is available and includes sitting rooms, a dining area, a prayer room and visitors' room. The centre has a safe well cultivated garden area that has features such as bird feeders, flowers and shrubs to make it interesting for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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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 25 July 2025	09:50hrs to 16:30hrs	Gordon Ellis	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. There were 17 residents accommodated in the centre with a vacancy of two residents.

The inspector was met by a senior staff member 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. The centre is located in Tully, Ballinamore. The centre is comprised of a single storey building and is connected to an adjoining Primary Care Centre. The designated centre is accessed via double doors to the right hand side of the building via the main entrance door to the building. The Primary Care Centre is accessed to via double doors to the left side of the same main entrance door to the building. Two store cabins were noted to be located at the side of the premises.

The residential bedded areas are located in four compartments that mostly surround an enclosed garden, which is accessible to residents. The two largest compartments accommodate up to 9 residents. The designated centre was clean and overall was maintained to a good standard. Residents' bedroom accommodation was arranged in 18 single and one twin bedroom. All bedrooms had full en suite facilities with showers. Extendable width doors were fitted on residents' en suite facilities which ensured that doors were wide enough for passage of larger assistive equipment such as large wheelchairs used by residents. On the day, a twin room, was vacant due to proposed reconfiguration works to the layout of this room to address layout and storage issues identified on a previous inspections.

The residents were observed enjoying participating in planned activities ranging from hand massages and enjoying interactions with a small resident dog, who was a pet to all of the residents to enjoy their time with on a regular basis. Walls were decorated with photographs of residents celebrating important events.

While walking around the centre, the inspector observed storage arrangements were noted to be impacting on fire precautions at the centre. Flammable and combustible items were found stored in a boiler room, an electrical switch room and an electrical cupboard.

Main corridors were spacious and the centre was provided with a number of fire exits. However, a path outside a fire exit was not wide enough to evacuate residents

from this fire exit at the end of a residential corridor and ultimately to the designed fire assembly point.

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 provider was not in full compliance with Regulation 23: governance and management and Regulation 28: Fire Precautions.

This was an unannounced monitoring inspection to review the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), with particular focus on fire precautions and the management of fire safety.

The registered provider of this centre is the Health Service Executive (HSE). Ballinamore Nursing Unit benefits from access to and support from the Health Service Executive's centralised departments such as human resources, information technology, staff training and finance. The person in charge led a staff team consisting of nurses, carers, housekeeping, catering and an administrator. Day to day maintenance of the premises was the responsibility of a centralised maintenance department. The catering department also provided a lunchtime meal for an adjacent day service operated by the provider.

This inspection was used to follow up on the provider's progress with completing the actions they had committed to in their compliance plan in regards to Regulation 28: Fire Precautions and Regulation 17: Premises.

The last inspection of this centre was on 18 October 2024. During that inspection concerns were raised in regarding a number of fire doors required repair and did not ensure effective containment of fire and smoke. Furthermore, drill records reviewed did not provide assurances that residents would be safely evacuated in the event of a fire due to prolonged evacuation times. Drill records did not outline; calling the emergency services and supervision of residents by staff post their evacuation.

On this current inspection, the provider had addressed these concerns in line with their compliance plan. However, additional fire safety concerns had been identified on this current inspection which are outlined in detail in the upcoming sections of this report.

In regards to premises concerns, the provider had addressed some of the issues in regards to storage of hoists and damage to floor coverings. Issues still remained

unresolved in regards to the layout of a twin room not ensuring the personal space available for each resident met their needs. This room was vacant at the time of the inspection due to the proposed reconfiguration works the provider was planning to carry out to address these issues.

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 risks relating to fire safety such as; inadequate oversight of storage practices, evacuation practices, means of escape routes and fire containment.

In addition to this, the provider had submitted to the inspector post the inspection, their own fire safety risk assessment dated April 2025. The assessment had identified a number of fire risks. From a review of the assessment, three fire risks were in regards to; a padlock that was fitted to a garden gate fire exit, the width of a path outside a fire exits not adequate for evacuation purposes and fire stopping works that were required to a ceiling in a Comms room. The inspector noted these fire risks still persisted on this inspection and had not been addressed by the provider in a timely fashion.

Weekly audits and fire safety checks on the means of escape, appropriate storage, containment and fire prevention were being completed. However, these checks did not identifying areas of poor fire safety management such as; the inappropriate storage practices which required immediate action by the provider and inadequate means of escape from fire exits.

Issues relating to the management of fire safety are detailed under Regulation 23 Governance and Management. Further fire safety issues are detailed under the quality and safety section and regulation 28 fire precautions of the report.

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, fire precautions, fire containment, means of escape and evacuation procedures. These are outlined in detail under regulation 28.
- The provider did not address known fire risks identified in April 2025 and documented in their own fire safety risk assessment within a timely fashion. The fire risks highlighted in this report in regards to; a padlock fitted to a garden gate, the inadequate width of a path outside a fire exit and the fire stopping required in a comms room. These risks still persisted on the current inspection. An action plan is required from the provider to address all fire risks identified in the fire safety risk assessment

Judgment: Not compliant

Quality and safety

It is acknowledged the provider had been proactive and had a fire safety risk assessment carried out in April 2025. Following a previous inspection in 18 October 2024, the provider had completed the actions committed to in regards to fire safety,

Notwithstanding the above, 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. The inspector found non-compliances in the following areas:

- Inadequate sealing up of service penetrations through fire resisting construction.
- Ineffective procedures relating to the evacuation of residents in the event of a fire.
- Inappropriate storage practices that impacted on fire safety.
- Fire risks identified in the providers own fire safety risk assessment persisted and were yet to be addressed.

The inspector observed poor fire safety practices in relation to storage. For example, in three high risk rooms, various flammable and combustible items were being stored. These ranged from cardboard boxes, paint, litter and flooring materials. The management of storage presented a potential fire risk-if a fire did develop, it would be accelerated by the presence of these items. This was brought to the attention of senior staff and arrangements were made for the immediate removal of these items before the end of the inspection.

The maintenance of the building fabric was maintained to a good standard in the majority of areas. However, a ceiling in a comms room was compromised due to holes and penetrations that breached the fire rated ceiling. The internal courtyard

was maintained to a high standard. Notwithstanding this, a fire exit gate from this area was found to be fitted with a bolt and padlock. This created an obstruction and could potentially delay an evacuation from the enclosed garden as there was no other option of moving residents to a place of safety after evacuating residents into this area.

Staff when asked on matters of fire procedures were familiar. The main evacuation procedure was bed evacuation practiced in the designated centre. Fire exits from the bedroom block wings were provided with green break units and manual call points for staff to raise the fire alarm in the event of a fire. However, a fire exit at the end of a resident's corridor was found to not be appropriate for the evacuation of residents. This was due to the width of a path outside the fire exit not being wide enough to accommodate the egress of residents from this fire exit and ultimately to the designed fire assembly point.

Subsequently after the inspection, the provider had submitted a copy of their own fire safety risk assessment dated April 2025. The assessment had identified six medium fire rated risks. Some of the risks included; holes in a Comms room ceiling, the lack of appropriate egress from the enclosed garden due to a bolt fitted to a garden exit gate and the width of a level path outside a fire exit from a bedroom block. These and other fire safety risks were identified in the assessment. These risks remained unresolved on the day of the inspection and the provider had failed to address them in a timely fashion.

Overall, the premises was designed and laid out to meet the needs of the residents. It was clean, tidy and well ventilated. External spaces were maintained to a high standard - pathways were clean and clear of obstructions. However storage remained an issue in the centre due to the findings outlined above.

There had been issues identified on a previous inspection with a twin room. The layout of this twin room did not ensure the personal space available for each met their needs. A restrictive condition had been placed on the registration to review this room once the current occupants no longer reside in that bedroom. The room was vacant on this current inspection as the provider was planning to carryout works to address these concerns.

Personal emergency evacuation plans (PEEP) were in place for residents. The PEEPs identified the evacuation aids required by day and night, while accounting for residents with sleeping, hearing, medication and vision impairments that could affect their evacuation. The PEEPs had been improved since the previous inspection and contained pertinent information to inform the evacuation of the resident and included supervision requirements after evacuation.

The fire safety register was reviewed and 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 inappropriate 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. Service records were available for the various fire safety and building services and these were all up-to-date.

Regulation 17: Premises

Some improvements were required to ensure the premises conformed to the matters set out in schedule 6 of the regulations, for example;

- There were some areas where walls and ceiling surfaces were visibly damaged and required sealing and redecoration to address gaps in these surfaces.
- Storage arrangements required a review to ensure all items were stored in their rightful place. For example, a boiler room, an electrical cupboard and an electrical switch room were being used for the storage of items.
- There had been issues identified on a previous inspection with a twin room. The layout of this twin room did not ensure the personal space available for each met their needs. A restrictive condition had been placed on the registration to review this room once the current occupants no longer reside in that bedroom. The room was vacant on this current inspection as the provider was planning to carry out works to address these concerns.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Actions are required by the provider to ensure adequate precautions were in place to protect residents and others from the risk of fire and compliance with Regulation 28.

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 immediate action by the provider. This was evidenced by the following fire risks:

- Some fire doors were found to be propped open which interfered with the door closing mechanism. These were found in a kitchen and behind a nurse's station.
- A designated fire assembly point was located in a car parking space. This required a review by the provider as there was no delineated area for residents and staff to gather in the event of an external evacuation to this area.

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

- A garden gate designated as a fire exit was found to be secured with a padlock. This created a risk of delaying an evacuation in the event of a fire. All fire exits are required to be easily accessible and openable in the event of a fire. This had been previously identified in the providers fire safety risk assessment dated April 2025.
- Furthermore, a fire exit at the end of a resident's corridor was found to not be suitable for the evacuation of residents. This was due to the path outside the fire exit not being wide enough to evacuate residents from this fire exit and ultimately to the designed fire assembly point.
- External emergency lighting to some areas of the designated centre were missing at the rear, side and front of the premises. The inspector was not assured adequate emergency lighting during a night time evacuation would be provide to adequately illuminate external evacuate routes for residents in the event of an evacuation.

The provider needed to improve the arrangements for maintaining the building fabric. For example:

- The fire rating of a fire door to a treatment room was compromised due to visible damage.
- The fire rating of a ceiling in a Comms rooms was found to be compromised due to holes and services that penetrated the ceiling, which required fire sealing in order to maintain the ceilings fire integrity. Furthermore, an opening was identified between a boiler room and a switch room that had been covered by a non-fire rated material.

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

- Two sets of cross corridor fire doors off the entrance lobby to the designated centre were indicated on the fire floor plans as FD60s fire door. One set of double doors led into the designated centre and the other set of double doors led into the adjoining day centre. These doors were found to be FD30s and did not meet the requirement of a 60 minute fire rated compartment boundary.
- The inspector was not assured the glazing to a prayer room and a family room would meet the required fire rated.
- An external cabin used for the storage and day-to-day running of the designated centre was found to not be fitted with fire detection. This created a risk of a potential fire being undetected.

From a review of the provider's own fire safety risk assessment, there were some containment fire risks noted and they are as follows:

- In regards to compartment walls in the attic spaces, there were some minor fire stopping noted in locations due to services that penetrated the compartment lines.
- The fire rating of ceilings located within the enclosure to hazard rooms did not meet the fire rating required. These rooms include a Comms room, filing office and storerooms.

Arrangements for evacuating all persons in the designated centre and safe placement of residents in the event of a fire emergency in the centre required improvements.

- Regular drills were being carried out on a regular basis. Notwithstanding this, the provider had not tested a scenario of evacuating residents through fire exits to the external assembly point. This would have identified shortcomings found in relation to the external evacuation routes.
- Drill practices demonstrated a lack of understanding as drill scenarios were asking staff to evacuate residents a number of time past a room were a fire had been located, instead of using a fire exit in the opposite side of a compartment. This would have evacuated residents away from the danger of a fire. As such, improvements to the evacuation strategy were required in order to evacuate all residents in a safe and timely manner.

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 Ballinamore Nursing Unit OSV-0005290

Inspection ID: MON-0047779

Date of inspection: 25/07/2025

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none">• The Person In Charge immediately removed any items that were incorrectly stored within the designated centre on the 25th July 2025 following the inspection. The Person In Charge and Registered Provider have reviewed the storage arrangements within the designated centre and have subsequently introduced a weekly checking system to inspect the two distribution board rooms, the boiler room and the switch room to be in line with the fire safety policy.• The Registered Provider and Person In Charge have reviewed the fire register and the Fire risk assessment for the designated centre to ensure it fully addresses all fire risks. This was completed on 22nd September 2025.• The Registered provider, Person In Charge and HSE Fire Officer have commissioned fire safety works which will commence on the 06th October 2025 to address the fire precautions, fire containment, means of escape and evacuation procedures, this will ensure that they are in line with the fire safety policy. The expected completion date of the works is 31st May 2026. This is in line with the time frames as determined by the HSE fire safety risk assessment.• The external gates with the padlock will be replaced as part of the upcoming project works and will be fitted with access control interlinked to the fire alarm when completed. This will be completed by 30th December 2025.• The Registered Provider, Person in Charge and HSE Fire officer have reviewed the width of the path and are assured following a simulated fire drill on the 23rd September 2025 that the drop-down kerb directly outside the final exit door allows for the safe evacuation of beds towards the assembly point.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Registered Provider and Person in Charge have reviewed the designated centre and will address the areas where walls and ceiling surfaces were visibly damaged and required sealing. These will be addressed as part of the fire safety works project commencing the 6th October 2025. These works will be completed 31st May 2026.</p> <p>The Registered Provider and Person In Charge have reviewed the storage arrangements within the designated centre and all items are now correctly stored. This was completed on the 30th July 2025.</p> <p>The twin bedroom is compliant from a fire safety perspective. An upgrade of this room is planned and will be completed as part of the works schedule for the fire safety upgrades. This will be completed during the phasing works of the upcoming fire safety works.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Registered Provider and Person in Charge have reviewed all fire safety measures within the designated centre and have directed all staff that no doors/fire door to be propped open. This was completed on 25th July 2025. This is being reviewed and monitored on an ongoing basis by the Person In Charge.</p> <p>The Registered Provider and Person In Charge have reviewed the designated fire assembly point. Yellow boxes will be provided to the two parking bays to ensure no vehicle is parked in the way of beds being evacuated from the exit door towards the assembly point in the event of a fire. This will be completed by 30th November 2025.</p> <p>The assembly point will be raised from its current low position to a higher position so that it is more clearly visible. This will be completed by 31st October 2025.</p> <p>The external gates with the padlock will be replaced as part of the upcoming. Fire safety project works and will be fitted with access control interlinked to the fire alarm when completed. The new gates will be installed by 20th December 2025.</p> <p>The Registered Provider, Person In Charge and HSE Fire officer have reviewed all issues identified within the report and the following outlines the measures that will be taken to ensure compliance.</p> <p>The drop-down kerb directly outside the final exit door and are assured following a simulated fire drill on 23rd September 2025 that it allows for the safe evacuation of beds to the Fire assembly point.</p>	

The external emergency lighting around the perimeter of the building will be reviewed and assessed by a competent fire safety company and if required additional lighting will be installed by the 31st October 2025. This will ensure that the emergency lighting will adequately illuminate external evacuation routes for residents in the event of an evacuation.

All fire doors will be reviewed on-site and remedial upgrades / replacement as required will be carried out to them , this will include the treatment room which will be completed during the phase of the fire safety upgrade works in that area of the building. This will be completed by 31st March 2026.

The three conduits in the comms room will be fire stopped as part of the fire works project commencing the 6th October 2025 and completed by 31st May 2026.

The wall between the boiler house and switch room will be fire stopped. This will be completed by 15th October 2025.

The existing FD30s entering the designated centre will be replaced with a new FD60s door set. The new FD60s doors will be installed during the upcoming Fire safety project. The double door set entering the day centre is existing FD30s door set and will remain untouched. The doors are not located along a 60 minute compartment line and do not require to be FD60s.

The glazing to the prayer room and the family will be replaced during the upcoming project to ensure they meet with fire safety regulations

Fire detection is to be fitted in the external cabin. This will be completed by the 31st October 2025.

The Registered Provider and HSE Fire officer have reviewed compartment walls .All compartment walls are subject to remedial works to fire stop minor fire defects noted in the fire risk assessment. The fire strategy for the building at time of construction is based on fire walls extended full height and not fire rated ceilings. All ceilings in the designated centre are cosmetic in nature.

A fire drill which includes the scenario of evacuating residents through fire exits to the external assembly point was completed on 23rd September 2025 and evacuation was completed successfully

The Registered provider and person in charge have reviewed the system in place for simulated fire drills .All fire drills are now carried out correctly with new sections added to the fire drill recording document including recording who calls the emergency services and the supervision of residents by staff post their evacuation. This was completed on 11th August 2025.

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	31/05/2026
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.	Not Compliant	Orange	30/07/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable	Not Compliant	Orange	25/07/2025

	fire fighting equipment, 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	30/12/2025
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.	Substantially Compliant	Yellow	31/10/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/03/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/05/2026
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.	Substantially Compliant	Yellow	23/09/2025