Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Marian House
Name of provider:	Holy Faith Sisters
Address of centre:	Holy Faith Convent, Glasnevin, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	15 January 2025
Centre ID:	OSV-0000693
Fieldwork ID:	MON-0042584

About the designated centre

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

Marian House, Glasnevin, is a Nursing Home run by the Holy Faith Sisters. It is a Holy Faith congregational facility, which seeks to care for Sisters of the Holy Faith and female residents in a comfortable, homely environment supported by qualified nurses and carers. Marian House staff is guided by the current and future best practice guidelines for the care of its residents.
Marian House is purpose designed to provide care for residents with a variety of needs and can accommodate maximum of 26 female residents. There are 24 single rooms and 1 double room in the centre located on two floors. It is surrounded by landscaped gardens with country views. The secure outdoor enclosed courtyard has seating areas for the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23

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 15 January 2025	08:00hrs to 17:00hrs	Niamh Moore	Lead

What residents told us and what inspectors observed

Based on the inspector's observations and discussions with residents' and staff, Marian House was a nice place to live. Residents' were supported to have a good quality of life with an ethos where their privacy and dignity was respected and upheld by the staff caring for them. There were many opportunities for social engagement and meaningful activities. Residents spoken with had particularly positive feedback for the staff team, the calm environment and the food provided. One resident said "this is the nicest place you could be".

Marian House is a congregational facility located on a campus like setting with a convent and local secondary school on the grounds run by the Holy Faith Sisters. The designated centre can accommodate 26 residents, mostly on a long term basis, however, there are a small number of convalescence care beds also available in the centre. The centre comprises of two floors, the ground floor and first floor. There were 23 residents living in the centre on the day of the inspection.

Both floors of the centre comprised residents' bedrooms and communal areas. Other facilities made available to residents were located on the ground floor and included a dining room, a prayer room, and a conservatory area where residents' could meet with visitors. Residents' were observed relaxing in these areas, and many residents were observed mobilising freely around the centre. There was a dedicated beauty salon located on the first floor. Residents had access to garden areas, such as a secure courtyard, this area required further maintenance works to ensure the area was safe for residents use, as the end of the pavement was not level with the planting area. Management told the inspector that there was a budget approved for maintenance works to complete this area such as, decorative stones within the planting areas. The campus grounds were secured by a gate, and residents were observed utilising the outdoor areas for walks. Residents spoken with stated that they loved the outdoor areas.

Bedroom accommodation comprised 24 single and one twin-bedded bedroom. The inspector, with permission, viewed a sample of these rooms and found they were suitably furnished and seen to be personalised with items of interest to the resident, such as photographs and soft furnishings. Residents' had access to use either en-suite or shared bathrooms, which were seen to be clean.

During the tour of the centre, the inspector noted that there was good use of notice boards to update residents' on the availability of activities and events which were occurring within the centre. The activities calendar detailed numerous activities available from Monday to Sunday in line with residents' interests and capacities. There was evidence to show that residents were offered choice in key aspects of their care, such as, what activities residents would like to engage in and the choice of food they would like to eat. All interactions between staff and residents' observed on the day of inspection were person-centred and courteous. Staff were responsive and attentive without any delays to attend to residents' requests and needs.

Activities were occurring on the day such as, prayer and bingo which was facilitated by students from the local secondary school. Residents' told the inspector that they particularly enjoyed the daily prayers, and activities such as music. One resident also spoke about a recent shopping trip and a Christmas party, where staff brought their children in who sang and danced for the residents' which was very enjoyable.

Meals were served in the dining room and in the resident's bedrooms as per individual preferences. The dining room tables were laid out appropriately with condiments like salt, pepper and water jugs for residents' personal use. Chefs on duty were familiar with residents' dietary needs and had documentation on residents' meal choices including those who were on modified diets and prepared their meals accordingly. The food looked hot and appetising and residents were all very complimentary with praise for the catering staff, "the food is wonderful". There was a relaxed atmosphere within the dining room, with conversation between residents' encouraged. There was also ample staff available to assist residents' at mealtimes.

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

Capacity and capability

The findings of this inspection found that the registered provider had a well-organised management structure in the centre. Overall, the clinical care and residents' rights were well managed for the benefit of the residents. However, gaps were found in oversight arrangements of documentation, and for the premises and fire safety.

The unannounced inspection was carried out to monitor the provider's compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the actions the provider had taken in line with their compliance plan response from the previous inspection of February 2024.

The registered provider of Marian House is the Holy Faith Sisters. There are five committee members in place who provided governance and oversight. The local management team on site included the designated proprietor and the person in charge who were responsible for the daily operations in the centre. The person in charge was supported in their role by two clinical nurse managers, and a team of staff which included nurses, healthcare assistants, activity staff, household and catering staff.

The inspector was provided with a hard copy directory of residents to review. Action was necessary to ensure the directory of residents was up-to-date, and it contained

all information as required under Schedule 3 of the regulations.

There were clear lines of accountability and responsibility identified within the management team. The annual review of the quality and safety of the service for 2024 was in progress on the day of the inspection. There were various oversight systems in place through a 2025 calendar of meetings, committees and auditing. Key performance indicators were captured and regularly reviewed. Where items for improvement or actions were identified, an action plan was seen to be in place. While these systems were found to be effective in the most part, further action was required to ensure there was effective oversight on all areas of care. This is further discussed under Regulation 23: Governance and Management.

The registered provider had an agreement with the local secondary school to facilitate school placements on a voluntary basis within the centre. These students supported activities and administrative duties once a week. The registered provider's policy on recruitment and selection outlined the requirements for volunteers and work experience students. The registered provider had confirmation that each student had a satisfactory vetting disclosure in line with the rules for Garda vetting as set out in the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012–2016. However, improvements were required to ensure that all measures outlined within the provider's policy and within Regulation 30: Volunteers were in place.

A record of accidents and incidents involving residents in the centre was maintained. The inspector reviewed a sample of these incidents and found that incidents were managed appropriately. From this review, most notifiable notifications were submitted to comply with Schedule 4 of the regulations.

Regulation 19: Directory of residents

The directory of residents did not meet the criteria as set out within Schedule 3 of the regulations. For example:

- The sex of each resident was not recorded.
- The address of the resident's next of kin was not recorded in a sample of three records reviewed.
- The telephone number of the resident's next of kin was not recorded in a sample of four records reviewed.
- The address of the resident's general practitioner (GP) was not recorded in a sample of two records reviewed.
- The telephone number of the resident's GP was not recorded in a sample of eight records reviewed.
- The name and address of any authority, organisation or other body which arranged the resident's admission was not recorded for any resident.
- The cause of death was not recorded for two records reviewed.

Judgment: Substantially compliant

Regulation 23: Governance and management

While some good management systems were in place, including a number of comprehensive oversight systems, not all systems in place were effective at ensuring the quality and safety of the service provided to all residents. For example:

- Not all precautions against the risk of fire were taken. For example:
    - The measures in place did not identify a risk relating to poor storage which impacted on fire safety measures.
    - The registered provider had commissioned a fire safety risk assessment in December 2021, and a revised action plan was submitted following this inspection. This action plan identified that many actions had been taken, however the cause and effect protocol was in development and a revised timeframe for completion was set for the end of March 2025. This was necessary to outline the process in the event of a fire in any of the surrounding buildings.
- There were no measures and actions in place to control the risks identified to some building works which were ongoing. For example, the paved courtyard was not complete and therefore there was a visible gap in the level from the end of the pavement to the planting area. This was potentially a falls hazard and there were no controls seen in place.

Judgment: Substantially compliant

Regulation 30: Volunteers

Gaps were identified in the documentation for the volunteers within Marian House. For example:

- As detailed earlier, student placements had been provided with assigned responsibilities such as assisting with activities and record keeping, however these roles and responsibilities had not been set out in writing. This was also not in line with the registered provider's policy which stated that each volunteer would have a detailed job description for their role.
- The inspector was told that student placements were supervised by activity personnel, however there was no documentation available for review. This was not in line with the registered provider's policy which stated that volunteer staff would have an induction/orientation, manual handling training and are supervised by nursing staff.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

One notification had not been submitted within three working days of the occurrence as set out under Schedule 4 of the regulations. It is acknowledged that this notification was submitted following the inspection.

Judgment: Not compliant

Quality and safety

Overall the inspector found that residents were well cared for and received person-centred care from a team of staff who knew them well and their individual needs and preferences. However, enhanced oversight was required in some areas of quality and safety to ensure residents' safety and compliance with all regulations, such as the premises and fire precautions.

A general practitioner (GP) attended the designated centre on a weekly basis. Outside of this an out of hour's service was contacted. There was evidence from a review of residents' records that residents' were referred appropriately and reviewed timely by health and social care professionals, for example by the GP, psychiatry of later life, geriatricians, physiotherapy and speech and language therapy. There was evidence that residents' had access to the recommended treatment which was outlined within care plans, however, there may have been benefits for enhanced weight monitoring of residents who were identified as at risk of malnutrition.

Residents with communication difficulties were supported to communicate freely. Documentation and records pertaining to communication requirements reviewed were person-centred and comprehensive to sufficiently guide staff.

The inspector observed that the premises was clean, nicely decorated and overall kept in a good state of repair. Many improvements had been made such as appropriate hand washing facilities and new janitorial units within the cleaning store rooms. Some maintenance works were ongoing during this inspection, such as a new conservatory area and the creation of a record store room and training area for staff. The registered provider informed the inspector that once the works have been completed they will inform the Chief Inspector of Social Services and submit an application to vary the registration of the centre. Some areas of the premises did not conform with the matters under Schedule 6 of the regulations. This is noted under Regulation 17: Premises.

A varied menu was available, providing a range of choices to all residents, including

those on a modified diet. This menu was available daily in pictorial format. There were adequate staff available to assist residents, which was seen to be conducted in a respectful manner and according to the care needs of the residents.

Staff were trained annually in fire safety, daily fire safety check were completed and there was a fire committee in place to discuss fire safety measures required. However, areas of the premises required further oversight to ensure that adequate fire safety precautions were in place, which are discussed under Regulation 28: Fire precautions.

Regulation 10: Communication difficulties

Each resident's communication needs were assessed through a comprehensive assessment. Where there were additional supports required, a person-centred care plan was developed. Care plans sufficiently guided staff on how to meet the individuals' communication needs, for example they referred to assistive equipment in place.

Judgment: Compliant

Regulation 17: Premises

Some areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations as follows:

- The new conservatory area on the ground floor did not have a call-bell connected to the call-bell system similar to the other rooms. It is acknowledged by the end of the inspection a temporary measure of a call-bell was put in place.
- Wear and tear was observed to one area of flooring on a corridor. The damage visible on this floor would not allow for effective cleaning in this area.
- Holes were visible to the wall in the clinical room on the first floor.
- The inspector observed holes in the ceiling tiles in an electrical room.
- The bedpan washer was not working effectively on the day of the inspection and was awaiting repair.
- The external courtyard had uneven paving meaning it was unsafe for residents' to use.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were offered choice at mealtimes. The inspector observed that the meals served during the lunch-time service looked nutritious, and were seen to be prepared according to the different dietary requirements of the residents.

Judgment: Compliant

Regulation 28: Fire precautions

While registered provider had made a significant investment to improve the premises against the risk of fire, the day-to-day management of fire safety measures required further oversight. For example:

- The tank/plant room contained inappropriate storage of combustible items, such as cardboard and cleaning equipment. It is acknowledged that the provider took immediate action to clear this area.
- A smoke alarm was missing from a storage area under a stair case. This was used to store clinical items such as gloves and hand sanitiser gels. It is acknowledged that the provider took immediate action to clear this area and stated this would no longer be used for storage.
- A newly-fitted cross corridor door on the ground floor when closing had a significant gap. Management confirmed they would review this with their competent fire personnel.
- The electrical room within the staff kitchenette area was not identified as having a fire-rated door to ensure effective containment to this high-risk room in the event of fire.
- The external evacuation escape route from the first floor was not clear. The staircase contained building materials such as a saw, screws and items of furniture which could prevent the safe evacuation of residents. This area was cleared by the end of the inspection.

While there was evidence of adequate fire safety training and that fire drills were routinely completed at the centre, these drills were not reflective of all possible high-risk fire scenarios. For example:

- Only one fire drill was completed for the full evacuation of a compartment in the last 13 months.
- On the day of the inspection, there was no evidence of the simulated evacuation of the compartment which contained residents with the highest dependency.

Judgment: Not compliant

Regulation 6: Health care

The inspector was assured that there was regular and appropriate medical and health referrals made for residents.
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 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant

Compliance Plan for Marian House OSV-0000693

Inspection ID: MON-0042584

Date of inspection: 15/01/2025

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 19: Directory of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 19: Directory of residents:

• Clinical management staff will liaise with the administrator of the facility's electronic documentation provider to look at developing a template for the Directory of Residents that will ensure all required information is included as set out in Schedule 3, No. 3 of Regulation 19.

• This section is now available Residents Registrar New (3.0) on the electronic documentation platform. However, column for 'NAME & ADDRESS OF ANY AUTHORITY, ORGANIZATION OR OTHER BODY, THAT ARRANGED RESIDENT'S ADMISSION TO THE DESIGNATED CENTRE' is not part of the section yet. This will be explored by the electronic documentation provider for future upgrade.

• A monthly residents' register will be generated from the electronic platform and exported to excel in which additional column on 'Name & Address of any authority, ORGANIZATION or other body, that arranged resident's admission to the designated centre' will be added and filled out to complete the information required on Schedule 3.

• The facility's management team and admin staff have started to transfer the information required from the paper register book to the electronic record.

• The electronic residents' register will be regularly audited to ensure that information is being updated accordingly as needed and promptly.

TIMEFRAME: Electronic Template: Completed 24th February 2025
Transfer & completion of information: 30th April 2025
1st Audit of Residents' Register: 7th May 2025

Regulation 23: Governance and management	Substantially Compliant

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

• The understairs storage was cleared completely on the day of the inspection. The door is kept locked with a key and is being monitored since.

• Placing a smoke detector will be explored in terms of feasibility to connect to the new fire alarm system.

• If not possible, as discussed at the Fire Team Meeting on 04.02.2025 the following actions will be done:

1. Remove existing door, and
2. Provide an access panel that requires a tool to open.

TIMEFRAME: Completion Date 30th April 2025

• The fire safety risk assessment review was discussed with the Fire Consultant after the inspection.

• Fire Consultant confirmed that his review has been on-going since June 2022, with the facility's direct engagement with him addressing the various matters that arose in the June 2022 report.

• The Fire Consultant will issue a written report when the current construction works are completed (and certified by the Architect) and that in the meantime he will continue to review implementation of the June 2022 report.

TIMEFRAME: The written report will be issued by the Fire Consultant once the fire compliance related work is finished. The anticipated completion date is 30th June 2025.

• The latest draft of versions 7 & 3 of the cause & effect protocol will be circulated for feedback and correction, as discussed at the last Fire Team meeting 04.02.2025.

TIMEFRAME: Final versions completed: CEM Technical Matrix Version 7 & Inter-Management Fire Detection/Alarm System Protocol Version 3 were signed-off on 21st February 2025

• Non-usage of the courtyard area will continue until the Contractor has completed the work on the end of the pavement.

• The communication about this with the residents & staff will be reinforced regularly.

• Signage (To approach nurse on duty prior to opening) placed on the door leading out

to the Courtyard and temporary line barrier in situ along the edges of the pavement.
TIMEFRAME: Anticipated completion Date 30th June 2025

Regulation 30: Volunteers	Substantially Compliant

Outline how you are going to come into compliance with Regulation 30: Volunteers:
• The policy on volunteers will be discussed and reviewed at the next Governance & Management meetings in March 2025 to streamline student volunteers':
- Roles and responsibilities
- Job description
- Induction program (to include applicable training based on activity or work)
- Supervising staff

TIMEFRAME: Final drafting of policy 15th April 2025

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
• The incident notification was done the day after the inspection.

TIMEFRAME: Notification submitted 16.01.2025

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The call bell in the Conservatory was installed on the 6th February 2025 and is part of the new call bell system. The unit/parts were requested and quote from the company was received 30th January 2025.

TIMEFRAME: Completed 06.02.2025

• The floor covering work in the middle area Ground Floor is added on the compliance work as discussed at the Team Meeting on the 6th February 2025. Consultation ongoing

between Facility Manager, Architect and Contractor.

TIMEFRAME: Anticipated Date of Completion 31st July 2025

• The holes on the wall in the 1st floor clinical room will be covered and is added on the compliance work. Consultation ongoing between Facility Manager, Electrician and Contractor.

TIMEFRAME: Anticipated Date of Completion 30th June 2025

• The technician came and fixed the bedpan washer on the 17th January 2025.

TIMEFRAME: Completed 17.01.2025

• Non-usage of the courtyard area will continue until the Contractor has completed the work on the end of the pavement.
• The communication about this with the residents & staff will be reinforced regularly.
• Signage (To approach nurse on duty prior to opening) placed on the door leading out to the Courtyard and temporary line barrier in situ along the edges of the pavement.
TIMEFRAME: Anticipated completion Date 30th June 2025

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The new bed still in it's cardboard packaging was removed on the day of the inspection. The tank room was cleared.

TIMEFRAME: Completion Date 15th January 2025

• The following options were discussed at the team meeting on 06.02.2025
Option 1: Remove the suspended ceiling tiles to expose the concrete ceiling above.
Option 2: Retain suspended ceiling. Block up holes in ceiling tiles in as far as practicable. Remove redundant cabling and dress up remainder. Provide additional sockets for TV service distribution cabinet.

• The work is added on the compliance work. Consultation ongoing between Facility Manager, Electrician and Contractor to finalise which option to consider.

TIMEFRAME: Anticipated completion Date 30th June 2025

• The understairs storage was cleared completely on the day of the inspection. This is

being monitored since.

• Placing a smoke detector will be explored in terms of feasibility to connect to the new fire alarm system.
• If not possible, as discussed at the Fire Team Meeting on 04.02.2025 the following actions will be done:
1. Remove existing door, and
2. Provide an access panel that requires a tool to open.

TIMEFRAME: Completion Date 30th April 2025

• The cross corridor door on the ground floor was discussed with the Fire Consultant, he informed the management team that the Architect will be inspecting these doors as part of the new works and he is engaging with the building contractor to rectify any snag items or any inconsistencies.

• It is an additional and recently fitted fire door, with cold smoke seals, and will be modified as required to ensure that all gaps are within the range of the fire safety requirements, and to satisfy the Fire Safety Certificate obtained by the Architect for the works.

TIMEFRAME: Completed 26th February 2025

• The electrical room within the staff kitchenette area was discussed with the Fire Consultant who confirmed that, as there is a metal enclosure for the electrical behind these wooden doors, this area is within fire safety precautions. Furthermore, this is not an escape route. The partition and doors are for aesthetics only.

TIMEFRAME: Completed

• The materials seen in the external evacuation escape route from the first floor was removed straightaway on the day of the inspection. The escape route was cleared of the items identified.
• A more thorough monitoring of the evacuation escape routes will be carried out every shift.

TIMEFRAME: Completion Date 15th January 2025
Monitoring will be ongoing.

• The management team in the facility will continue with the twice weekly evacuation drill being done.
• As the staff are getting used to the new fire detection/ panel system, full evacuation drills of Zone 1, 2 & 3 will be increased to reinforce further the facility's fire safety management.

• Will conduct a regular simulated full evacuation drill once a month of the different zones, which means every 3 months the entire Zones 1, 2 & 3 will be covered.

TIMEFRAME: Zone 2 full evacuation drill was conducted on the 20th January 2025. The fire drills will be ongoing.

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	06/02/2025
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	07/05/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2025
Regulation 28(1)(a)	The registered provider shall take adequate	Substantially Compliant	Yellow	15/01/2025

	precautions against the risk of fire, and shall provide suitable 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.	Substantially Compliant	Yellow	15/01/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	20/01/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/04/2025
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre	Substantially Compliant	Yellow	15/04/2025

	have their roles and responsibilities set out in writing.			
Regulation 30(b)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre receive supervision and support.	Substantially Compliant	Yellow	15/04/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	16/01/2025