Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Tearmann Lodge
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	05 May 2026
Centre ID:	OSV-0009023
Fieldwork ID:	MON-0050351

About the designated centre

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

Tearmann Lodge is operated from a large purpose built bungalow located near a small town. The centre has a maximum capacity of 10 and can provide full-time residential support for nine residents and respite for one resident. The centre is intended to support residents of both genders over the age of 18 with intellectual disabilities who have medium to high dependency/elder care/dementia needs. Support to residents is to be given by the person in charge, a deputy manager, nursing staff, social care workers, care assistants and catering staff. Within the centre there are ten individual en suite bedrooms for residents in addition to a sitting room, an activity room, a quiet room and a kitchen-dining area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Tuesday 5 May 2026	07:35hrs to 14:45hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

This was a focused inspection to assess the provider's progress in meeting a restrictive condition relating to the premises and fire safety systems provided for the centre. During the course of this inspection, the inspector met with seven residents and also spoke with members of centre management and two staff members. Overall, a relaxed atmosphere was encountered in the centre during the inspection but regulatory actions were identified relating to the premises and fire safety systems. A transport issue impacting one resident was also raised during the inspection.

Upon arrival in the centre, the inspector was informed that nine residents were present in the centre that day. One of these residents was a respite resident who left the centre shortly after the inspection commenced. The inspector met this respite resident and while they did not communicate verbally they were seen to smile at times. The other eight residents present were full-time residential residents with the inspector meeting six of these. Direct verbal feedback from these residents was limited but the inspector did get an opportunity to speak with one of these residents. A ninth residential resident who would ordinarily be present in the centre was staying with their family on the day of inspection and so was not met by the inspector.

During the initial stages of the inspection, the atmosphere in the centre was quiet as staff and management on duty supported residents with personal care and to have their breakfast. As the morning progressed, five residents were supported to leave the centre with three of these attending day services operated by the same provider while the other two went for tea out in a nearby town. Towards the end of the morning one of the remaining residents was seen in the kitchen-dining area with a member of staff. The inspector asked the resident what they were doing but could not clearly make out the resident's response.

The staff member present was familiar with the resident's communication needs and indicated that the resident was helping to cook a chicken curry for dinner. The cooking of this chicken curry resulted in a nice smell coming from the kitchen-dining area at times. Staff and management on duty were observed and overheard to be very respectful, pleasant and warm in their interactions with and supports to residents while the inspector was present. For example, a staff member was observed to knock on a resident's bedroom door before entering. On another occasion, a staff member briefly sang along with a song that a resident was listening to which the resident appeared to enjoy. Another resident was seen to smile when their appearance was praised by a further staff member. These interactions contributed to a relaxed atmosphere in the centre for much of the day.

Staff working in the centre were commented on positively by one resident. The inspector spoke with this resident in the company of the person in charge at the

resident's request. This resident indicated that they liked living in the centre and that they felt safe. When asked what made them feel safe in the centre, the resident responded by staying that they had their own bedroom. The resident went on to talk about doing art (which they had been seen doing earlier in the day) and how some of the art they had done was on display in the centre. It was also mentioned by the resident that they had recently had a birthday and how the resident's friends from day services had attended the birthday party in the centre.

This resident had previously attended day services away from the centre. However, due to a change in the resident's needs, it had been previously identified they had not been able to utilise the centre's transport for activities and outings away from the centre. During this inspection, it was indicated that the provider had tried various options to address this including engaging with an occupational therapist and different transport providers. Despite this, a suitable solution had been unable to be found despite the efforts made. As a result, the resident was unable to leave the grounds of the centre for external activities. In the event that the resident had to attend a medical appointment, a private ambulance was arranged for the resident which was paid for by the provider.

Management of the centre and the provider were aware of the transport issues impacting this resident. Senior management of the provider, including its Chief Executive Officer, had met with the resident the week before this inspection to discuss this matter with them. The resident indicated to the inspector that they had felt listened to at this meeting. While the current transport arrangements limited the resident's ability to be part of their community and to engage in external activities, the efforts that were being made to bring the community to the resident were outlined to the inspector. This included arranging mass and bingo in the centre which the resident was involved in organising.

In summary, seven residents were met during this inspection. Verbal feedback from residents was limited but two residents were seen to smile while one resident indicated that they liked living in the centre. This resident's needs meant that they could not leave the centre in the centre's transport options. However, efforts were being made to involve the resident in activities in the centre. Regulatory actions identified during this inspection will be discussed elsewhere in this report.

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

Capacity and capability

At the time of this inspection, the provider did not have sufficient resources to complete relevant works for the centre. This adversely impacted the provider's ability to achieve progress with a restrictive condition.

Tearmann Lodge was first registered as a standalone designated centre in October 2025. Prior to then, the building which currently made up this centre was part of another designated centre before a reconfiguration conducted by the provider. This other centre was inspected on behalf of the Chief Inspector of Social Services in July 2025. That inspection raised some concerns around aspects of the premises and fire safety systems in the building that made up the current centre. As a result, when Tearmann Lodge was registered, it was done with a restrictive condition which required the provider to take all necessary action to comply with specific regulations by 29 April 2026. This date was based off an update on a schedule of works that was provided on 31 July 2025 with the specific regulations being Regulation 17 Premises and Regulation 28 Fire precautions.

Given that the date of 29 April 2026 had passed, the current inspection was conducted to assess progress and compliance with this restrictive condition. As such, the focus of the current inspection was on the premises and fire safety systems provided for this centre. As will be discussed further elsewhere in this report, regulatory actions were found in both specific regulations which meant that the provider was not in compliance the restrictive condition. It had been highlighted that works were needed to address identified issues for both the premises and fire safety systems but at the time of this inspection, the provider did not have sufficient financial resources available for these works. It was acknowledged that the provider was engaging with their funding organisation about such matters. This inspection did find improvement in some areas from the July 2025 inspection. This included the availability and presence of members of the provider's senior management team.

Regulation 23: Governance and management

When the building that made up the current centre was previously inspected in July 2025, concerns were raised around a deficit in members of the senior management team being available and the absence of clearly defined management structure for a period of time. These findings prompted an urgent action to be issued to the provider around such matters. On the current inspection, it was found that senior management of the provider had visited the centre during 2026 based on a visitors log reviewed with such management also attending the centre on the day of inspection. This was an improvement since the previous inspection. In addition, prior to the registration of this centre, the remit of the person in charge extended to three separate buildings located in the same locality. The registration of this designated centre meant that the person in charge was now responsible for one building only which made up Tearmann Lodge. Discussions during this inspection highlighted this as a positive development. Key requirements under this regulation had also been met since the centre was registered. These included a provider unannounced visit to

the centre being completed in March 2026 with a report of this visit provided to the inspector.

This provider unannounced visit report made reference to fire safety works for the centre being funding dependant. Under this regulation, the provider must ensure that a designated centre is resourced to ensure the effective delivery of care and support. As will be discussed further under Regulation 17 Premises and Regulation 28 Fire precautions, the provider had made two business cases applications to its funding organisation to complete some works in the centre. Neither of these two business cases had been approved. This meant that at the time of this inspection, the provider did not have sufficient financial resources to complete the works highlighted. It was acknowledged that, based on discussions with a member of the provider's senior management and documentation reviewed, the provider had regularly raised such matters with their funding organisation over recent months. Engagement about this matter was also ongoing between the provider and their funding organisation at the time of this inspection.

Judgment: Substantially compliant

Quality and safety

Aspects of the premises provided had improved but there remained issues with the flooring in the centre. Additional works were needed regarding the centre's fire safety systems.

This designated centre was equipped with fire safety systems including emergency lighting, a fire alarm/panel and fire extinguishers. To ensure that such systems were operating as intended, they had received maintenance checks by external contractors. Despite this, discussions with centre management, documentation read and observations during this inspection highlighted that improvement was needed in other aspects of fire safety. For example, additional works were needed regarding fire containment such as the fire doors provided for the centre. In addition, while evacuation plans were provided, some of this documentation needed review for accuracy and clarity. Some different information was also provided by staff and management around the supports some residents needed to evacuate the centre.

Aside from fire safety, the centre was seen to be provided with sufficient communal space with rooms including a sitting room and a quiet room being present in the centre. Ten individual resident bedrooms were available also for residents with photographs of residents seen to be on display in the centre along with some art works. The grounds of the centre were observed to be nicely maintained. Issues relating to aspects of the premises had been raised during the July 2025 inspection and some improvement was found during the current inspection. However, some issues remained with the flooring of the centre and the provider was seeking to replace such flooring in the centre on account of underfloor moisture problems.

While this information was noted, this inspector was also informed that a leak in the centre had been recently addressed and that there was no other maintenance issues outstanding.

Regulation 17: Premises

When the building that made up the current centre was previously inspected in July 2025, some areas for improvement related to the premises provided were identified. These included kitchen units being damaged and worn along with areas of the flooring raising. On the current inspection, the inspector was informed that kitchen units had been replaced since the July 2025 inspection and that parts of the centre's flooring had been changed. However, some issues were observed relating to the flooring on the day of inspection. For example, two areas of the flooring in the centre's corridor were raising and/or cracked in places with these areas highlighted as being hazards. The inspector was informed that a business case had been submitted by the provider to its funding organisation in order to replace flooring in the centre. The inspector reviewed documentation related to this business case, which was dated December 2025. This indicated that the flooring needed to be replaced to address under-floor moisture problems. At the time of this inspection, this business case had not been approved so the works were outstanding. The inspector was also informed that works to the flooring of the centre would need to be completed before required works related to fire safety in the centre could be completed. Issues related to fire safety are discussed further under Regulation 28 Fire precautions.

Aside from matters relating to the centre's flooring, the inspector was informed that a recent leak had been fixed in the centre's sunlight and that there were no other maintenance requests outstanding for the centre. However, the inspector did observe two arm chairs in the centre's sitting room that were worn or torn while some external window sills were weathered and needed painting. It was also observed though that attempts had been made to make centre homely. For example, various resident photographs and art works were on display throughout the centre. The grounds of the centre were also nicely presented which included residents having access to an enclosed garden area where various plants and garden furniture were present. Given the size of the centre, sufficient communal space was available via a sitting room, an activity room, a quiet room and a kitchen-dining area. Ten individual resident bedrooms were present in the centre along with space for storage. Arrangements had been made for the disposal of commercial waste while a maintenance check on electrical installations within the centre had been previously completed in May 2025 based on documentation provided.

Judgment: Substantially compliant

Regulation 28: Fire precautions

To comply with this regulation, the provider must ensure that effective fire safety management systems are in place with this covering areas such as fire-fighting equipment, fire detection, fire containment and fire evacuation. When the building that made up the current centre was previously inspected in July 2025, it was found that an overall schedule of works outlined by the provider in relation to fire safety works that needed to be done in the centre had some actions that had not been completed. An update on this schedule of works was provided on 31 July 2025 which indicated that some works had been done with an expected completion date of 29 April 2026 for other works. This information was used to inform the restrictive condition attached to this centre when it was registered.

On the current inspection, it was seen that most works which the provider had indicated as being done in the update from 31 July 2025 had been completed. For example:

- Thumbs locks had replaced key locks for exit doors in residents' bedrooms to aid faster evacuation if required.
- A master key had been introduced for all exit doors in the centre.
- Additional external emergency lighting had been installed around the centre.

Other fire safety systems were also seen to be in place including a fire alarm/panel, internal emergency lighting, fire extinguishers and a fire blanket. Documentation provided confirmed that such systems had been recently subject to maintenance checks by external contractors to ensure that they were in proper working order.

However, in the update from 31 July 2025 the provider had indicated that two fire exit doors in the centre's activity and sitting rooms had quick release mechanisms installed. During this inspection, it was observed that both of these doors had thumbs locks installed but did not have quick release mechanisms installed as had been previously suggested. The inspector queried this during the inspection and was informed that this was being reviewed.

The update from 31 July 2025 indicated that works on fire doors in the centre and upgrading ceilings to provide a specific level of additional fire resistance was to be completed by 29 April 2025. While the provision of fire doors appeared to have improved overall since the previous inspection, the inspector was informed that some works were still to be completed on these. In addition, during the inspection, the inspector did observe some defects with some fire doors. For example, one fire door was damaged and two others from missing screws from their hinges. Regarding the ceilings, the inspector was informed that no works had been completed on these ceilings but that tests had been previously carried out on these to determine if the centre's existing ceilings offered sufficient fire resistance. Despite this, there was uncertainty from centre management on the day of inspection as to the results of these tests. The day following the inspection it was communicated by the provider that the ceilings did not meet the standard required to provide the required level of fire resistance.

While such information was noted, it was also indicated during this inspection that the provider had made a business case during October 2025 to its funding organisation, seeking additional resources to complete fire safety upgrades in the centre. As mentioned earlier, this business case had not been approved so the required works outlined in this business case had not been completed at the time of the current inspection. Documentation provided around this business case indicated that required fire safety works included:

- Rectifying works for issues previously identified related to fire doors.
- Fire stopping work.
- Installing two fire resistant attic ladders.
- Installing fire smoke dampers.

These required works, along with the outstanding works from the 31 July 2025 update, indicated that the designated centre did not have appropriate fire containment measures in place in the centre.

Given concerns around fire safety, an immediate risk had been previously identified during the July 2025 inspection relating to the ability of staff to evacuate residents in a timely manner at night. In response to this, the provider increased the provision of night-time staffing from two to three. The inspector was informed on the current inspection that these staffing arrangements had remained in place since then. Given the outstanding fire works for the centre and identified fire containment issues, the inspector was also informed that the centre was now following a total evacuation of the centre rather than a compartmentalised evacuation if a fire was to occur. However, the most recent fire drill for the centre in February 2026 to reflect a night-time situation indicated an overall evacuation time of seven minutes. As such, taking into account the outstanding fire works for the centre, the inspector queried what the provider had assessed as being a safe evacuation time for the centre. On the day of the inspection, there was uncertainty as to this so the inspector requested further information about this the day following the inspection. In response, no assessed safe evacuation time was indicated but it was indicated that the existing fire doors in the centre did support fire compartmentation. The provider also indicated that they would engage with a relevant professional to seek more information about this.

Although such information was noted, It was seen during this inspection that residents' had personal emergency evacuation plans (PEEPs) in place that had been reviewed in February 2026. The inspector reviewed nine such PEEPs which outlined the supports that residents needed to evacuate. However, it was noted that, given the mobility needs of some residents, seven of the PEEPs did not state the levels of staff support that residents needed to evacuate the centre if needed. This was important to clearly set out given that the inspector received different information from staff and management spoken with as to the number of residents that needed 2:1 staff support to evacuate. In addition, it was noted that some PEEPs identified the location of residents' bedrooms but others did not. All resident bedroom doors were seen to have numbers on them but some of these numbers did not correspond with a floor plan that was in place for the centre which showed evacuation routes. While the inspector was subsequently informed that the centre's fire alarm/panel

corresponded with the numbers seen on the bedroom doors, the evacuation documentation in place for the centre needed review to ensure accuracy and clarity.
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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

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

Compliance Plan for Tearmann Lodge OSV-0009023

Inspection ID: MON-0050351

Date of inspection: 05/05/2026

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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
KPFA continues to liaise with its funding body to ensure that sufficient funds are available to address the identified fire-related works. Further escalation of the request for funding was made at recent meeting with the funding body on THURSDAY 21st MAY 2026. The funding body requested a further/focused meeting to look at KPFA Infrastructure and prioritise capital works required across all KPFA designated centres. KPFA has a priority-list and funding for Tearmann Lodge will be discussed as a matter of urgency.

KPFA is in the final stages of implementing a MANAGEMENT & REPORTING FRAMEWORK. This is intended to ensure that appropriate management and governance structures are in place at all times, and that (in the absence of senior staff) a contingency plan around access to information/reports/records is accessible and available when required.

The Operations Department will support implementation of the Management & Reporting Framework through ongoing oversight of maintenance, premises and fire safety actions, including central tracking of outstanding works, escalation of identified risks, coordination with relevant departments and contractors, and ensuring operational records and compliance documentation remain accessible and available for governance and inspection purposes.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A plan to implement specific works related to Tearmann Lodge in order to address the finding of substantially-compliance are awaiting funding approval.

The following actions are planned:

1. Window sill - plan to re-paint by week ending Sunday 14th June
2. Armchairs - plan to replace or repair by 30th of June, 2026
3. Door Hinge Screws repaired by week ending Sunday 14th June
4. Damaged fire door fixed by week ending Sunday 14th June

A meeting between KPFA and the funding body was held on Thursday 21st May and the outstanding business case related to the floor amongst others was on the agenda for discussion/action. Funding representative will follow up with the Estates department to assist KPFA in addressing and prioritising the funding and implementation of Remedial floor works.

Ongoing Premises Oversight - The Operations and Maintenance Department will continue to oversee and monitor all identified premises issues within Tearmann Lodge. Maintenance requests and environmental concerns will be responded to as promptly as possible, with any identified risks escalated through KPFA's maintenance and governance processes.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A Fire Safety Framework is being established and will be in place by 30th June 2026. This will provide direct and ongoing oversight and governance across all designated centres / KPFA's Residential and Respite properties.

A plan to implement specific works related to Tearmann Lodge in order to address non-

compliance are awaiting funding approval.

The following actions are planned:

1. Fire Safety Oversight - Fire Safety is an item on the PIC/ADOS meeting. Any actions or concerns will be immediately escalated to Operations and prioritised to monitor identified risks, outstanding works, interim control measures and progress relating to funding approval and compliance actions.
2. Fire Doors and Containment Works - Outstanding remedial works relating to fire doors, fire stopping, attic ladders, smoke dampers and associated containment measures will be progressed upon approval of funding. In the interim, identified issues will continue to be monitored through local environmental and fire safety checks.
3. Maintenance Response and Escalation - All maintenance requests and fire safety concerns identified within Tearmann Lodge will continue to be reviewed and responded to as promptly as possible by the Operations/Maintenance Department. Any identified risks requiring escalation or external contractor involvement will be progressed through KPFA's maintenance, governance and risk management processes.
4. The competent person from the Fire Safety Company attended the Centre on the 3rd of June, to review the evacuation plan and assess safe evacuation time, All Personal Emergency Evacuation Plans (PEEPs) were reviewed and updated to ensure they clearly and consistently identify residents' evacuation support requirements, staffing assistance levels and bedroom locations. A number of additional actions were identified to strengthen procedures: Easy Read poster to be developed for each resident and displayed on the wall indicating their individual evacuation plan. He completed a simulated night-time full "all-out" evacuation to the outside assembly point. He demonstrated on the correct use of ski sheets for correct evacuation of air mattresses. The evacuation was facilitated in under 5 mins and we will continue to complete simulated and unsimulated fire evacuations to maintain this standard.
5. Evacuation Documentation - All evacuation maps, bedroom numbering systems and fire evacuation documentation within the centre were reviewed to ensure consistency, clarity and accuracy and the Statement of Purpose has been updated accordingly.
6. Staff Guidance and Awareness - Staff team discussions at team meetings and fire safety reviews will continue to be completed to ensure staff are familiar with residents' evacuation needs, evacuation procedures and fire safety arrangements within the centre.
7. Fire Drills – Monthly Fire drills have been increased and currently take place fortnightly, including simulated night-time evacuations, will continue to be completed and reviewed to assess evacuation times, staffing arrangements and any learning identified.
8. Interim Fire Safety Controls – The Risk to Resident Safety due to inadequate Fire Containment Measures is on the Risk Register and rated as a high risk and has been escalated to the provider in line with policy. The provider is committed to reviewing the risk regularly. Enhanced interim fire safety measures currently in place, including increased night staffing arrangements and ongoing local fire safety checks, will remain under review pending completion of outstanding fire safety works.
9. Local Oversight - The Person in Charge and local management team will continue to monitor fire safety arrangements within the centre through regular environmental checks, monthly fire audits, provider audits, staff supervision and ongoing review of fire safety documentation.
10. KPFA is engaging with an external Health and Safety Provider to enhance governance and oversight in relation to fire safety as part of its contract of service. This will support

the review and revision/updating of all Site Specific Safety Statements across designated centres. This SSS Statement will be updated and corrected to address the non-compliance identified in this report by 30th June 2026.
11. KPFA continues to engage with the funding body to ensure planned works related to Fire Compliance (as outlined in the report under Reg 28) are progressed as a matter of urgency. A meeting between KPFA and the funding body was held on Thursday 21st May and this item was on the agenda for discussion/action. Funding representative will schedule a meeting with the Estates department to assist KPFA in addressing and prioritising the funding and implementation of Fire Safety works from the Tearmann Lodge work tracker to commence a programme of works. The funder has advised us to prioritise business case and KPFA have identified Tearmann Lodge Fire Remedial Works as one of it's top priorities.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2027
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/12/2027
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	30/12/2027
Regulation 28(2)(a)	The registered provider shall take	Not Compliant	Orange	30/12/2027

	adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/12/2027
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	11/06/2026