



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

Issued by the Chief Inspector

Name of designated centre:	Tara Care Centre
Name of provider:	Nirocon Limited
Address of centre:	5/6 Putland Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	01 May 2025
Centre ID:	OSV-0000107
Fieldwork ID:	MON-0046997

About the designated centre

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

Tara care centre was first established in 1963 in the town of Bray, Co. Wicklow. Tara Care centre is a registered designated centre for older people with capacity to accommodate a maximum of 47 residents. The centre provides 24 hour nursing care to long term or short term residents, who are over the age of 65 years who have low, medium, high or maximum dependency care needs. According to the centre's statement of purpose the main aim was to promote quality of life and independence through friendly, professional care. Tara care centre was situated less than a five minute walk from the seafront in Bray and from local shopping amenities. The centre comprises of two adjoining period houses and has 15 single bedrooms, 13 of which have en suite facilities and ten double bedrooms. Four additional three-bedded rooms are also in the centre. There were a number of communal spaces and facilities for residents to use and a patio garden located to the rear of centre which had a number of sitting areas for residents to enjoy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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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
Thursday 1 May 2025	08:30hrs to 16:20hrs	Frank Barrett	Lead
Thursday 1 May 2025	08:30hrs to 16:20hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

Residents living at Tara Care Centre in Bray, Co. Wicklow expressed their satisfaction with the service provided. One resident that took the time to speak with the inspectors, spoke of his enthusiasm for gardening. He told inspectors that he is encouraged to undertake this activity in Tara Care Centre, and that he takes time in the outdoor spaces available to participate in gardening activity.

Inspectors observed the residents being assisted by staff in a gentle and respectful manner. Staff at the centre were very knowledgeable of all the residents and the centre as a whole. Many staff were employed at this centre for many years, and there was little to no use of agency workers to fill staffing roles.

Activities were being completed for the enjoyment of the residents. These activities incorporated movement, singing and reading. Residents who enjoyed other types of activities were also accommodated to express themselves by the activities staff. There was a lively atmosphere in the centre throughout the day as the sound from various activities including music and resident movement could be heard at various times. Meals were well-presented with clear choice available to residents. Those residents that required assistance during mealtimes were provided with that assistance, while other residents that preferred to eat their meals in their rooms, were also assisted to do so.

Overall, the centre was well-maintained, however, some attention was required to repair sections of ceiling which had been damaged due to water leaks. One bedroom had been under renovation, and the walls were recently re-plastered. The provider had installed a device to remove the moisture from the air in the room, however, on the day of inspection there was an odour in this room as a result of this activity. Work was required to the ceilings in this room as they were damaged. Inspectors spoke with a resident in this double room, who stated that they had been kept fully informed of the timing of the work, the extent of the work, and the impact it would have.

The premises is laid out over three floors, however, the layout of the centre is in fact separated into the rear extension which is over two floors and the original front section which is over three floors. The rear extension area provides a mix of single and twin rooms all of which are en-suite. The original section to the front, offers a variety of single, twin and three-bedded rooms, many of which are not en-suite rooms, but have access to shared bathrooms and toilets. The rooms and corridors are tastefully decorated in a style that reflects the period residence that the older section of the building was situated in. This also includes some areas of high ceilings with intricate details on the ceilings and walls. Most of the day spaces are situated in the older section to the front. These rooms were warm and inviting for residents, and there were several different communal rooms for residents to choose from. A

Piano room provided a calm, quiet space with a large bay window which residents appeared to enjoy.

The older building itself is made up of two period homes, which have been integrated together over three floors. The area also provides approximately half of the resident bedrooms, and almost all of the day spaces, dining and kitchen area. In the older section of the building, inspectors observed that the resident bedrooms on each floor above the ground floor level, were provided with a single means of escape. This escape route was an internal stairway serving all levels and was open to the bedroom corridor at each level. The escape routes were clearly signposted, however, due to the nature of the central escape stairs being open to the bedroom corridors, there were stair gates fitted at each level to prevent residents from falling on the stairs. Accessibility of all areas of the centre was ensured through a passenger lift that served each level. Access from the lift to all of the day spaces and dining rooms was provided through level corridors, with some areas ramped to account for a slight change in level. However, inspectors observed that the access to the rear garden space from the day room would present some difficulty for residents mobilising with the use of aids, due to the threshold at the door, and the steep slope immediately outside the door to the areas below.

The next two sections of the report will discuss the findings of the inspection under the regulations set out under the capacity and capability and quality and safety sections.

Capacity and capability

Overall this inspection found that residents were supported and facilitated to have a good quality of life living in the centre. Leadership, governance and management arrangements were in place, which ensured that the service was consistently monitored, and residents received high-quality care. However, improvements were required in relation to the premises and fire safety, which will be further outlined under the individual regulations.

This was a one-day, unannounced inspection, carried out to monitor ongoing compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulations 2013 to 2025 , and to inform the renewal of registration. The registered provider had addressed the findings of the previous inspections of May 2024 and July 2023. The provider was found to be responsive to issues highlighted and was pro-active in scheduling upgrade works to the centre which were ongoing.

Nirocon Limited is the registered provider of Tara Care Centre, which is registered to accommodate 47 residents. There are two company directors of Nirocon Limited, both of whom play an active part in the day-to-day management of the centre. One

of these company directors is also the person in charge of the centre, and she is supported by a team of nursing staff, health care assistants, cleaning and laundry staff, maintenance, activities and administration staff.

The provider was aware of some of the fire safety risks and had put in place a number of management arrangements to reduce the risks. These arrangements included a focus on training and evacuation drills to ensure that staff understood the risk of a single means of escape using stairs in the event of a fire. Inspectors spoke with staff during the day, and found that staff had a high level of knowledge and understanding of that risk and the action they would need to take in the event of a fire.

The limitations of the building were such that it was not possible to eliminate all fire risks. While the provider had put in place a number of management arrangements to reduce these risks, including the installation of additional fire doors and ensuring that staff had a high level of knowledge and understanding of that risk and the action they would need to take in the event of a fire, risks such as a single means of escape from part of the building persisted. Notwithstanding the controls in place, due to the structural limitations of the building, the provider engaged with the local fire authority to ensure that the emergency services were aware of the limitations of the building and to review options to reduce risk. Furthermore, the provider confirmed following the inspection that they were proactively continuing to explore alternatives in respect of a secondary escape route.

Fire safety management is discussed under Regulation 23: Governance and Management, and further detailed under Regulation 28: Fire Precautions.

Staffing arrangements were reviewed on this inspection, and were found to be sufficient for the needs of the centre. Some staff were working in the centre for many years and most of the management team were employed at the centre for this time. This ensured that the staffing and management teams were well-established which added to the engagement with residents by staff during the inspection.

Staff were facilitated in their training and development by the person in charge, who ensured that all mandatory training was being completed on time as required. There were updated guidance documents and all relevant regulations and standards available for staff.

Regulation 15: Staffing

This inspection found that there were appropriate numbers of staff in place to cater for the needs of the residents living at the centre. At the time of this inspection,

there was a full staffing compliment with an appropriate number and skill-mix among the staff

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff were appropriately supervised, had access to appropriate training, and that staff were aware of their responsibilities within the centre. Relevant guidance documents, regulations, and standards were readily available for staff to access.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the overall good management of care and service provided, further oversight and resources were required specifically in respect of Fire Precautions, to ensure that residents are protected from the risk of fire. This included a review of the structural layout of the old section of the centre where a single means of escape was provided.

The provider had a a fire safety risk assessment carried out in October 2023, however from the record viewed it did not highlight the single means of escape, the associated travel distances or the protection of the escape route in the older portion of the centre as a concern. The risk level apportioned was "tolerable risk", which did not reflect the findings of this inspection which found that that 21 residents on all upper floors of the front section were effectively living in the same compartment.

The fire safety policy at the centre referred to the provision of "at least two independent escape routes" from all areas, and the use of "progressive evacuation" however, this was not available for a significant portion of the centre.

Fire safety concerns are detailed under Regulation 28: Fire precautions

Judgment: Substantially compliant

Quality and safety

Overall, this inspection found that the provider of Tara Care Centre, was providing a good service to the residents which was enabling them to live a good quality of life. However, fire safety concerns present in the front section of the building were presenting a risk to the safety of residents within that section.

On reviewing the premises, inspectors found that the centre was kept very clean, and action was taken where premises-related issues were identified. The provider had identified that flooring required repair or replacement in several rooms throughout the centre. Inspectors were shown a works list of planned upgrades for 2025. This list included extensive flooring upgrades.

Storage issues identified were also presenting a fire safety concern as noted under Regulation 28: Fire precautions and Regulation 17: Premises.

Inspectors found appropriate arrangements in place for the protection of residents. Staff had completed training in safeguarding and had An Garda Síochána vetting in place. Care plans reviewed showed that the needs of the residents were being continually assessed, and recorded. Pre-assessments were completed and recorded by the person in charge which were informing the overall care planning for the residents in the centre. Care plans were reviewed regularly and updated.

The provider had strengthened the fire safety arrangements at the centre. There was a serviced and recently upgraded category L1 fire detection and alarm system. There was also a fully serviced emergency lighting system. Fire extinguishers were mounted throughout the centre and were serviced up-to-date and there were evacuation aids available to assist the evacuation of residents from all areas, including evacuation chairs to be used to descend the stairs. A number of these chairs were fitted to the walls in the older section of the building, however, the placement of one of these chairs was imposing a constraint on the evacuation route.

Personal Emergency Evacuation Plans (PEEPs) were well-maintained and were in place for each resident outlining their specific requirements for day or night-time evacuation. Residents with higher dependency needs were also found to be accommodated in the front section, on the upper floors which had a single means of escape. While fire drills were being carried out and achieving reasonable times for the complexity of the evacuation, they did not provide the required assurances as there were a number of limitations which had not been considered by the registered provider, as further detailed under Regulation 28.

It was clear from the review of fire safety, that the provider had in place a series of important checks to ensure that escape routes, evacuation aids, and fire safety systems were being kept in working order. Furthermore, the provider had fitted an automatic smoke vent and smoke traps on each level in the main stairway. This would ensure that the most time possible was available to staff in the event of an evacuation. However, some containment issues still persisted which could impact on the available time for evacuation. These and other fire safety concerns are detailed further under regulation 28: Fire Precautions.

Regulation 17: Premises

While overall, the premises at Tara Care Centre was kept in a good state of repair, a number of areas required review to conform to the matters set out in Schedule 6 of the regulations. For example:

- There was no sink in one bedroom. This bedroom was not provided with an en-suite facility, and therefore a resident's personal sink was required. This room was also a double room, which meant that once a sink is fitted, alterations will be required to the privacy curtains so that each resident can access the sink while the curtains provide privacy.
- Some damage was noted in to ceilings in parts of the centre. The damage was localised in all cases, and was likely due to a previously repaired leak. One bedroom on the lower ground floor had damage to the ceiling. This room had work completed on the walls, which was not finished. There was an odour of dampness as a result of the works.
- The access to the rear garden area from the day room required review so that it could be safely used by residents with mobility aids. There was a significant slope on the concrete outside the door, but there was not a suitable handrail, and there was a threshold at the door which would be difficult to navigate.
- A lack of storage was evident in the centre. There were some external storage spaces which were used for some bulk orders, but internal storage cupboards were overfilled, and were posing a fire safety risk, as well as resulting in some equipment being stored in communal or en-suite bathrooms.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre was clean and bright on the day of inspection. Measures committed to from the previous infection prevention and control inspection were fully implemented. A specimen fridge was now in place, and personal storage boxes for hygiene equipment were in place for residents in multi-occupancy rooms.

Judgment: Compliant

Regulation 28: Fire precautions

While overall, the provider had put significant measures in place to improve fire safety arrangements at the centre, the impact of the single means of escape on the residents living in the front section of the centre required significant further review in order to protect them from the risk of fire.

The registered provider did not provide adequate means of escape for example:

- The front section of the building was provided with a single staircase that served residents on each level. There were 21 residents of various dependency living in the upper floors of this section of the centre, which would require the use of these stairs in the event of an evacuation. If the source of the fire event happened to be within the vicinity of the stairs, or a room adjoining the escape route, fire, smoke and fumes would travel through the floors making evacuation difficult as evacuees would have to use this affected means of escape to get out.
- An evacuation chair mounted on the wall of the first floor was partially obstructing a section of escape corridor. Stair gates that were fitted on all levels of the front section of the centre, in order to prevent residents from falling on the stairs were causing an obstruction and delay to evacuation. This was not appropriately risk assessed, with mitigation measures in place and was not reflected in the record of fire drills to ensure that staff understood the complexity of the gate. One of these gates was hinged so that it opened into the escape route. This required review in order to minimise delays to evacuation in this area.

Improvement was required from the registered provider to ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and, in so far as is reasonably practicable, residents are aware of the procedure to be followed in the case of a fire. For example:

- Records of fire drills indicated that staff were not evacuating all residents that would be affected by a fire in the front section of the building. Staff were unaware that two additional twin rooms with four residents living on the ground floor but in a different compartment, would also need to evacuate into the stairs compartment to get out of the building. This meant that these four residents would need to be evacuated in the same phase of evacuation as residents in the upper floors of this section.
- A review of the fire procedures was required in respect of an internal assembly point in front of the nurses station on the ground floor. While this location was close to the front door, and the final exit, it was still within the same compartment as the stairs compartment, and therefore was not a place of relative safety for evacuees if the fire was within this multi-floor compartment. Evacuation drills indicated that higher dependency residents were being moved first in the event of an evacuation. This would cause congestion and ultimately cause delays to evacuation as, in the absence of an

alternative means of escape, mobile residents would attempt to escape through the same stairs as the staff assisting the dependant residents.

Improvement was required from the registered provider to ensure that adequate arrangements for containing fires was in place. For example

- A storage cupboard on the lower ground floor which opened onto the escape route was not provided with fire rated doors and the frames were not sealed to the walls surrounding them.
- An area of the lower ground floor which was under the front porch, and labelled as not in use, had some items of disused furniture placed within it. Containment measures to prevent fire spread were not evident in this area.
- While the provider had implemented improvement to doors throughout the centre, further works were required to ensure effective containment was in place, for example:
 - The door to the stairs on the upper ground floor rear extension did not appear to be a fire rated door to protect the stairs and escape route.
 - Some doors had large gaping around the perimeter, missing smoke seals, and some that did not close on release of the holder. The samples reviewed included bedroom doors, sluice rooms, corridor compartment doors and day room doors which would impact on the containment of fire and smoke in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A sample of care plans reviewed during this inspection indicated that pre-assessments were being carried out in a timely manner. Care plans were reflective of changes to the health of residents, and were being recorded and reviewed regularly by the person in charge.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse. All staff had completed safe guarding training, and measures were in place to ensure residents' personal funds were protected while the provider acted as a pension agent for them.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Tara Care Centre OSV-0000107

Inspection ID: MON-0046997

Date of inspection: 01/05/2025

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Regulation 23: Governance and Management – Compliance Plan (Fire Safety Focus)</p> <p>Actions to Achieve Full Compliance:</p> <p>A new comprehensive fire risk assessment will be conducted by a suitably qualified fire safety consultant in early August, with specific instructions to assess the adequacy of escape routes throughout the building, with an emphasis on the older section. Travel distances and compartmentalization.</p> <p>This assessment will include</p> <ol style="list-style-type: none">1. Scenario-based evacuation planning and resident-specific needs.2. Review of Fire Safety Policy and Evacuation Procedures:3. Progressive evacuation procedures will be adapted to reflect any limitations in the building's layout, with clear staff guidance and protocols.4. Procedures will be reviewed and signed off by the fire consultant5. If the updated fire risk assessment identifies a need for structural improvements to fire safety, a phased programme of works will be developed and implemented to address these requirements.6. Staff Training and Drills: All staff will undergo updated fire safety and evacuation training delivered by the new fire consultant.7. Quarterly evacuation drills will be held (with at least one night-time scenario annually), with learnings reviewed by management and integrated into updated procedures.8. Oversight and Monitoring: A named member of the senior management team will assume designated responsibility for fire safety compliance. We will continue to conduct a fire safety compliance log will be maintained and reviewed monthly at health and safety meetings with oversight from the governance and quality team. Families and residents will be informed of actions taken to improve fire safety, ensuring transparency and reassurance. <p>Timeframe for Completion:</p> <p>New fire risk assessment and updated fire policy: by 15th September 2025</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>1. Installation of Sink in Shared Bedroom: A sink is now installed in the designated double bedroom to ensure each resident has access to a personal washbasin in the absence of an en-suite. The privacy curtain arrangement has been reconfigured to allow both residents access to the sink while maintaining dignity and privacy.</p> <p>2. Ceiling Repairs and Damp Odour Management: Localised ceiling damage has been identified and repaired by qualified contractors. In the lower ground floor bedroom, the remaining wall works is now completed, and the source of the damp odour has been addressed through improved ventilation and moisture control. The room will be monitored for any signs of recurring dampness following the works.</p> <p>3. Improved Garden Access for Residents with Mobility Aids: A handrail will be installed on the sloped concrete area, and the door threshold will be modified to ensure it is accessible for residents using wheelchairs or walking aids.</p> <p>4. Enhancement of Storage Solutions: A review of current storage usage has been carried out to identify underutilised areas. Internal storage areas have been reorganised, and additional internal cabinetry was installed where feasible. Items that were stored in en-suite communal areas on the day of the inspection were removed immediately.</p> <p>5. Ongoing Maintenance Oversight: A maintenance checklist was updated to include monthly reviews of ceilings, wall finishes, and odour checks to detect early signs of deterioration and will be discussed at our weekly health and safety meetings. Storage audits will be added to health and safety walkarounds.</p> <p>Timeframe for Completion:</p> <p>1. Sink installation and curtain reconfiguration: Completed ✓</p> <p>2. Ceiling and wall works completed: Completed ✓</p> <p>3. Garden access modifications: by 30th September 2025</p> <p>4. Storage review and improvements: Completed and ongoing ✓</p> <p>5. Monthly maintenance audits included in Weekly health and safety meetings, Completed ✓</p>	
Regulation 28: Fire precautions	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Regulation 28 Proposed Actions to Achieve Full Compliance</p>	

1. Review and Upgrade Means of Escape

- A comprehensive fire safety review by a Chartered Fire Engineer is being commissioned with immediate focus on:

- The structural risks associated with the single staircase in the front section.

- Travel distances and compartmentation challenges.

- Based on this review, a phased structural plan will be developed

2. Obstruction and Gate Review

- All stair gates currently in place will be risk-assessed with support from the fire consultant.

- Hinged gates opening into the escape have been reconfigured.

- Evacuation chairs or any other mounted items obstructing escape routes were repositioned.

- Alternative fall-prevention methods (e.g., staff monitoring, safety railings) will be explored with the fire consultant that do not interfere with evacuation.

3. Fire Drill and Evacuation Training Enhancement

- Fire drill procedures will be revised to:

- Include all residents who would be impacted by a fire in the front section, including those in adjacent compartments who must pass through the same escape route.

- Reflect realistic scenarios, such as fire in the vicinity of the staircase, and evacuation congestion.

Drills will be:

- Carried out quarterly (including night-time scenarios).

- Recorded in detail, with reflective learning used for continuous improvement and overseen by senior management.

4. Internal Assembly Point Review

- The current assembly point at the nurse's station will be discontinued with the agreement of the fire consultant.

- A new, safe internal or external temporary holding area will be designated outside of the staircase compartment zone and clearly communicated to all staff.

5. Containment and Compartmentation Works

- The following remedial works have been undertaken:

- Non-compliant or damaged fire doors (including stair doors, bedroom doors, sluice rooms, and communal doors have now been replaced or repaired as requested, identified during inspection as: exit door at basement, door to room 6, laundry press, compartment door at room 4, door into HD room, dining room door upstairs, visitors room, exit door to office (1/2 glass), door to room 18.

- Missing smoke seals and intumescent strips have been replaced as identified.

- All doors required to close fully and release properly from hold-open devices are checked regularly.

- Storage cupboards opening into escape routes have been fitted with certified fire-rated doors and frames sealed to current fire standards.

- The unused storage area under the front porch was cleared and are not in use.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/09/2025

Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/09/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2025