



**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: | St Elizabeth's Nursing Home |
| Name of provider: | Gortana Limited |
| Address of centre: | Kells Road, Athboy, Meath |
| Type of inspection: | Unannounced |
| Date of inspection: | 13 February 2025 |
| Centre ID: | OSV-0000167 |
| Fieldwork ID: | MON-0046388 |

About the designated centre

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

St Elizabeth's nursing home is a mixed gender facility for dependent persons over the age of 18 which provides 24 hours care and support for up to 36 residents. Care is provided for both long term residents and short term such as respite, convalescence as well as intellectual disability, dementia, palliative and end of life care. Residents' bedroom accommodation consists of 22 single bedrooms and seven twin rooms. Sixteen of the bedrooms have en suite facilities. There are also 3 spacious sitting rooms, one dining room, visitor's room and a hair salon. The designated centre is a period house consisting of 2 storeys serviced by a lift and a single storey extension overlooking private enclosed landscape gardens and decking area safely accessible for wheelchair users. It is located in the town of Athboy and is serviced by nearby restaurants, public houses, libraries, community halls and shops. The centre's stated aims and objectives are to provide excellent healthcare in an environment that makes the residents feel at home. Parking facilities are available on site.

The following information outlines some additional data on this centre.

| | |
|--|----|
| Number of residents on the date of inspection: | 36 |
|--|----|

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 13 February 2025 | 08:30hrs to 16:30hrs | Frank Barrett | Lead |

What residents told us and what inspectors observed

St Elizabeth's Nursing home is located on the outskirts of the town of Athboy, County Meath. The designated centre is set over a large footprint, with most of the centre located on the ground floor, with a first floor section over the main house. There is a homely feel in this centre, and on the day of inspection, the hallways were decorated for celebrations related to St Valentines day. Staff at the centre were observed interacting with residents in a caring manner and showed respect during all their interactions and activities. Residents told the inspector of their connection to the local area and observed that many of the staff also came from the local area.

The Inspector spoke to residents who were living in the centre for a number of years. The residents spoke highly of the staff and management, with one resident saying that "the staff here are like family". This sentiment was repeated with another resident who stated that "staff look after us here like family". Mealtimes were observed and residents again commended the menu choices provided at mealtimes saying that there is "good food here". This was validated by the observations of the inspector who found that the meals offered were nicely presented and that there were sufficient staff available at meal times to assist residents that required it, and facilitate other residents eating together.

There was plenty of information available to residents and visitors alike, relating to advocacy services, complaints procedures, dementia care and about the day to day life in the designated centre. This was neatly presented on the information display near the reception.

The centre was well presented with mature hedging surrounding the building, outdoor areas that were usable by residents and indoor spaces, which retained the period features of the former residence such as the dining rooms. The corridors were decorated to differentiate them from one another and residents were encouraged and assisted to personalise their bedrooms to their liking.

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

Overall, this inspection found that the governance and management systems that were in place were driving continuous improvements in both the premises and the management of fire safety in the centre. However some further improvements were required to bring the centre into full compliance with the regulations. Further focus was now required to address some of the known deficits in relation to fire safety precautions in the centre and bring the premises into full compliance with the regulations. These findings are set out under Regulation 17: Premises and Regulation 28: Fire Precautions.

This was an unannounced inspection to review fire safety arrangements and the premises of St Elizabeth's Nursing Home and to follow up on the provider's progress against the compliance plan they had submitted following the previous inspection. Gortana Limited is the registered provider of St Elizabeth's Nursing Home. The centre had a person in charge who was assisted by a team of staff, including a clinical nurse manager, staff nurses, and care staff. The provider also had a general manager in place with oversight of the catering, cleaning, maintenance and administration of the centre. Oversight of the nursing home was provided by the registered providers representative who engaged with the inspector for this inspection. Oversight of fire safety and building maintenance works was undertaken by another person participating in the management of the nursing home, and that person was also present throughout the inspection.

The centre had a detailed fire safety policy in place, which was reviewed yearly. This policy was compulsory reading for all staff and formed part of the overall fire safety management at the centre. There were arrangements in place to ensure that auditing of fire safety systems were being carried out. Daily means-of-escape audits were being carried out, as well as weekly fire alarm audits, and regular checks on fire doors. Audit records were available and had been carried out up to the date of the inspection. However, on the fire door checks, recurring issues with some fire doors not closing were noted, with no corresponding action in place to rectify the issue. One fire door had been noted in the audit record as having failed to close on each test in the previous five weeks.

A fire safety risk assessment (FSRA) was carried out at the centre in 2022, and a revision to that assessment was completed in 2024. However a number of actions were still outstanding on this inspection and these had the potential to negatively impact on the safety of the residents in the event of a fire emergency in the centre. Staff at the centre, were trained in fire safety readiness. Night time staff were trained in response to fire, and this was strengthened through the use of fire safety check lists for the night staff. Training was provided by competent personnel which reflected the layout of the centre and the dependencies of the residents in their living space. However fire drill records did not provide assurances that an alternative exit route on the first floor had been practiced to ensure it was viable evacuation route in the event of an emergency.

Personal emergency evacuation plans (PEEPs) were in place for each resident, which allowed the staff to see at a glance, what assistance was required for each resident in the event of an evacuation. Further input was required to take account of some of the particular arrangements at the centre for example, an alternative exit route on

the first floor required evacuees to exit onto a rooftop, and use an external stairs to reach the ground. The use of this route did not appear to form part of the overall fire safety practice at the centre, and was not reflected in fire drills. These issues are discussed further under regulation 23 Governance and Management, and detailed under regulation 28 Fire Precautions.

The management of the premises ensured that the residents living at St Elizabeth's Nursing Home had comfortable surroundings that were well maintained. Oversight of the premises was robust enough to ensure that the centre was well presented and clean throughout. Further strengthening of this oversight would ensure that storage capacity was maximised at the centre and that all items required by residents were available to them and safe for use. These findings are outlined under Regulation 23: Governance and Management, and further detailed under Regulation: 17 Premises.

Regulation 23: Governance and management

While the registered provider had management systems in place to monitor the quality of the service provided, some actions were required to ensure that these systems and processes were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- Action items from the Fire safety Risk Assessment (FSRA) from 2022 were not complete. This included issues relating to compartmentation, and details of the fire certificate for the building. The provider had initiated proceedings to address these issues, however, there did not appear to be significant progress made, and no timeline for their completion was available.
- Fire safety audits carried out at the centre, were identifying areas that required remedial action, but the identified improvement actions were not being carried out. For example a fire door audit listed a number of issues with fire doors that did not close fully on repeated occasions which were not actioned in an appropriate time frame.
- Premises audits required improvement to ensure that all assistive equipment and adaptations for the use of residents, were in place and safe to use. For example, the current audits had failed to identify that a hand rail on an assisted toilet was not securely fitted to the wall. This posed a risk of fall or injury to residents using the hand rail.

Judgment: Substantially compliant

Quality and safety

Overall, this inspection found that improvements were required to ensure that measures in place to protect residents from fire were adequate and that the premises was maintained for residents living at the centre.

The review of the premises completed during this inspection found that ongoing maintenance and upgrading was being carried out on a regular basis. However, storage practice required review to ensure all items required for the running of the centre were appropriately stored within the registered footprint of the centre. Other items that required review by the provider found during this inspection, related to call bells, secure hand railing, and lighting levels on the first floor. These issues are discussed further under Regulation 17: Premises.

This inspection also focused on the arrangements in place to protect residents from the risk of fire. During the course of the inspection, staff demonstrated a high level of knowledge of the fire safety systems to be implemented in the event of a fire. Staff spoke of the methods which were to be employed to evacuate residents in the event of a fire, and were familiar with progressive horizontal evacuation. This entailed moving residents from an area within the building close to a fire, and moving to a place of relative safety in the next compartment within the building. Staff spoke of training they had received in the use of fire extinguishers and were familiar with the appropriate fire extinguisher to use in the event of a fire. Describing the steps to take on hearing a fire alarm, staff demonstrated an ability to identify the area of the fire using the fire alarm panel, and the next steps in the evacuation procedure. However, there were no records that staff had practiced evacuation of residents on the first floor through the external stairs if required. This finding was validated by staff on the day.

The inspector also noted that the floor plans displayed on the walls did not identify the compartment boundaries which were relied upon for horizontal evacuation procedures in the event of fire emergency. Neither did the plans show the clear route to the assembly point. While staff were clear on the location of compartment doors, and of the assembly point, the display of this information is required to assist new staff, residents and visitors to evacuate in the event of a fire.

There was a smoking area available for resident use, and on the day of inspection there were residents who smoked in residence at the centre. The inspector noted that there was no call bell facility at the smoking area. A call bell would allow a resident to raise the alarm promptly if they got into difficulty while smoking. The inspector was informed by management that a call bell had been ordered, as the smoking area had been recently put in place. Residents that wished to smoke would be supervised at all times in adherence with the policy at the centre, however, the positioning of the call bell in the smoking area was a requirement according to the provider's own smoking policy.”.

During this inspection, a number of issues were noted relating to the containment of fire at the centre. An area used as a storage press incorporated a hot water cylinder and associated pumps and electrics. This room did not have appropriate containment measures in place to prevent fire smoke or fumes originating within this room from spreading into the adjoining escape corridor or into the attic space above. In addition the inspector could not be assured of the overall fire rating of many door sets including bedrooms doors. A significant number of doors did not appear to be fire rated doors, and did not have characteristics of fire rated doors including fire rated hinges and handles. Some doors also had large gaps which would allow fire smoke and fumes to spread. Furthermore whilst there was a lift in place at the centre, there was no lift lobby in place to prevent smoke from travelling through the lift shaft between the floors. The lift opened onto two resident bedroom corridors, which resulted in a lack of smoke containment for those residents in the proximity of the lift on both floors.

The kitchen in the centre was well equipped and clean and there were fire extinguishers in place to fight fires that may arise. The inspector observed that a deep-fat fryer was placed in close proximity to the gas hob burners. Staff said that this was done to ensure that steam and odours from the cooking equipment were being extracted through the large extractor in place over the hobs. This was not a safe location as the gas hobs used a naked flame, and the deep fat fryer incorporated hot oils which have a low "flash point" for ignition. A wet chemical fire extinguisher was in place within the kitchen and staff were familiar with its use for hot oil fires, but the location of this extinguisher was away from the location of the fryer. These and further fire safety issues are discussed further under Regulation 28: Fire Precautions.

Regulation 17: Premises

While overall, the premises at St Elizabeth's Nursing Home 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:

- A handrail beside an assisted toilet was not securely fitted to the wall. This was not noted on any of the previous premises walkarounds, and if used by a residents that required it, the handrail would be likely to fail resulting in a possible injury to a resident. The provider committed to securing this railing on the day of the inspection.
- While inspectors were assured that a call bell had been ordered for the smoking area, on the day of inspection, this was not in place
- There was a lack of appropriate storage available within the centre. As a result a number of items were being stored within plant rooms accessed from the outside of the building. These areas should be kept clear of all items

because of fire risk and the current arrangements required review to ensure that plant rooms, were not used for storage.

- Sensor lights were in place on the first floor, however, during the course of this inspection, these lights did not consistently come on to illuminate the corridor along which the inspector was travelling. This was a particular concern because some of the areas did not have access to natural light and relied on the sensor lighting to illuminate the way so that residents staff and visitors could walk through the corridors safely.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some areas of fire safety required significant improvements to align with the requirements of the regulations and to provide residents with appropriate protection from the risk of fire.

Improvement was required by the registered provider to take adequate precautions against the risk of fire and to provide suitable fire fighting equipment. For example:

- The location of a Deep-fat-fryer in the kitchen required review to ensure that it was appropriately separated from the naked flame of the cooking hob.
- The location of the fire extinguisher for use on hot oils required review to ensure that it was readily accessible in the event of a fire involving hot oils.
- There were no records available to demonstrate that the cooker hood extractor had been cleaned as required of commercial extraction systems. This type of extractor can have a build up of grease within the ducting which can cause a fire. A record of cleaning of the ducting would provide assurance that the risk associated with the build-up of grease has been appropriately mitigated.

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:

- The use of the alternative means of escape on the first floor over the flat roof and down the external stairs did not appear to be trialled as an escape route in fire drills. While staff were aware of the location of this stairs, none had attempted an evacuation drill using this route.
- Building layout plans posted on the walls of the centre did not identify the location of compartment boundaries. This would clearly indicate a place of relative safety in the event of an evacuation to residents staff and visitors.
- The route to the external assembly point was not included floor plans to guide staff, residents or visitors in the event of a fire emergency.

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

- A hot press storage area on the first floor was not provided with appropriate containment measures to ensure that fire smoke and fumes would be contained within this cupboard in the event of a fire. There was no adequate containment measures in place from the room to the attic space. This could result in fire smoke and fumes spreading from this room, to the attic, and onwards over the bedroom areas. This room was in close proximity to a number of bedrooms.
- There were no lobbies in place to protect residents in bedroom areas close to the lifts on the ground and first floor. The lift shaft could act as a route for smoke and fumes to spread in the event of a fire on either level. The residents in close proximity to the lift would be impacted by smoke and fumes from the other level. This could also impact on horizontal evacuation plans in place at the centre.
- A number of issues were noted with doors around various areas of the centre. For example
 - Many bedroom doors did not appear to have appropriate fire rated hinges and handles. Some hinges were painted over. Bedroom doors were not labelled as fire doors, and in many cases, the inspector could not be assured that they would perform as fire doors in the event of a fire.
 - Large gaps were seen around some doors including some cross corridor compartment doors. These gaps allow a route for fire smoke and fumes to travel across compartment lines.
 - Some of the doors were missing sections of smoke seals. These smoke seals act to impede the travel of smoke across compartment lines or into the escape route in the event of a fire.
 - Issues identified with fire doors in the centre, were identified in the FSRA in 2022 had not been adequately addressed by the provider. This required action in the form of a fire door audit, to quantify the remedial action and to implement a plan to remediate the doors in a timely manner.
 - In the absence of the fire certificate documents the inspector could not be assured that fire compartments were in place within the attic space above the resident bedrooms. Compartments in the attic space are required in order to inhibit the spread of fire smoke and fumes in the attic space above residents' bedrooms in the event of a fire.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

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

Compliance Plan for St Elizabeth's Nursing Home OSV-0000167

Inspection ID: MON-0046388

Date of inspection: 13/02/2025

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> <ul style="list-style-type: none">- The architect has reviewed the compartmentation drawings, with completion expected in four weeks. An application for the fire certificate, reference number 3030370, is being submitted to the County Council. In the meantime, fire safety measures are actively maintained: all staff receive fire evacuation details during induction, weekly fire alarm tests are conducted, and fire safety talks are held weekly for both staff and residents. Additionally, staff undergo comprehensive fire training twice a year, supplemented by regular fire drills, including the use of the alternative means of escape on the first floor over the flat roof. This demonstrates our commitment to compliance and proactive risk management.- Fire door audits have been updated to have more structure and clarity, all staff including the maintenance staff were informed to follow the corrective action plan to identify and resolve errors promptly. A robust follow-up process has been established to address all identified issues, ensuring fire doors are fully functional and compliant.- The premises audit checklist has been updated to include a dedicated section for monitoring handrails to ensure their secure fitting and functionality. The previously identified issue with the handrail in the assisted toilet has already been resolved.- All staff, including maintenance staff, have been informed of these updates and their responsibilities regarding fire safety, reporting defaults and governance measures.- By prioritizing fire safety and promoting awareness, we are fostering a strong governance framework that underscores our commitment to the safety and well-being of residents and staff. Regular reviews and updates will ensure ongoing improvement and accountability with weekly discussion at our management meetings. | |

| | |
|---|-------------------------|
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - The handrail beside the assisted toilet has been replaced and securely fitted to the wall, ensuring that residents who require it can use it safely. Additionally, our audit checklist has been updated to prevent similar oversights in future premises walkarounds. - A call bell has been installed in the resident smoking area, improving safety and accessibility for residents. - The plant room has been cleared and is now kept free of any stored items. This ensures compliance with fire safety protocols and proper usage of the designated areas. - The sensor lights on the first floor have been reviewed by a qualified electrician and are now functioning correctly. <p>We assure you that the premises will be closely monitored and maintained to uphold the highest safety standards and provide a secure and welcoming space for our residents.</p> | |
| Regulation 28: Fire precautions | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> - The deep-fat fryer has been replaced with an air fryer to eliminate the risk associated with hot oils and naked flames. - A contract has been agreed with a reputable company for regular cleaning of the cooker hood extractor system, ensuring the elimination of grease build-up in the duct. - Fire training and drills are being conducted at least twice yearly for staff and residents. A fire drill has been completed with staff via the external stairs as part of the evacuation plan, and it will now be included in regular in house fire drills. - Weekly fire safety talks are conducted with residents and staff every Friday. - The architect is currently amending the updated building layout plans to clearly define compartment boundaries, with completion expected in four weeks. Additionally, the revised floor plans now include the designated route to the external assembly point, ensuring clear guidance for staff, residents, and visitors during fire emergencies. - The builder has reviewed the hot press storage area, and appropriate fire containment measures will be implemented to prevent the spread of smoke, fumes, or fire within the press. - The builder and architect have inspected all fire doors, including handles, hinges, and smoke seals throughout the centre. Necessary upgrades and repairs are being scheduled to enhance their effectiveness as fire doors, ensuring improved fire safety measures. - The architect reviewed the attic space, and fire compartmentation has been confirmed and an updated floor plan awaited. - A regularization Fire Certificate will be submitted for the areas not included in the granted fire certificate from 2011. The application process is currently underway and will be submitted to Meath County Council under reference number 3030370 to ensure the facility's compliance with updated fire safety standards. | |

We trust that these measures reflect our commitment to resident safety and compliance with fire safety 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(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 | 18/04/2025 |
| 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 | 18/04/2025 |
| Regulation 28(1)(a) | The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, | Substantially Compliant | Yellow | 31/07/2025 |

| | | | | |
|---------------------|--|-------------------------|--------|------------|
| | suitable building services, and suitable bedding and furnishings. | | | |
| 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. | Substantially Compliant | Yellow | 18/04/2025 |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Not Compliant | Orange | 31/07/2025 |