



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

Issued by the Chief Inspector

Name of designated centre:	Firstcare Earlsbrook House
Name of provider:	Firstcare Earlsbrook House Limited
Address of centre:	41 Meath Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	17 July 2025
Centre ID:	OSV-0000033
Fieldwork ID:	MON-0046175

About the designated centre

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

The centre is registered to accommodate 63 residents and provides care and support for both female and male residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies, low, medium high and maximum and provides 24 hour nursing care. Accommodation consists of 23 single bedrooms on the ground floor, of which 7 have an ensuite. 6 full ensuite and 1 partial. There is also one twin bedroom with a full ensuite room on the ground floor. On the first floor (FF), there are 23 single rooms plus 1 single room on the mezzanine floor (24 in total in the upper floor), 5 are single ensuite of which 3 are full ensuite and 2 partial. Also, there are 7 twin rooms on the first floor. Additional toilets and showers are located around the building. Two passenger lifts provide access to the first floor. Other accommodation included four homestead areas incorporating a kitchenette, dining space along with a day room area. There was also a relaxation room, treatment room and a hairdressing salon. A family room was also provided along with a suitably sized kitchen. Laundry facilities were located within the premises. Some office space was also provided. According to their statement of purpose, the centre aims to provide person centred care in accordance with evidence based practice. They aim to ensure that all residents live in an environment that is comfortable, safe and clean, with the greatest dignity, support and respect possible, awarded to them by a team of appropriately qualified and trained staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
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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 17 July 2025	09:40hrs to 19:00hrs	Sarah Armstrong	Lead
Thursday 17 July 2025	09:40hrs to 19:00hrs	Niall Whelton	Support

What residents told us and what inspectors observed

On arrival to the centre, the inspectors met with the person in charge. Following an introductory meeting, the person in charge facilitated a walk around the centre which also gave the inspectors an opportunity to meet with residents and staff as they were preparing for the day. Inspectors found the centre to be warm and bright on the day of inspection. Firstcare Earlsbrook House is a Georgian building which has retained many original characteristics and features of the original house. One resident told inspectors "it is homely here because it is a house". Another resident invited inspectors to view their bedroom. This resident told inspectors "I just love my room".

Firstcare Earlsbrook House is located within a residential area on the edge of Bray village. Residents' accommodation was arranged on the ground, first and second floors of the building. On entering the building, there was a wide entrance hall with reception area. There were framed photographs of residents hanging on the walls in the hallway and throughout the centre, which created a homely atmosphere. There was a family room off the reception which had plenty of comfortable seating for residents. This room was tastefully decorated with portraits of the residents, tables, an old marble fireplace and potted plants. Some residents had participated in a photography project. These photographs were available to view and were displayed in the family room next to ornamental old style cameras. There was also a memorial tree for residents and staff to remember those residents who had died during the year.

The centre was thoughtfully decorated and residents were involved in choosing the décor including the wallpaper in the centre. There were a number of fidget boards hanging on the walls in communal areas to offer residents the opportunity to engage in a sensory activity as they moved throughout their home. Residents had unrestricted access to secure outdoor courtyards which contained seating and planted areas. However, during the inspection, inspectors observed some issues in respect of the premises and fire safety which required action by the provider to ensure the safety of residents who lived in the centre.

Overall, feedback from residents was positive. Residents spoke most highly of the staff who cared for them. One resident told the inspectors "the staff here are wonderful" adding "you couldn't get better". Residents told the inspector that they were never left waiting for assistance, and that staff responded to their needs promptly and in a gentle and unrushed manner. Some residents were observed to refer to the staff by their names, and told the inspector that they felt they knew the staff well, and that the staff knew and understood them also. Residents also told inspectors that they felt safe living in Earlsbrook House, with one resident stating that they "haven't a worry". Another resident told the inspector "I think everything here is 100%". Other residents told the inspectors that if they had to, they would

feel comfortable raising a concern with staff if there was something they were unhappy about.

The inspectors observed interactions between staff and residents in the centre and found that staff were kind, respectful and responsive to residents needs on the day of inspection. Staff were observed engaging meaningfully with residents throughout the day, through chats and other activities such as exercise classes and games. Some residents told inspectors that they looked forward to going out down the town with staff for a walk and some residents were preparing to go out on the day.

Inspectors also observed that residents were actively involved in a number of infection prevention and control initiatives in the centre. For example, residents had created artwork using their hand prints to promote hand hygiene awareness amongst residents, staff and visitors. In another area, there were photos of residents dressed up in super hero costumes where they were acting as 'hand hygiene heros'.

Residents also provided positive feedback about the food served in the centre, telling the inspectors that "the chef is very good here" and that the "food is delicious".

Residents were supported to receive visitors throughout the day and there were no restrictions to visiting arrangements.

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

Capacity and capability

Overall, inspectors found that there were some improvements required in respect of the oversight and management of processes to ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored.

This was an unannounced inspection carried out by inspectors of social services over the course of one day, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also followed up on the compliance plan received from the previous inspection which was held in October 2024 and statutory notifications submitted by the provider since the last inspection.

Inspectors found that the compliance plan submitted by the provider had not been fully implemented at the time of this inspection. Although a number of actions had been carried out by the provider, there were a number of outstanding actions which were required to ensure the safety of residents and achieve compliance with

Regulation 23: Governance and management, Regulation 17: Premises and Regulation 28: Fire precautions. As a result, the provider was requested to submit to the Chief Inspector, a time bound action plan to address the findings of the recent fire safety risk assessment and to ensure the findings of this inspection are integrated into the action plan.

The registered provider of Firstcare Earlsbrook House is Firstcare Earlsbrook House Limited, which is part of the Emeis Group. There was a well defined management structure in place. The person in charge reported to a regional director and was supported in their role by a dedicated staff team consisting of clinical nurse managers, an assistant director of nursing, a team of staff nurses and healthcare assistants. Housekeeping staff, an activities co-ordinator, catering, maintenance and administration staff make up the remainder of the staffing compliment.

There were sufficient staffing levels in place on the day of inspection to ensure that residents' needs were met in a timely manner. Call bells were observed to be promptly responded to and there was appropriate supervision of residents in communal spaces throughout the day. A housekeeping supervisor had been recruited following the previous inspection and improvements were evident in the cleanliness of the centre compared to the previous inspection findings. Staff interactions with residents were considerate and meaningful.

There was a robust induction programme in place for staff working in the centre and staff spoken with told the inspectors that they felt supported by their peers and the management team, and that they had access to sufficient training to enable them to develop within their roles. Routine staff appraisals were also carried out which further promoted staff's professional development.

A sample of staff files were reviewed which demonstrated that staff had valid garda vetting in place.

The inspectors reviewed a sample of five residents' contracts for the provision of services and found that the contracts accurately described the services provided to residents and detailed the charges associated with the service.

Regulation 15: Staffing

The inspector found that there was a good number and skill mix of staff working in the centre. Staffing levels took into account the needs of the residents and the layout of the centre. There was a registered nurse on duty in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had access to appropriate training suitable to their roles. There were arrangements in place to ensure that staff working in the centre were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a Directory of Residents in the designated centre which was made available to the inspector. The Directory included all information as set out in paragraph (3) of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files were reviewed by the inspector and all records were found to meet the requirements of schedule 2 of the Regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that the registered provider had a clearly defined management structure in place which identified the lines of authority and accountability. There were management systems in place to monitor the quality of the service provided, however significant actions were needed to ensure the service provided to residents was safe, appropriate and consistent. For example;

- Notwithstanding the improvements made in relation to the premises, the monitoring and oversight systems in place had failed to identify and address the findings of this inspection. The findings relating to premises are detailed under regulation 17
- Whilst significant progress had been made to mitigate known fire safety risks in the centre, the registered provider had not ensured that the oversight systems in place were sufficiently robust to action all the fire risks; there was documentation to show significant progress had been made to address the identified risks, but there was no overarching action plan, which included the combined findings of both fire safety risk assessments

- Emergency call bell facilities were found to not be functioning in a number of rooms used by residents, including bedrooms, en suites, communal bathrooms and a hairdressers room. An immediate action was issued to the provider on the day of inspection in respect to this finding and the matter was addressed by the end of the inspection day.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of four residents' contracts. All contracts reviewed were found to meet the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents' rights were being promoted by a dedicated staff team who were providing meaningful and person centred care. Residents' feedback was all positive and residents were supported to enjoy a good quality of life living in Firstcare Earlsbrook House. Residents' assessed needs were being met through good access to medical and health care services and there were opportunities for social engagement for residents which were meaningful and appropriate to residents' interests and capacities.

Staff were knowledgeable about residents' individual assessed needs, and residents' care plan documentation clearly guided staff to provide good quality, safe, person-centred care aligned to residents' preferences and wishes. Significant improvements were seen in particular with residents' end of life care plans. Following the previous inspection, the person in charge had completed a pilot survey amongst some residents to develop a detailed, meaningful and person-centred questionnaire to capture residents' end of life wishes, including their physical, emotional, social and spiritual preferences. Following feedback from the pilot group, this questionnaire was completed by all residents and their families where appropriate, and the information provided was used to develop person-centred end of life care plans for each resident.

Inspectors found that there were appropriate measures in place to ensure residents were safeguarded from abuse. All staff had completed safeguarding training which enabled them to identify, prevent and respond to abuse. Where an allegation of abuse had been made, the person in charge had carried out a comprehensive

investigation into the incident and identified key learnings which could inform future practice and help mitigate the risk of incidents recurring in future.

There was a focus placed on maintaining an environment which was in so far as possible, free from the use of restraint. There were procedures in place which were in line with national policy on the use of restraints. Where restraints were used, there was a restraint register maintained and this was reviewed on a regular basis. From a review of records, inspectors found that restraints were only in place where a comprehensive risk assessment had been completed and residents or their families if appropriate, had consented to the use of the restraint.

There were regular residents meetings held in the centre. A review of the records of resident meetings demonstrated that residents were consulted about matters impacting the designated centre and services provided to them, and that residents were involved in the organisation of the centre. Residents also had access to television, radio and newspapers to keep up to date on current affairs.

From a fire safety perspective, inspectors noted many good practices in the designated centre and found both staff and the person in charge to be knowledgeable of both the procedures to follow and of the residents assessed evacuation needs. However, it was evident that improvements were required to adequately protect residents and staff from the risk of fire.

Records in relation to the emergency lighting and fire detection and alarm systems showed that previous deficits had been actioned and were complete.

At the previous inspection, it was found that not all actions arising from a fire safety risk assessment in 2021 had been actioned. At this inspection, the provider furnished the inspectors with an up-to-date action plan. While significant progress was made, there were some outstanding items that required action. The provider had arranged for a subsequent fire safety risk assessment in March of this year, to inform a further programme of work. This report highlighted further high priority fire safety risks. While inspectors saw documentation from contractors with time lines for completing various elements of this work, there was no overarching time bound action plan available. This meant that high priority fire risks were not addressed for a prolonged period of time.

The building comprised of a blend of period buildings which had been extended. The configuration of the building presented challenges in terms of the means of escape in the centre. While available from all areas, they were varied in terms of width and suitability for different levels of mobility. For example, areas of the first and second floor had rooms with initial escape in one direction only. The stairs from these areas were narrow and further compromised by chair lifts fitted to the stairs. The second floor had an alternative external stairway, which was steep and would be difficult to negotiate. Furthermore, the ground floor area to the rear, known as Oaklands had six single bedrooms, accessed by a narrow corridor. For escape, these rooms would not be suitable for higher dependency residents requiring equipment and evacuation aids to evacuate. The inspectors were informed, that these and the first and second floor rooms to the front were only used to accommodate independently mobile

residents. The centre's statement of purpose reflected this for the first and second floor rooms, but did not stipulate this for the rear Oaklands area. On the day of inspection, it was found that the person in charge was adhering to the aforementioned commitments and managing the impact to residents safety.

In terms of general day-to-day fire safety management, the person in charge demonstrated good oversight of fire safety, however some improvements were required as set out in regulation 28: Fire Precautions.

The inspectors saw progress was made regarding the maintenance of the premises; the Oaklands was clean and tidy in contrast to the previous inspection. During the inspection, issues with the call bell system were evident; a number of units required the batteries to be replaced and there was not a sufficient stock of batteries in the centre. The system requires a review to ensure it is fit for purpose. This and other matters relating to the premises are explored under regulation 17: Premises.

Regulation 17: Premises

The centre's premises did not currently conform to all matters set out in Schedule 6 of the regulations. For example;

- Access ramps required review to ensure maximum accessibility. For example, some were observed to have a single handrail and there were some where the floor covering did not change at the point where the ramp started and stopped and may not be readily apparent to a resident with a visual impairment
- Floor coverings were observed to be unsafe in some areas of the centre presenting a trip hazard to residents, staff and visitors. For example, outside the sluice room on the first floor and where bedroom flooring met the corridor flooring
- Although some efforts had been made to address storage issues in the centre, storage space remained an issue. This was evidenced by linen skips observed to be stored in two bathrooms on the day of inspection
- There was an outdoor metal staircase leading from one of the bedrooms. This stairs served as an evacuation route and was visibly rusted which meant that the integrity of the stairs was impacted
- Grab-rails were rusted in some shower and toilet areas
- Within the courtyard, where the drainage channel met the brick pavers, there was a trip hazard
- Stairs 2 on the registered floor plans does not align with the layout in the centre. The floor plans are required to be updated to correctly reflect this stairs

Judgment: Not compliant

Regulation 28: Fire precautions

Previous engagement with this registered provider resulted in extensive alterations to the layout of the designated centre to improve the means of escape and fire containment. However, the configuration of the building still presents challenges in some areas for residents with high dependency needs. For example, issues such as a single escape route or a narrow escape corridor. This was being managed by the person in charge, through the oversight of admissions to ensure only residents assessed as being suitable would be accommodated within these areas of the centre.

The inspectors identified areas where improvement was required by the provider regarding adequate precautions against the risk of fire, such as an extension cord leading from the top of a hotpress, through an attic hatch and it was not known what its purpose was. In addition, fire drills did not include external routes, to ensure that the various evacuation aids that may be required on those routes could fit.

Notwithstanding previous improvements to the means of escape, the inspectors identified further areas which required action;

- The escape route along a corridor which had storage presses along the full length, introducing a fire load into the escape route. This room had previously been a treatment room used only by staff
- A portable ramp to address two high steps outside an exit which was tested during the inspection was found to be cumbersome to use and not all staff were aware of its availability

The maintenance of fire safety systems required improvements, for example;

- The periodic inspection for the electrical installation identified faults; assurance was required from the provider that these have been addressed
- The service report for door access controls indicated a number of doors which were not linked to the fire alarm system. The provider had scheduled these works to be completed before the end of July 2025
- Portable appliance testing was overdue since March 2025

Notwithstanding the previous improvements to fire containment, further action was required to ensure adequate detection and containment of fire;

- The compartment boundary surrounding the lift shaft was not continued up to the roof covering as required. This was identified in the fire safety risk assessment in December 2021 and again in March 2025
- The corridor which was connected to stairs 1, contained electrical distribution boards which were not within a fire rated enclosure.

- Fire doors throughout required repair or replacement. The provider had a plan in place to complete this work between August and October of this year
- The lobby to the laundry room was fitted with a heat detector and not a smoke detector as required
- Effective compartment boundaries required for horizontal evacuation were not clear

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The person in charge had ensured that a comprehensive assessment was carried out for each resident on their admission to the centre. Residents' care plans were prepared within 48 hours of admission and were developed in consultation with residents and their families where required. Inspectors reviewed a sample of 11 care plans and found that all had been reviewed in line with the timeframe set out in the regulations. Care plans reviewed reflected the current needs of the residents. Care plans were found to be person-centred and sufficiently detailed in order to guide staff in providing good quality, safe care.

Judgment: Compliant

Regulation 6: Health care

Inspectors found that residents were well supported in accessing a general practitioner (GP) from local practices. Residents were also supported to choose their own GP if they so wished. Residents were also supported by good access to other health and social care professionals including physiotherapists, speech and language therapists, tissue viability nurses, occupational therapists and psychology of later life.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had up to date knowledge and skills appropriate to their role, in responding to and managing behaviour that is challenging. From a review of care plans and incidents occurring in the centre, the inspector found that the person in charge was

managing such behaviours in a manner which focused on non restrictive methods. The use of restrictive practices in the centre was kept under review and where restrictive practices were used, this was done so in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

The provider had established systems to ensure that residents were protected from the risk of abuse. Staff had appropriate training in relation to the detection and prevention of and responses to abuse. Residents spoken with told inspectors they felt safe living in the centre. There was evidence that the person in charge was investigating allegations of abuse, and these investigations included an outcome and recommended learnings to mitigate future risks.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Firstcare Earlsbrook House OSV-0000033

Inspection ID: MON-0046175

Date of inspection: 17/07/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>From review of both fire risk assessments and corresponding actions plans, all identified work will be complete by 31st December 2025.</p> <p>An overall fire risk assessment action tracker is maintained by the operations and facility team and visible to Person in Charge and Senior Management Team. Progress of any actions will be discussed at monthly governance meetings and escalated where required for actions- complete and ongoing</p> <p>A series of works was completed on the call bell system on 21/09/2025. An audit is completed on all call bells monthly and any issues identified escalated to maintenance and service provider.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A review will be conducted of all access ramps in the centre by 30th November 2025. Where required additional handrails and flooring contrast will be installed by 31st December 2025.</p> <p>Identified flooring will be repaired and rectified by 31st December 2025. To ensure any future issues are identified and actioned in a timely manner, health and safety audits</p>	

have been increased to quarterly and environmental walkabouts to weekly.

While there has been ongoing work to support the appropriate storage in the centre, including the change in function of room 27. An application to vary will follow by 31st December 2025. In relation, to the ground floor we are currently reviewing opportunities for safe and appropriate storage for linen skips, this review will be completed by 30th November 2025 and any recommendations completed by 31st December 2025.

The external evacuation stairs will be reviewed by an external company by 30th November 2025. No residents are currently or will reside in this area.

A full review of all grab rails will be conducted by 30th November 2025, and any damaged/rusted grab rails will be replaced by 31st March 2026.

The identified trip hazard in the courtyard will be levelled to remove the trip hazard by 31st December 2025.

The floor plans will be amended to correctly represent Stairs 2 in the centre by 31st December 2025

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The Person in Charge will continue to maintain current admission review process to ensure only residents whose assessed mobility needs are compatible with these areas are admitted. An application to vary will follow this compliance plan which will remove the registration of 11 bedrooms in the Oaklands part of the centre. There are currently no residents residing in the Oaklands bedrooms-to be complete by 31st December 2025

The extension lead was removed on the day of inspection. Following any maintenance works management will check the area to ensure all equipment is removed- complete and ongoing

Fire Drills were conducted using evacuation aids to verify suitability and staff competence on 18th July 2025. Going forward regular drills using these evacuation aids will be conducted.

All inappropriate storage will be relocated from the identified corridor and a system put in place to ensure that staff are aware of new locations by 31st December 2025

All staff have received training on the use of the ramp, and appropriate signage has been installed to inform them. The ramp has been incorporated into fire drills and will continue to be used during drills and discussed at safety pause meetings- complete

Periodic inspection for the electrical installation was completed on the 20th of June 2025, all remedial works has been completed and assurances has been provided by the electrician.

Remedial works commenced to link access control to the fire alarm system and will be completed by 19th December 2025. In the interim, there is an emergency release break glass point at each access control to release the door in case of emergency. All staff are trained and reminded via daily safety pause of change in system and action during fire alarm activation.

Portable appliance testing (PAT) was completed on the 21st February 2025, prior to that 25 March 2024. Certification was available on day of inspection.

Compartment boundary around lift shaft was completed on 09/09/2025. Verification from the service provider is available in the centre.

Electrical distribution boards will be enclosed in fire-rated cabinet by 31st December 2025.

A comprehensive survey of all fire doors in the centre has been completed. A series of work has commenced to replace and repair any identified doors. This will be completed by 31st January 2026. There is a twice yearly audit completed by the maintenance operative to monitor the condition of each fire door and any issues identified are escalated to the facility team for review.

Laundry lobby is fitted with a smoke detector and linked to the fire alarm- complete.

A set of 60-minute doors have been installed to Homestead 78 and Homestead 97. The building contractor has confirmed that the doors are within a compartment boundary- complete.

Compartment and evacuation maps will be updated in line with any door upgrades. This will be completed by 31st December 2025

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/03/2026
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.	Not Compliant	Orange	31/03/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	31/03/2026

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/01/2026
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/01/2026
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/01/2026
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/12/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons	Substantially Compliant	Yellow	31/12/2025

	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.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/01/2026
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/01/2026