



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

Issued by the Chief Inspector

Name of designated centre:	Altadore Nursing Home
Name of provider:	Glenageary Nursing Home Limited
Address of centre:	Upper Glenageary Road, Glenageary, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	07 October 2025
Centre ID:	OSV-0000004
Fieldwork ID:	MON-0048094

About the designated centre

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

Altadore Nursing Home is located on the Upper Glenageary Road in Dun Laoghaire. It can accommodate 63 residents, both male and female over the age of 18. The centre caters for a range of needs, from low to maximum dependency and provides short term respite, long term care and convalescence care. The centres comprises of 57 single rooms and three twin rooms, all of which are en suite. There are communal areas available to residents, such as activity rooms, sitting rooms and outside terrace areas. The person in charge is supported by an assistant director of nursing, nursing staff and other support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61
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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
Tuesday 7 October 2025	07:45hrs to 16:00hrs	Yvonne O'Loughlin	Lead
Tuesday 7 October 2025	07:45hrs to 16:00hrs	Frank Barrett	Support

What residents told us and what inspectors observed

Residents spoken with expressed a good level of satisfaction with the care provided in this centre. The residents reported that the staff were very kind and that they treated them with patience, compassion and respect. Based on the observations of the inspectors, and from speaking with residents, it was clear that the staff providing direct care were committed to providing person-centred care to residents. Residents were satisfied with the length of time it took for staff to answer their call bell and confirmed that their requests were attended to promptly.

This was an unannounced inspection carried out over one day. Throughout the inspection, inspectors observed that the staff knew the residents very well and were aware of their individual needs. The dining rooms were bright spacious and clean, residents enjoyed the dining experience as many were laughing and talking with staff. There were enough staff to assist residents during mealtimes and supervise.

The inspectors walked through the centre meeting with staff and chatting with residents. There was a relaxed atmosphere as evidenced by residents moving freely and unrestricted throughout the centre. The centre was spread out over four floors, the majority of residents' rooms were single rooms with en-suite facilities. The centre was well maintained and had lovely communal areas for visitors and residents to relax and enjoy the sea views. The staff rest room was on the ground floor near the reception area. This room was very small in size, on the day of the inspection one member of staff was eating whilst standing up.

The inspectors met with seven visitors during the inspection. Visitors expressed a high level of satisfaction with the quality of the care provided to their relatives and friends and many stated that their interactions with the management and staff were positive and they also commented on the low staff turnover. The inspectors spoke with many residents during the course of this inspection. One of the short stay residents had been visiting a family member in the same centre for the past few years and said that "he wouldn't stay anywhere else as the staff were so kind and the environment was so pleasant".

Inspectors observed the residents dining experience in the two dining rooms. Residents were complimentary of the food provided, which was prepared as per their preferences. Mealtimes were seen to be a sociable experience and residents were observed talking to staff and chatting amongst themselves. The kitchen was clean and in good repair.

There was a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment. Sluice rooms were located within close proximity to resident bedrooms' for the disposal of bedpans and urinals on each unit. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. There was one clean utility room that served three floors for the storage and preparation of medications, clean and sterile

supplies on the ground floor behind reception, which also served as a nurses station as well. This room had no clinical hand hygiene sink and is discussed later in the report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This unannounced risk inspection was carried out by inspectors of social services over one day to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people Regulations 2023 to 2025 (as amended). There was a particular focus on fire safety and infection prevention and control.

Overall, this centre was striving to be compliant with the regulations and there was a good team of staff committed to providing quality care to residents, however, this inspection found there were fire safety issues identified and also other findings in relation to infection prevention and control (IPC) as discussed in this report.

Glenageary Nursing Home Ltd is the registered provider for Altadore Nursing Home. This centre is part of the VIRTUE Healthcare Group which has a number of nursing homes throughout Ireland. On the day of inspection, the person in charge was supported by a clinical nurse manager, a team of nurses, healthcare assistants, housekeeping, catering, maintenance and administrative staff. To support the management team, there was a regional manager from the group, who was also on-site on the day of the inspection.

Inspectors found that the centre had an adequate number of housekeeping staff to fulfill its IPC needs. This observation was supported by reviewing staff rosters and through conversations with the housekeeping staff. There was a housekeeper rostered on each floor on the day of inspection. These staff members were knowledgeable in cleaning practices and processes with regards to good environmental hygiene and the impact of this was a clean and tidy centre.

Staff working in the centre had managed a small number of outbreaks and isolated cases of COVID-19. A review of notifications submitted found that outbreaks were managed, controlled and reported. The last outbreak reported was in February 2024. An outbreak learning report was available with lessons learned for the future. The vaccination team was booked at the end of the month to provide on-site vaccinations for residents and staff.

Audits were completed on a regular basis, which included hand hygiene, environmental hygiene and standard precautions. The scores were high which reflected what the inspectors found on the day. However, the audits did not identify some of the findings of this inspection which are set out under Regulation 27: Infection control.

The director of nursing had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship. The provider had an IPC link practitioner who was booked to start the national IPC link practitioner course in September of this year.

On the day of inspection, painting work was being carried out in some of the communal spaces and corridors. Inspectors noted that residents were informed of this work, and the impact on residents and visitors was minimised as a result. The management processes ensured that the premises was maintained to a high standard and improvements such as the ongoing painting, were being implemented with a resident focus. There was an outdoor terrace area on the second floor. This terrace was provided with glazed railing to ensure residents could enjoy the expansive views safely, however, the glazing in this railing had slipped down in several sections, resulting in the barrier being lower than designed in places. This was not identified by environmental audits carried out regularly, and could affect resident safety due to the lower height of the balcony railing, and the potential for glazing to come loose from the clamps holding it.

Fire safety management systems included input from a consultant assessor who had completed an in-depth review of fire safety in a fire safety risk assessment in 2024. A plan was in place to address the issues identified in this risk assessment, however, some aspects of fire safety management required improvement so that action taken in the event of a fire would be in line with the plans set out in the fire safety policy at the centre. Staff understanding of fire compartments was not as reflected in the areas comprising residents bedrooms. Floor plans posted along corridors, did not indicate the locations of compartment boundaries as detailed in the fire safety policy. A recent extension was in use at the centre, which provided accommodation in five single en-suite rooms on the second floor. The access and egress from this area was provided through a link corridor directly into a stairs lobby. While the rooms were provided with a single means of escape, the travel distances to the stairs were minimised, however, further improvements were required to ensure that the assessment and management of the risk associated with single escape routes was in place for this area as discussed under Regulation 23: Governance and Management

Regulation 15: Staffing

There was good evidence on the day of the inspection that residents were receiving good care and attention. Inspectors reviewed a sample of staff duty rotas and in

conjunction with communication with residents and visitors, found that the number and skill-mix of staff was sufficient to meet the needs of residents, having regard to the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that all staff were up-to-date with mandatory training. However, further improvements were required in relation to the supervision of newly qualified staff during their orientation programme when performing wound dressings.

Further details are discussed under Regulation 27: Infection control.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems generally ensured that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(d). However, further action was required to be fully compliant. This was evidenced by the following:

- Floor plans on corridors to direct evacuees to an exit in the case of a fire, did not have the detail of compartment boundaries, as required in their fire safety policy. The compartments provide a place of relative safety during progressive horizontal evacuation, which was the stated evacuation method used at the centre.
- The risk associated with bedrooms provided with a single means of escape was known to the provider, however, some fire safety concerns were required to be addressed which would impact on evacuation in this area. These are discussed further under Regulation: 28 Fire precautions.
- Environmental audits required review to ensure that all aspects of resident safety are included in these audits. For example, terrace glazing which had slipped downward from the fitting holding it resulting in a lower barrier, and potential glazing falling away from the brackets.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and required notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Overall, residents were supported to have a good quality of life that was respectful of their wishes and preferences. Residents' rights and choices were respected, and residents were actively involved in the organisation of the service. However, some improvements were required in relation to fire safety, and infection control.

The inspectors observed that equipment used by residents was in good working order and the storage areas were clean and organised.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene in the centre. These included cleaning specifications and checklists. Cleaning carts were equipped with a locked compartment for storage of chemicals and had a physical partition between clean mop heads and soiled cloths. The centre was visibly clean and odour free on the day of inspection.

Resident care-plans were maintained on a computerized system that provided easy access for staff. Improvements in care planning was observed since the last inspection. For example, the care-plans viewed were detailed, patient centred and reviewed in-line with changes in the residents needs.

Despite the findings under Regulation 27: Infection prevention and control, there was some good practices observed. For example, staff were knowledgeable about standard precautions for residents with a known or suspected infection to protect residents and their co-workers, such as appropriate personal protective equipment and good sharps management. IPC was discussed at regular staff meetings and antibiotic usage was trended to inform practice.

The premises of Altadore nursing home is large and laid out over four levels. The centre was well maintained, and was suitable for residents who called it their home. There was a number of dining and day spaces which were spacious and clean, however, one dining space had a small kitchenette attached to it, which was not in a good state of repair. There was evidence of mould and damage to the walls and

floor. The registered floor plans of the centre also required review to ensure that all areas of the centre were included. These issues are detailed further under Regulation 17: Premises.

Inspectors reviewed the arrangements in place to protect residents from the risk of fire. There were systems installed at the centre including an up-to-date fire detection and alarm system, serviced emergency lighting, and fire extinguishers placed in strategic locations and high fire risk areas. There was a regular fire safety review completed to ensure staff training in evacuation procedures and their understanding of evacuation aids was maintained. Each resident had a personal emergency evacuation plan (PEEP) in place that reflected their dependency level and outlined at a glance, staff requirements for assistance in the event of a fire. However, issues were identified which compromised containment in some areas of the centre. Some of these containment issues were in the area of the second floor which was provided with a single escape route. There were lifts provided in all areas, however, in one of the older sections, a resident lift opened into an area on each level where there were resident bedrooms. While the lift had a fire rating, inspectors could not be assured that smoke would be contained at these lift doors. This would mean that a fire on any level served by these lifts could result in smoke and fumes spreading to resident areas on the other floors served by the lift. These issues are discussed further under Regulation 28: Fire Precautions.

Regulation 11: Visits

There were many cosy and nicely decorated areas in place for residents to receive visitors and there was limited restrictions on visiting. Visitors spoken with by the inspectors were complimentary of the care provided to their relatives and were happy with the visiting arrangements in place.

Judgment: Compliant

Regulation 17: Premises

Overall the centre was well maintained and nicely decorated however improvements were required of the registered provider to ensure that the premises is in line with the statement of purpose and the floor plans for which it is registered. For example:

- Floor plans did not accurately reflect the centre as there were differences in the location of some doors and storage spaces.

Improvement was required of the registered provider, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- A kitchenette required maintenance attention. There was damage to the walls and floors, and parts of the kitchen cabinetry were missing including a base board.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services* (2018), however further action is required to be fully compliant. For example;

- Linen was not segregated in line with the centre's own policy for managing linen. For example, soiled linen was not placed in a water soluble bag to protect staff handling soiled linen from micro-organisms. Linen trolleys were not brought to the bedside for the disposal of used linen at the point of care. The inspectors observed staff carrying used linen along the corridor for disposal, this is not in line with best practice guidelines.
- A wound dressing was completed without using an aseptic technique (a process used to prevent the spread of infection).
- There was no clinical hand hygiene sink in the clean utility for staff to wash their hands if visibly soiled before clean or sterile procedures. This increased the risk of a healthcare associated infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While overall, the provider had in place a focused fire safety culture at the centre, further improvements were required including 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:

- Bedroom doors were not fitted with door closers. The agreed procedure as per fire drills was to ensure that resident doors were closed when residents were not in their rooms, however, many doors were noted to be left open, which would increase the risk of fire spreading from the room.

- Resident bedroom compartments (fire protected area, created through the use of doors, walls and floors of fire-resisting construction forming areas of relative safety during phased evacuation) were not being evacuated in their entirety during compartment evacuation drills. This was evident in one area in particular, where the floor plans indicated a compartment door which was not in place. This meant that an additional two bedrooms were within the compartment but were not being evacuated in evacuation simulations trialled at the centre.

Improvements were required of the registered provider to make adequate arrangements for detecting and containing fires. For example:

- Inspectors could not identify a fire detector within a service riser on the second floor. This was within a space which opened directly on to the corridor which served five bedrooms as a single escape route. This service riser was not fire sealed around the edges of the door frame either. This would mean that a fire starting within this riser, would not be detected until it developed, and the smoke fire and fumes would not be contained within the riser thus impacting on the single escape route from the five adjoining bedrooms.
- One compartment fire door was not in place which meant that inspectors could not be assured that adequate fire compartmentation was in place in all areas of the centre to facilitate progressive horizontal evacuation.
- Some electrical and water services were penetrating compartment lines in floors, walls and ceiling from the plant room. There services were not all sealed, to ensure that fire smoke and fumes would be contained within the plant room. This was also noted on both sides of the exit door on the ground floor where service rooms opened on to the escape corridor.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of care plans found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents that were colonised with an infection and those residents that had a urinary catheter.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a medical practitioner of their choosing or who was acceptable to them. Residents also had good access to other health and social care professionals. From a review of records, inspectors found that timely referrals were made to health and social care professionals, including physiotherapists and dietitians, in response to changes in condition. Residents were reviewed promptly by those professionals and recommendations were accurately incorporated into the residents' care plans.

The centre had five residents with pressure ulcers that were healing well and managed appropriately. The nursing team had introduced a new initiative where a peach symbol was placed on certain residents' doors to show that those residents required increased monitoring of their skin integrity.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to access recommended vaccines, in line with the national immunisation guidelines. The inspectors observed kind and courteous interactions between residents and staff on the day of inspection.

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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Altadore Nursing Home OSV-0000004

Inspection ID: MON-0048094

Date of inspection: 07/10/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none">• The performance of wound dressings has been added to Altadores induction and competency to be signed by our Nurse manager.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• In relation to the floor plans on corridors to direct evacuees to an exit in the case of a fire which did not have the detail of compartment boundaries as required in the fire safety policy. CAD files have been sent to Phoenix STS who are creating updated evacuation plans and to be completed by 31/12/25.• Environmental audits by maintenance to include all resident safety. This is to include the checking of the terrace glazing to ensure it doesn't slip downwards from the fitting holding. It was completed on 15/10/25.	
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"> • Floor plans are under review by our estate manager as some differences in the location of some doors and storage spaces. As the building is a listed building, our estate manager has requested all the fire certs for Altadore to be reviewed. When it's reviewed then a plan of action can be developed. Our estate manager will keep HIQA updated. Plan for review to be completed before 27th February 2026. • Due to a recent roof repair job, there was some damage to the walls and floors in the kitchenette which was repaired on 10/11/25. 	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Staff reeducated on the segregating of linen into red alginate bags when linen is soiled. Staff were educated on the importance of bringing the linen trolley to the point of care and use for the disposal of linen. The careful segregation of linen discussed in our staff infection control meeting. It is also included in our monthly environmental audit. • All nurses have redone their HSELAND Aseptic technique training and further training and support with wound dressings given to our new staff member. This is now included in our induction training for our new nurses. • In relation to having no clinical hand hygiene sink in the clean utility room. We are currently planning with our maintenance team on moving the treatment room in the basement to the tea room on the ground floor. This will result in the hand hygiene sink located in close proximity to the nurse's station. The treatment room in the basement will be changed to the tea room. We plan on the completion of this change by the 30th June 2026. 	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Staff educated re the importance of closing residents' doors when residents are not in their bedrooms. This is discussed during handovers and fire drill training. It will also be discussed with residents at the next residents' meeting. • Management to run drills in the area of bedroom 125 and 126, showing all bedrooms are being evacuated with bedrooms 017 and 018 as there is no compartment door in 	

place. Our estate manager will keep HIQA updated. Plan for review to be completed before 27th February 2026.

- There has been a work order sent to Fire Containment Ireland in relation some electrical and water services which were penetrating compartment lines in floor, walls and the ceiling in the plant room and on the ground floor where services rooms opened on the escape corridor.
- A fire detector on the second floor wasn't in place. This has now been completed by Phoenix Electrical on 10/10/25. Phoenix Electrical also sealed the service riser around the edges of the door frame on this date.
- Floor plans are under review by our estate manager as one compartment fire door was not in place. Our estate manager will keep HIQA updated. Plan for review to be completed before 27th February 2026.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	08/12/2025
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.	Substantially Compliant	Yellow	27/03/2026
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.	Substantially Compliant	Yellow	27/03/2026

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	27/03/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	30/06/2026
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	27/03/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	27/03/2026

	containing and extinguishing fires.			
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