



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

## Issued by the Chief Inspector

Name of designated centre:	Ferbane Care Centre
Name of provider:	Maracrest Ltd.
Address of centre:	Main Street, Ferbane, Offaly
Type of inspection:	Unannounced
Date of inspection:	14 January 2026
Centre ID:	OSV-0004690
Fieldwork ID:	MON-0049178

## About the designated centre

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

Ferbane Care Centre is a 61-bedded facility set in mature grounds. It is a four-storey building and a lift and stairs provide access to each floor. It consists of 51 single rooms and five twin rooms, some of which are en suite. Residents' communal accommodation includes a day room and dining area on each floor, as well as a chapel and a drawing room. There are a number of toilets and bathrooms throughout the building. Kitchen and laundry facilities are located on the lower ground floor. There are nurses and care assistants on duty covering day and night shifts. The centre's statement of purpose outlines that the ethos of care is to promote the dignity, individuality and independence of all residents. The centre provides general nursing care predominately for older people but also for residents over 18 years of age. People who require short term and long term care are also accommodated in the centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	49
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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
Wednesday 14 January 2026	08:30hrs to 17:15hrs	Yvonne O'Loughlin	Lead
Wednesday 14 January 2026	08:30hrs to 17:15hrs	Frank Barrett	Support

## What residents told us and what inspectors observed

From the inspectors' observations and from speaking with residents, it was evident that residents were supported to enjoy a good quality of life and received a good standard of care from staff. Residents spoke positively about the management and staff in the centre. Interactions between staff and residents were observed to be familiar and friendly and residents told the inspectors they were well looked after by staff.

The inspectors met with nine visitors during the inspection. Visitors expressed a high level of satisfaction with the quality of the care provided to their relatives and friends and stated that their interactions with the management and staff were positive. Visitors reported that the management team were approachable and responsive to any questions or concerns they may have. One family member said "I am satisfied with how concerns were managed".

This was an unannounced inspection carried out over a day. Throughout the inspection, inspectors observed residents relaxing in their rooms or in the day rooms. In the afternoon a band was playing live music. Residents and families all joined in and were singing in the communal area near the reception. An oratory was used by residents in the morning for a mass service.

The centre is laid out over four floors. The lower ground floor which accommodates five residents appeared to be a separate unit from the rest of the centre for residents that require extra supervision. Since the last inspection this floor had been up-graded and overall, the general environment and residents' bedrooms, communal areas was warm and clean. Part of the communal area for these residents was a route to exit and enter this unit, as a result there was little privacy for residents and their visitors using this communal space. Residents and visitors spoken with were happy with the standard of environmental hygiene. Also, on the lower ground floor accommodated the housekeeping room and staff accommodation.

At the time of this inspection, the provider was progressing with works on the second floor of the centre. One section was planned to be staff accommodation and the other side was planned to be residents accommodation. At the entrance to the centre there was signage to alert visitors that there was construction work in progress and residents had been informed also. This was evidenced by speaking with residents and their family members and also by a review of the minutes from residents meeting. Despite the good levels of communications about the building works with the residents there were areas of concern around the management of this building works and the fire safety implications for the residents on-site. This is discussed further in the report under the relevant regulations.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the

centre, and how these arrangements impacted the quality and safety of the service being delivered.

## 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 (IPC). The inspectors followed up on the compliance plan from the previous inspection in August 2025, where most actions had been addressed. Despite the improvements in the cleanliness of the centre the maintenance and management of the premises continued to require significant improvement which also impacted on good IPC practices.

Overall, this centre was generally striving to be compliant with the regulations and there was a good team of staff committed to providing direct quality care to residents. Notwithstanding this, this inspection found there were significant issues with the management of premises and fire safety issues identified and also other findings in relation to IPC as discussed in this report which requires attention.

The premises of Ferbane care centre is a period building which was formerly a convent. Over time, this building has been converted to become a nursing home. The nature of the period building, presents challenges in relation to the layout, however, staff were very familiar with the layout and the residents. While overall, communal space for residents was adequate to meet the requirements of the national standards, the use of these rooms impacted on resident experience. There was a large chapel, which accounted for one fifth of all communal space. This chapel was a pleasant space for reflection for residents, however, the remaining spaces were being used to accommodate all the remaining residents needs including activities, dining and general day activities, and were crowded.

The Director of Nursing had overall responsibility for IPC and antimicrobial stewardship (AMS). The provider had also nominated a senior nurse to the role of IPC link nurse who has completed the IPC link practitioner course.

The centre had recently managed an outbreak of *Influenza A* which effected 11 residents and four staff. The provider had an outbreak contingency plan in place and an outbreak review had been completed. Staff had included safety pauses throughout the day to give reminders on good IPC practices. Visitors had received good communication from management during the outbreak and visits had continued with precautions in place.

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### Regulation 15: Staffing

There were sufficient staff resources to maintain the cleanliness of the centre. There were housekeeping staff in each area of the centre with a newly appointed housekeeping supervisor to over see practices. On the day of the inspection there were sufficient staff resources to meet the needs of the residents living in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff training records were maintained to assist the person in charge with monitoring and tracking completion of mandatory and other training undertaken by staff. The training matrix showed that all staff had completed their mandatory training. On the day of the inspection staff were appropriately supervised.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems required strengthening to ensured that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(d). This was evidenced by the following:

- Fire safety policy at the centre was not being followed in line with the statements and actions outlined in the policy document. For example, the policy laid out clearly, the process by which management would assess fire safety using competent professionals and outlines the format of those assessments including a risk rating, and a timebound action plan to resolve issues. This method of risk assessment if used would have picked up and documented many of the fire safety issues noted within the current registered

centre during this inspection as discussed under regulation 28: Fire Precautions.

- The smoking policy set out the arrangements at the centre for residents that wished to smoke. However, this policy referred to a smoking area and equipment that was no longer in use. At the time of the inspection, a new smoking shelter was being installed for resident use, but was not operational. Residents who smoked at the time of this inspection, were either still using the previous smoking area which was decommissioned, or they were using the staff smoking area, which did not have appropriate fire safety equipment for residents use.
- The additional fire safety risk imposed on the centre due to the ongoing construction works had not been assessed in order for management to have oversight of this. There were no additional checks being carried out in the areas where the contractors were accessing the work site, resulting in the use of the escape stairs as storage for tools and equipment. Stairwell fire detectors as well as attic space fire detectors were covered up to prevent them from activating during construction activity. The management of this practice was not robust to ensure that detectors were uncovered at the end of the construction working day so that a fire would be detected at times when there were no contractors on site, particularly at night.
- Stair gates were fitted at both ends of stair flights. Inspectors were informed that these gates were installed to prevent residents from falling on the stairs, however, the gates themselves were imposing an obstruction on the emergency escape routes, and there was no appropriate risk assessments of this practice. The presence of these gates was not highlighted in fire safety procedures, training or fire drills which may have alerted staff to the risk associated with the gates in place.
- Works were completed to change the layout at the Gallen wing access to the escape stairs and construction of a store room. The Chief Inspector was not notified of these works and fire safety certificate information submitted in respect of works at the centre did not reflect these changes.
- Further resources were required to ensure that storage and ancillary rooms were suitable for use in the premises. This is discussed further under Regulation 17: Premises.

Judgment: Not compliant

## Quality and safety

Overall, the inspectors were assured that residents living in the centre enjoyed a good quality of life. Residents appeared well cared for with their personal care needs being met. Their social care needs were incorporated into their daily care, which they all appeared to really enjoy. However, deficits in the governance and

management and the oversight of the premises and fire safety were impacting on the overall quality and safety of the service provided.

The premises of Ferbane Care Centre, is situated on the outskirts of the town of Ferbane Co Offally. The top floor of the building was not registered as part of the home, though, as mentioned, work was ongoing in this area to refurbish it for incorporation into the care centre. There are extensive grounds around the building, however, due to the construction activity, these grounds were not laid out for use by residents. There was a partially enclosed garden to the rear which was being used by contractors for access at the time of the inspection. The space outlined to the rear of the building for storage was found to be wholly unsuitable for use as storage. This area was an older stone building attached to the rear of the main building, however, the roof was extensively damaged, and inspectors were not assured that the area was structurally sound. At the time of inspection, there was broken equipment and furniture in these areas. Some other storage spaces within the curtilage of the main building also required upgrading as there were loose tiles and damaged flooring. Some other areas of the centre required maintenance attention as discussed under Regulation 17: Premises.

Hand sanitizers were available in wall-mounted dispensers along the corridors and at the point of care for each resident. Some barriers to effective hand hygiene practices were observed during the course of this inspection. For example, clinical hand wash basins that complied with the recommended specifications were not available in all areas of the centre where residents were living, this meant that staff could not easily wash their hands if visibly soiled.

Antimicrobial stewardship initiatives reviewed provided ongoing assurance regarding the quality of antibiotic use within the centre. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. In addition, the use of dipstick urinalysis was no longer routinely used to assess for evidence of urinary tract infection in adults without clinical signs and symptoms of infection.

Inspectors reviewed arrangements at the centre to protect residents from the risk of fire. Overall, partly due to the age and nature of the building, there was significant risk uncovered during this inspection. While there was a good standard of fire safety equipment such as a category L1 fire detection and alarm system, some issues with this system were identified such as the covered fire detectors, and a lack of detection in other spaces. A category L1 system, provides assurance that there is detection in each room, void and service space, however, the lack of a detector in a sluice room and a call point at an exit door meant that the stated category of the alarm could not be relied upon for these assurances. Other fire safety equipment was in place such as emergency escape lighting, and directional signage which also required additional review to ensure that all areas were covered in the event of a fire and subsequent loss of power. There were significant issues identified relating to fire containment at the centre. The practice for evacuation of residents relied on progressive horizontal evacuation as trialled in fire drills, however, this system of evacuation is heavily reliant on containment measures to set up compartments in place within the building to allow residents to move to a place of relative safety in the next compartment before moving onwards or out of the building in the event of

a fire. Breaches of the compartment lines including walls, floors ceilings or doors, would allow fire, smoke and fumes to spread much quicker though the centre in the event of a fire. Breaches of these containment measures were noted with doors, walls and ceilings in various parts of the centre. These and further fire safety issues are discussed under Regulation 28: Fire Precautions.

### Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there were limited restrictions on visiting. Visitors who spoke with 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

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:

- An area to the rear of the centre which was an older stone constructed building was identified as storage space for the centre on floor plans and the statement of purpose. These store rooms were not in appropriate condition for use as they were in a derelict condition.

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 review of the privacy arrangements within the twin rooms was required to ensure that the separation between the bed spaces and the privacy curtains were set up to allow residents to undertake their care needs privately, and that the space within their own curtain area allowed them access their storage space, bathroom or sink without impacting the remaining resident in the rooms
- Storage space within the main building required upgrade to ensure that the walls flooring and shelving was appropriate. For example, Personal Protective Equipment (PPE) was stored in shelving that had surfaces that were uncleanable. e.g exposed brick, walls which had broken tiles and faulty light fittings.
- Some flooring required upgrading such as the floor in the housekeeping room, and some flooring in the Gallen wing. Maintenance attention was also

required as some windowsills were damaged internally as well as some trims around doors.

- There was a faulty light fitting at the nurses station on the lower ground floor. This area did not have natural light, and was also an access route.

Judgment: Not 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;

- Hand hygiene facilities were not in line with evidenced based guidelines to reduce the spread of infection. For example,
  - Clinical hand wash basins were not easily accessible for staff to wash their hands in resident areas, e.g on the lower ground floor unit.
  - There was no hand hygiene sink in the laundry room.
  - The hand hygiene sink in one of the sluice rooms was out of order.
- Equipment was not consistently managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by:
  - Staff jackets were left on top of clean linen in the laundry room.
  - The needles used for injections and drawing up medication lacked safety devices in line with best practice guidelines. Some of the sharps boxes in use were not signed or dated and also did not have the temporary closure engaged. These omissions increased the risk of needle-stick injuries, which may leave staff exposed to blood borne viruses.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Overall, some areas of fire safety required significant attention to align with the requirements of the regulations and to provide residents with appropriate protection from the risk of fire.

The registered provider did not take adequate precautions against the risk of fire for example:

- The construction activity on the top floor was imposing an additional risk of fire within the centre which was not actioned or mitigated by the provider.

- Electrical and communications distribution boards were fitted on escape routes. This could impact on the escape routes as these items introduce a fire risk to the corridor.
- An electrical socket in the laundry room was not working properly, and there was a sticker over the socket which identified it as out of order. While the provider gave assurances that an electrical contractor was aware of this issue and would action it, the entire electrical system did not have an appropriate test certificate.

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

- A review of the emergency escape directional signage was required in order to ensure that appropriate signage was in place in all areas. Many of the day rooms were not fitted with emergency escape (running man) signs.
- An area of the lower ground floor in which resident bedrooms were situated was provided with upward only escape routes over steps. There was a route through the rear garden that would provide access to the assembly point without having to negotiate steps, however, this route was not designated as an escape route. The movement upwards over steps would prove difficult in an evacuation scenario for impaired mobility or immobile residents.

The registered provider did not make adequate arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout, and escape routes. For example:

- While there were regular fire drills completed at the centre, further attention to the specific nature and layout of the centre was required on these drills, to ensure that staff understood the requirements of vertical evacuation using the stairs, and the difficulties with evacuation of some areas of the lower ground floor.
- Floor plans posted on the walls to assist residents staff and visitors to locate fire escape routes, and fire fighting equipment required review to ensure that they were consistent, and the identified the escape routes, the compartment boundaries and the location of the assembly point.

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

- While there was a modern fire detection and alarm system in place, inspectors noted detectors were not in place in all areas including a cleaners room and electrical panel on the lower ground floor, as well as covered detectors in the stairwell, and in the storage building to the rear.
- Measures in place to contain fires smoke and fumes required significant attention including:
  - A mains electrical panel was enclosed in a room on the escape corridor on the lower ground floor and in the escape stairs. Significant

containment measures were not effective for this high risk area including non fire rated construction of the walls..

- There were services which crossed through compartment boundaries including floor ceilings and walls which required fire sealing. This was noted in service cupboards and in the main boiler room. There was a significant service penetration in the ceiling of a clinical room which did not appear to have any fire sealing present. There were cross corridor doors fitted on bedroom corridors. However, some of these doors were not installed on the compartment line for example at the Gallen wing, and were "offset" to allow the door to be held open without impacting the adjacent space. The walls and ceilings surrounding these offset doors did not appear to be constructed in fire rated construction consistent with the compartment line
- Fire containment concerns were noted with numerous doors including bedroom doors throughout the centre. These issues ranged from
  - Non fire rated ironmongery including hinges and handles fitted to doors, large gapping around the perimeter of some doors when closed and Smoke seals damaged or missing. Doors which would not close fully when released from their holders, doors to the activities room which was not securely fitted to the frame with hinges that appeared loose fitting. In respect of the doors an assessment is required by a competent person to provide assurance that appropriate fire rated doors are in place where required to provide adequate containment and to protect the escape routes.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

A review of care plans found that 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

There was a low incidence of pressure ulcers in the centre. Residents had good access to medical care and general practitioner (GP) services and the GP was on site every week. There was appropriate timely access to professionals such as dietitian, speech and language therapists, and chiropodists.

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, the majority of staff had completed human rights training. Residents meetings were held and this informed the choice of activities that were taking place and what was happening in the centre.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ferbane Care Centre OSV-0004690

Inspection ID: MON-0049178

Date of inspection: 14/01/2026

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and 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> <ul style="list-style-type: none"><li>• The centre's fire safety policy has been reviewed by the Person in Charge and Provider Representative, and the risk-assessment process outlined in the policy has been reinstated. Fire safety risks are now formally assessed with a documented risk rating and time-bound action plan, with progress monitored through management oversight and the centre's risk register (review completed 01/03/2026, ongoing).</li><li>• The centre's smoking policy has been updated to reflect the current smoking arrangements. A new designated smoking shelter for residents is currently being completed, including the installation of appropriate fire-safety equipment. Final works, including the concrete base, are underway and the area will be fully operational for resident use (to be completed by 15/03/2026).</li><li>• An agreement has been signed by the builder outlining their responsibilities in relation to Fire Safety during the renovation works. Additional management oversight has been introduced in relation to the ongoing construction works. Daily checks of contractor access routes, escape stairs and fire detection systems are now carried out to ensure escape routes remain clear, equipment is not stored in stairwells and any fire detectors covered during works are uncovered at the end of the working day (implemented 01/02/2026, ongoing).</li><li>• Stair gates previously fitted at stair flights have been reviewed in line with fire safety requirements. Gates have been removed or repositioned where required to ensure that escape routes remain unobstructed during evacuation, and the associated risks have been documented within the centre's risk management system (review completed 05/02/2026).</li><li>• Governance processes relating to building works and structural changes have been strengthened. The Person in Charge, Registered Provider and Maintenance Manager now review all proposed building works to ensure the Chief Inspector is notified where required and that fire safety certificate documentation reflects any changes to the layout or footprint of the centre (process implemented 10/02/2026, ongoing).</li><li>• A review of storage and ancillary rooms within the centre has been completed to</li></ul>	

ensure they are suitable for use and maintained to an appropriate standard. Improvements identified have been incorporated into the centre's maintenance programme to ensure adequate and safe storage facilities are available (review completed 05/02/2026; improvement works to be completed by 31/07/2026).

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Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- The external stone storage building at the rear of the centre has been cleared of all stored equipment and is no longer used for storage purposes. As this structure forms part of a protected building, refurbishment options and its future safe use are currently being reviewed in consultation with external contractors and the maintenance team (review to be completed by 30/04/2026).
- A review of storage areas within the centre has been completed to ensure all storage spaces are suitable and maintain appropriate hygienic conditions. Improvement works including repair of damaged tiles and upgrading shelving have been scheduled to ensure surfaces are cleanable and equipment is stored appropriately (review completed 05/02/2026; upgrade works to be completed by 31/07/2026).
- A review of privacy arrangements within twin bedrooms has been completed to assess residents' ability to undertake personal care in privacy and access wash facilities and personal storage within their own curtained space . Reconfiguration works, including repositioning of privacy curtains and relocation of wash hand basins where required, have been identified and included in the maintenance programme (works to be completed by 31/07/2026).
- Damaged flooring in the housekeeping room and Gallen wing has been included in the centre's planned maintenance programme and will be repaired or replaced to ensure flooring is safe and easily cleanable (works scheduled to commence 01/03/2026, completion by 31/07/2026).
- Maintenance repairs to internal finishes, including damaged windowsills and door trims, have been added to the maintenance schedule to ensure the premises are maintained to an appropriate standard (repairs to be completed by 31/07/2026).
- The faulty light fitting at the nurses' station on the lower ground floor has been scheduled for replacement to ensure adequate lighting in this area which also serves as an access route (replacement to be completed by 15/03/2026).

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Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- A review of hand hygiene facilities within the centre has been completed to ensure compliance with the National Standards for Infection Prevention and Control in community services. A programme of works has been initiated to install additional clinical hand wash sinks in appropriate clinical areas, ensuring that staff have access to dedicated hand hygiene facilities separate from residents' sinks (review completed 10/02/2026; installation works to be completed by 30/06/2026).
- The sink in the sluice room identified as out of order will be replaced with a clinical hand wash sink to ensure compliance with Health Building Note (HBN) 00-10 Part C guidance for sanitary assemblies and to support appropriate infection prevention and control practices (replacement to be completed by 31/05/2026).
- A review of laundry and decontamination arrangements has been undertaken to ensure appropriate sinks and facilities are available for the management of cleaning equipment and laundering processes in line with infection prevention and control guidance (review completed 05/02/2026; improvement works to be completed by 30/06/2026).
- Sharps management practices have been reviewed, and all needles without safety devices have been removed from use and safely discarded. The centre now uses needles with integrated safety devices only, in line with recommended infection prevention and occupational safety standards (implemented 12/02/2026).
- Oversight of infection prevention and control practices has been strengthened, with regular monitoring undertaken by the Person in Charge and the Infection Prevention and Control lead to ensure that infection control procedures are consistently implemented and maintained across the centre (implemented 01/02/2026, ongoing).

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

- A review of emergency escape directional signage is underway to ensure that appropriate illuminated escape signage is installed in all required areas, including communal day rooms (review commenced 10/02/2026, completion by 31/07/2026).
- A new electrical distribution panel for the lower ground floor corridor was ordered and delivered to the centre on 04/03/2026. Works are planned to relocate the electrical supply from the escape corridor to a suitable service room, which requires coordination with the public electricity provider and electrical contractor. Due to the scale of the works and the requirement for external utility involvement, the project will be completed in phases subject to the availability of the electricity provider. The first phase of the works, including preparation and partial relocation of the electrical services, is anticipated to be completed by 31/10/2026, with full completion dependent on the scheduling of the external electricity provider. In the interim, the area is subject to regular safety checks by maintenance and management to ensure that the escape route remains clear and the electrical installation is monitored until the works are fully completed.
- The evacuation arrangements for the lower ground floor are currently under review to

ensure that the most appropriate escape routes are clearly identified, taking into account the mobility needs of residents. An external fire trainer has been engaged to review the evacuation strategy, including the feasibility of alternative escape routes and the requirements for vertical evacuation (completion by 31/03/2026).

- Fire evacuation training and drills are being enhanced to reflect the specific layout of the centre, including evacuation from the lower ground floor and the use of vertical evacuation routes. Scenario-based drills addressing these areas will be completed with staff (commenced 01/02/2026, ongoing).
- Fire evacuation floor plans displayed throughout the centre are being reviewed and updated to ensure they clearly identify escape routes, compartment boundaries, fire-fighting equipment and the designated assembly point (completion by 31/03/2026).
- A review of the fire detection and alarm system is underway to ensure full L1 detection coverage throughout the premises. Additional detectors will be installed where required, including service rooms and ancillary areas where detection was not previously present, and any previously covered detectors have been reinstated (review commenced 15/02/2026, completion by 31/08/2026).
- A comprehensive fire safety survey of the building is being undertaken by a competent fire safety professional to identify breaches in fire compartmentation including service penetrations through walls, ceilings and floors. A programme of fire sealing works will be implemented to address all identified issues (survey commenced 15/02/2026, remediation programme to be completed by 30/08/2026).
- A full assessment of fire doors throughout the centre is being undertaken by a competent contractor to confirm that appropriate fire-rated doors, seals, hinges and ironmongery are installed and functioning correctly. Works are underway to repair, replace or reposition doors where required to ensure effective containment of fire and smoke (assessment commenced 15/02/2026, completion by 30/09/2026).

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## 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	31/07/2026
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	31/07/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	31/07/2026

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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)(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.	Not Compliant	Orange	31/10/2026
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/08/2026
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency	Not Compliant	Orange	31/08/2026

	procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/10/2026