



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	SignaCare Killerig
Name of provider:	Signacare Killerig Ltd
Address of centre:	Killerig, Carlow
Type of inspection:	Unannounced
Date of inspection:	11 March 2025
Centre ID:	OSV-0005454
Fieldwork ID:	MON-0045219

## About the designated centre

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

SignaCare Killerig Nursing Home is situated a short driving distance from Tullow town in County Carlow. The centre provides accommodation for 45 residents. It caters for both male and female residents aged over 18 years of age. Residents are accommodated in 35 single bedrooms and 5 twin rooms, each with ensuite shower, toilet and wash basin facilities. Bedrooms are located on the first and second floor. The ground floor mostly consists of spacious communal areas and various services such as catering, laundry and treatment rooms. Care services provided at SignaCare Killerig include residential care, convalescence, respite and palliative care for residents. The provider employs a team of staff in the centre to meet residents' needs. This team consists of registered nurses, care assistants, an activity coordinator, maintenance, housekeeping and catering staff. According to their statement of purpose, value is placed on the uniqueness of each individual and the centre is guided by a commitment to excellence that ensures every resident will enjoy passionate and professional care. They aim to enhance the ability of residents to participate in and contribute to daily life. Facilitating residents' independence and choice in how they plan their daily lives. The centre aims to provide a person centred approach to care where staff will endeavour at all times to deliver quality care informed by best practice and complying with all relevant standards and legislation ensuring the residents are involved in all aspects of planning and decision making.

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

Number of residents on the date of inspection:	39
--	----

## 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 11 March 2025	09:30hrs to 18:45hrs	Aislinn Kenny	Lead
Tuesday 11 March 2025	09:30hrs to 18:45hrs	Frank Barrett	Support

## What residents told us and what inspectors observed

The feedback from residents who spoke with the inspectors was that they were generally happy living in SignaCare Killerig. Some residents told inspectors that on rare occasions they were waiting a while for staff to attend to their needs however, all of the residents spoken with were complimentary of the care they received and spoke about the kindness of staff.

There was a calm and relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. Management and staff appeared to know the residents well and were familiar with each resident's daily routine and preferences. Some residents who were living with a diagnosis of dementia or cognitive impairment were unable to express their opinions on the quality of life in the centre. These residents appeared comfortable and content. Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner.

SignaCare Killerig is a two-storey centre situated near Tullow in Co. Carlow. The centre was previously a hotel and was refurbished to provide suitable accommodation for 45 residents. Residents' bedroom accommodation comprised of 35 single and five twin bedrooms. The residents' bedroom areas were located on the first and second floors. Some residents' bedrooms had large windows overlooking the local landscape and residents told the inspectors that they 'loved their view'.

The inspectors observed a variety of communal spaces available to residents on the ground floor. These areas included an activities room, sitting room, dining room, coffee dock, Jack's bar and hair salon. These areas were nicely decorated with comfortable furnishings, artwork and were seen to be appropriately equipped with emergency call-bells. The reception area was located on the ground floor and a patio to the rear of the centre was available for residents to freely access throughout the day. The residents' smoking area was located here. Inspectors observed that the smoking area did not have a call-bell and some furniture was damaged and required replacing to ensure safety.

Inspectors saw that residents spent their time in their bedrooms or in the communal areas throughout the day of the inspection. Visitors were observed coming and going and spending some time with residents in the coffee dock area also. Families and residents were encouraged to personalise bedrooms with ornaments, pictures and photographs as seen throughout the centre. Overall, the general environment, residents' bedrooms, communal areas, bathrooms and toilets appeared visibly clean. Inspectors observed a store room on the first floor that was used to store continence wear had signs of mould on the ceiling, the provider committed to addressing this on the day of the inspection. There were clinical hand-wash sinks located in various breakout spaces along corridors. The hand-wash sink in the treatment room on the second floor had not been replaced as per the compliance

plan from the previous inspection, however there was a clinical hand-wash sink available for use outside the treatment room.

Residents' bedrooms were generally well laid out however, inspectors observed two twin bedrooms where residents would have to leave their bedspace in order to access their lockable storage.

Meals were served to residents in the main dining room or in their bedrooms. Most residents had chosen to eat in the dining room on the day of the inspection. The meals provided looked wholesome and nutritious and were appropriately served. A large menu was on display in the dining room outlining the choice available for residents. Kitchenettes were located on the first and second floor where residents' breakfast and snacks were prepared.

Activities were observed taking place throughout the day and residents were engaged in activities such as interactive televised horse racing, music and individual activities. This area was popular with residents and there was a lively atmosphere observed throughout the day with many residents choosing to sit and enjoy the activities.

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 the quality and safety of the service being delivered.

## Capacity and capability

Overall, this was a well-managed centre which had strengthened their governance and management systems since the previous inspection however, significant action was still required in relation to the fire precautions in place in the centre. This was an unannounced inspection to monitor compliance with the Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to inform the registration renewal of the centre.

Signacare Killerig Limited is the registered provider of SignaCare Killerig. This centre is a part of a wider group, which has a number of nursing homes throughout Ireland. A company director supported the local management team consisting of the person in charge and one clinical nurse manager. They were supported in their role by a team of nurses, health care assistants, domestic, activity, catering and administration staff. There were clear management systems in place with regular meetings held to oversee and discuss the day-to-day operation of the centre. The inspectors found that overall, the compliance plan actions from the previous inspection had been completed.

The staffing and skill-mix on the day of inspection appeared to be appropriate to meet the care needs of residents and staff were seen attending to residents in a prompt manner.

Staff had access to training appropriate to their role. A system for tracking staff training and records was made available to the inspectors, demonstrating that most staff were up-to-date with mandatory training in fire safety, managing challenging behaviour, and safeguarding vulnerable adults from abuse. Where gaps were noted there was training scheduled to address this.

Records were being stored in the centre and there was a system in place to provide for the retention of the records within the required time frames. A sample of staff files reviewed were found to contain the required documents under Schedule 2 of the regulations.

The registered provider had systems in place to monitor the service and the inspectors reviewed minutes of meetings such as clinical governance meetings and staff meetings. The quality and safety of care was being monitored through a system of regular monitoring and auditing of the service. Completed audits seen included clinical care, call-bells, facilities, and care plans however, recent call-bell audits were not available for review on the day of the inspection. Given the feedback from residents who said that sometimes they waited long times for their call-bells to be answered, the provider was required to review this. Quality improvement plans were devised where issues were identified. Inspectors were informed by management that an annual review for 2024 was being prepared, this was not available for review on the day of the inspection. Improvement was required by the registered provider to ensure adequate oversight of fire safety and infection prevention control measures as outlined under the relevant regulations. A fire safety risk assessment had been completed for the centre in 2023, however, some items identified on this assessment had not been completed, and other areas that required action as found on this inspection had not been identified on this assessment.

The registered provider had submitted an application to renew the registration of the centre in line with regulatory requirements. Building work was taking place in the centre which meant that some of the registered areas were being used for other purposes to facilitate the work. Inspectors were informed that this was an interim arrangement and the plan in place was to return these areas to their original purpose when the building work was complete. These areas are further outlined in Registration Regulation 4: Application for registration or renewal of registration.

The registered provider had prepared a statement of purpose relating to the designated centre. This contained relevant information pertaining to the centre however, it required updating to accurately reflect the arrangements for managing residents' laundry.

## Registration Regulation 4: Application for registration or renewal of registration

The supporting documentation submitted with the application for the renewal of the registration did not include a number of areas used for the operation of the designated centre. Areas not listed on the registered floor plans and statement of purpose which required review, included:

- A basement area beneath the centre which was being used to launder the mops for the centre.
- A maintenance storage area on the ground floor
- A hoist storage area on the first floor

The statement of purpose required updating to accurately describe the facilities and the services provided in relation to residents' laundry arrangements

A number of areas on the floor plans had been temporarily re-purposed to facilitate building work in the centre and were required to be returned to their original use as per the registered floor plans:

- A resident's assisted bathroom on the first floor
- A storage area previously in use for wheelchair storage on the ground floor which was being used to store staff belongings
- A family meeting room which was being used as an office

Judgment: Substantially compliant

## Regulation 15: Staffing

Inspectors found that there were adequate levels of staff members on duty for the size and layout of the centre and the number of residents present in the centre on the day. There was at least one registered nurse on duty at all times.

Judgment: Compliant

## Regulation 16: Training and staff development



Staff had access to appropriate training. All staff had attended the required mandatory training to enable them to care for residents safely. There was good supervision of staff on the day of the inspection.

Judgment: Compliant

### Regulation 21: Records

All records as set out in Schedules 2, 3 & 4 were available to the inspectors. Retention periods were in line with the centre's policy and records were stored in a safe and accessible manner.

Judgment: Compliant

### Regulation 23: Governance and management

The management systems in the centre required some improvement to ensure the service provided was safe, appropriate, consistent, and effectively monitored, as evidenced by the findings below:

- The floor plans on display in the corridors did not reflect the actual layout of the premises and could impact on fire evacuation procedures. This had been identified as an action item on a fire safety risk assessment in 2023, but was not actioned by the registered provider.
- Management oversight of works completed at the centre required review to ensure that there was no negative impact on fire safety. Work completed in the cleaners room had resulted in a significant breach of the compartment floor, which could result in a lack of fire containment between the floors. This had not been identified by the provider's own audit systems and as a result there was no plan to promptly address this at the time of inspection.
- The disabled refuge communications call point was located on the wrong side of the stairwell as detailed under Regulation 28: Fire Precautions. This had not been identified on the provider's own auditing systems or fire safety risk assessment and required review.
- Some dietary supplements which were stored in the treatment room were seen to be out-of-date and were stored alongside in date supplements. This posed a risk that they could be given to the residents and posing a risk to their health. The provider's systems of oversight required improvement.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose prepared for the designated centre and made available for review. It was found to contain all pertinent information as set out in Schedule 1 of the regulations.

Judgment: Compliant

### Quality and safety

Overall, this was a good service that delivered high quality care to the residents. The inspectors were assured that residents were supported and encouraged to have a good quality of life in the centre and that their health care needs were well met. However, the inspectors also found that further action was required in respect of the management systems to oversee fire safety in the centre to provide assurance that a safe service was provided to the residents at all times.

Care planning documentation was available for each resident in the centre. An assessment of residents' health and social care needs was completed on admission and ensured that residents' individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. Care plans demonstrated consultation with the residents and, where appropriate, their family.

Residents were provided with access to a general practitioner (GP), as required or requested. Where residents were identified as requiring additional health and social care professional expertise, there was a system of referral in place and a review of the residents' care records showed that recommendations made by health and social care professionals were implemented and updated into the resident's plan of care. This included areas such as physiotherapy, speech and language and chiropody. Residents were reviewed by a dietitian as required also.

The premises was laid out to meet the needs of the residents however, some twin rooms required review to ensure each resident was able to access their belongings in a private manner. While in general, the centre appeared to be clean and kept in a good state of repair, some areas required attention as further outlined under Regulation 17: Premises.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding

to allegations of different types of abuse. Residents who spoke with inspectors, reported that they felt safe living in the centre.

Inspectors reviewed the arrangements in place to protect the residents from the risk of fire. The risk associated with inappropriate storage was impacting on fire safety. Areas that were required to be kept clear for fire safety reasons such as a boiler room and electrical switch room were used for storage of maintenance materials, chemicals, and flammable items. Concerns were raised with regard to the location of the disabled refuge communications call point. This device was located at the top of the stairs, in a place that would obstruct the stairwell for other users in the event of a fire. An external escape stairs was covered to protect it from the elements and provide a more readily usable escape route in the event of a fire. However, this stairs was not being well-maintained, and some of the materials had sharp edges. Further works were required to ensure floor plans reflected the actual layout of the centre, and the emergency lighting was effective in the event of an evacuation. Inspectors noted a range of issues which were impacting on containment measures in place at the centre. Some doors did not appear to be fire rated doors, assurances could not be obtained that section of corridor walls were appropriate for the containment of fire to assist in progressive horizontal evacuation. There were no lobbies in place to limit the spread of smoke through the lifts. As the lifts opened into corridors which served resident bedrooms, smoke could travel through the lift shafts, to bedroom corridors. These issues are discussed further under Regulation 28: Fire Precautions.

The centre generally met the requirements the National Standards for infection prevention and control in community services (2018) with some good infection prevention and control practices observed throughout the day. However, storage practices required review as outlined under Regulation 17.

## Regulation 17: Premises

Improvements were required, 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:

- Ventilation required review to ensure it was in place and adequate in some communal areas and small storage rooms. A prayer room and hair salon on the ground floor did not have any ventilation present.
- The layout and design of two shared bedrooms (32 and 39) required review to ensure each resident had appropriate access to their own lockable storage space and wardrobe space.
- A chair in the smoking area was significantly damaged and required replacing. Other garden furniture was also in need of repair.

- There was significant mould on the ceiling and the walls of a storage room on the first floor, which could contaminate the products stored in that area.
- Storage practices required review, as inappropriate storage was noted in a number of areas including boiler rooms, which could negatively impact on the safety. In addition, inspectors observed several boxes being stored on the floor in the storage room, which meant that the floor could not be effectively cleaned.
- Not all areas of the centre were maintained to appropriate standards of cleanliness. For example, external stairs and escape routes had not been appropriately cleaned, as further discussed under Regulation 28.

Judgment: Substantially compliant

### Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed the discharge documentation and saw that residents were transferred from the designated centre in a planned and safe manner, with all relevant information about the resident provided to the receiving hospital or service.

Judgment: Compliant

### Regulation 27: Infection control

The provider ensured the requirements of Regulation 27: Infection control and *National Standards for infection prevention and control in community services (2018)* were met.

Judgment: Compliant

### Regulation 28: Fire precautions

Overall significant fire safety works were required to align with the requirements of the regulations and to provide residents with appropriate protection from the risk of fire.

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

- A store room on the second floor housed a mains electrical distribution panel, as well as the controls for electrical door activation system. There were items stored around the electrical panels which were required to be kept clear.
- A boiler room was used as a maintenance storage room. Items ranging from tools to gas cylinders were stored in this area. The provider committed to removing the stored items and keep the boiler room clear. Photographic evidence of this work was received after the inspection.
- Furniture present in the smoking area did not appear to be constructed of flame retardant materials.

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

- An emergency lighting directional sign was not pointing evacuees in the direction of escape on the first floor.
- The communications device for use by evacuees that required the disabled refuge in the stairwell was positioned over the stairs. The refuge area was on the landing to the side, which meant that persons that required the use of the communications device would have to obstruct the stairs in order to use it. This would put them at risk of falling from the stairs, and put other evacuees at risk of being prevented from safe evacuation using the stairs.

Improvement was required by the registered provider to make adequate arrangements for maintaining of all means of escape. For example:

- The external escape stairs which was providing a secondary means of escape for the upper floor, was not being maintained and cleaned. There were materials with sharp edges protruding into the stairs area, and there were visible signs of neglect including timber that appeared to be deteriorating in its condition.
- The escape stairs at the end of the hall on the second floor was visibly dirty, and was not being maintained for use in an emergency.

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

- Building layout plans posted on the walls of the centre did not identify the location of compartment boundaries, fire alarm call points, escape directions or fire fighting equipment in line with the policy at the centre.
- Fire drills recorded at the centre did not reflect the need for vertical evacuation using the stairwells available at the centre. There were also a number of areas where there were changes of levels which was accommodated by the use of a mobile ramp to ascend the stairs in an evacuation. There was no evidence available on the day of inspection to

reflect staff training in the use of this device or that it had been trialled in evacuation simulations.

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

- Detection was not in place in areas beside the corridor. While these areas were open to the corridor, there was a drop down section or bulkhead between these areas and the corridor, which defined the space as separate. This required review by the provider to ensure that adequate detection was in place because it had been noted on fire alarm service records as an action item.
- Works were required to ensure adequate containment measures were in place to inhibit the spread of fire smoke and fumes within the centre, including:
  - There were no containment lobbies in place at the lift landing on each floor at the centre. The lifts opened into bedroom corridors where there were no smoke containment measures between the lift and the bedroom door.
  - Recent installation of water and waste services in the cleaners room and storage space beside it, had resulted in a significant breach of the floor compartment line around these services. Compartment doors which were 60 minute fire rated, were installed on the corridors in various areas. However, inspectors could not be assured that these doors lined up compartment walls to form fire compartment lines. The doors were not situated at points which readily reflected compartment boundaries. The provider could not provide assurance that the adjoining walls completed the compartmentation. This meant that while the doors would provide compartmentation, the walls along where the doors were fitted may not.
  - Some doors in the centre did not appear to provide adequate containment measures to contain fire smoke and fumes, and protect the escape corridor. For example, doors to a sluice room, and medication room, in a section of corridor which was accessed from the main corridor did not appear to be fire rated doors and had large gapping around the perimeter. There were no smoke or fire seals fitted to the doors. As these doors effectively opened onto the escape corridor, they present a risk to the escape route in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A sample of residents care plans were found to be detailed and person centred. Care plans were formally reviewed at intervals not exceeding four months.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to medical assessments and treatment by a medical officer. Referral systems were in place to ensure residents had access to allied health and social care professionals such as physiotherapist, dietitian, and speech and language therapy.

Judgment: Compliant

### Regulation 8: Protection

There was a safeguarding policy in place, that set out the steps to take if staff suspected, witness or had abuse reported to them. Staff spoken with displayed an understanding of their roles and responsibilities in relation to this. The registered provider was not a pension agent for any resident.

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>	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant



# Compliance Plan for SignaCare Killerig OSV-0005454

Inspection ID: MON-0045219

Date of inspection: 11/03/2025

## 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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:</p> <p>The updated floor plans submitted have included the basement area, a maintenance storage area on the ground floor and the hoist area on the first floor and these reflect in the Statement of purpose.</p> <p>The Statement of purpose has been updated to describe the facilities and services provided in relation to residents laundry arrangements.</p> <p>A number of areas on the floor plans that had been temporarily re-purposed to facilitate building work in the centre and were required to be returned to their original use as per the registered floor plans are now in the process of been returned to their original use. These include: a resident's assisted bathroom on the first floor, a storage area previously in use for wheelchair storage on the ground floor which was being used to store staff belongings and a family meeting room which was being used as an office. This will be fully completed by 30th April 2025.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"><li>• The layout of the premises has been reviewed and the updated floor plans are with contractor this will be completed by 16th May 2025.</li></ul>	

<ul style="list-style-type: none"> <li>• Fire containment has been completed in the cleaner's room in the area identified. Going forward a Permit to work for breach in Fire wall has been established.</li> <li>• The disabled refuge communications call point has been relocated as per Regulation 28.</li> <li>• Dietary supplements which were stored in the treatment room and were out of date were removed. A monthly audit is now been completed by our medication management team to prevent the risk of reoccurrence.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Improvements were required, 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:</p> <ul style="list-style-type: none"> <li>• Regarding the ventilation required for the the prayer room, hair saloon, communal working areas and store room. A company has been sourced to complete the works and this will be finished by 25th June 2025.</li> <li>• The layout and design of two shared bedrooms (32 and 39) has been reviewed to ensure each resident had appropriate access to their own lockable storage space However a further review will be undertaken by our project manager who will engage with a joiner to ensure that each resident in shared rooms have private access to their wardrobe this will be completed by 25th June 2025.</li> <li>• A risk assessment of all garden furniture was completed which resulted in the purchasing of some new fire retardant furniture. The chairs in the smoking area have been replaced with fire retardant chairs.</li> <li>• A risk assessment was completed on the store room that had significant mould and it was decided to relocate the products stored in this room on a temporary basis until the ventilation and heating is completed which should be by June 25th 2025. These products were relocated to a store room on the ground floor.</li> <li>• All storage practices have been reviewed. This includes storage in the boiler room and all other store rooms. Going forward the environmental audit will capture these areas.</li> <li>• Work on the cleaning of the external stairs and escape routes has commenced. This will be completed by 6th May 2025.</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

Overall significant fire safety works were required to align with the requirements of the regulations and to provide residents with appropriate protection from the risk of fire.

- The items stored around the electrical panel in store room on the second floor which housed a mains electrical distribution panel, as well as the controls for electrical door activation system have all been removed.
- The boiler room is no longer used to store maintenance items.
- All furniture present in the smoking area is now fire retardant.
- A review was completed on all emergency lighting directional signage and corrections were made where required.
- The communications device for use by evacuees has been relocated.

We recognise that the external escape stairs which was providing a secondary means of escape for the upper floor, was not being maintained and cleaned. All works in this area will be completed by 6th May.

- The escape stairs at the end of the hall on the second floor was accessed and areas for improvement including painting, light switch and cleaning will be completed by 28th May.
- The layout of the premises has been reviewed and the updated floor plans are with an external fire consultancy company this will be completed by 16th May 2025. These floor plans will include location of compartment boundaries, fire alarm call points, escape directions or fire fighting equipment

- Fire drills now include vertical evacuation and evacuation with the use of the mobile ramp to ascend the stairs in an evacuation.
- Fire detection is now in place in areas beside the corridor.

The absence of containment lobbies at the lift landing on each floor at the centre. The lifts opened into bedroom corridors where there were no smoke containment measures between the lift and the bedroom door. This is currently under review by the fire consultant and Project manager and an update will be shared once it is received. Fire containment has been completed in the cleaner's room in the area identified. Going forward a Permit to work for breach in Fire wall has been established.

- The finding that compartment doors which were 60 minute fire rated, were installed on the corridors in various areas, and where inspectors could not be assured that these doors lined up compartment walls to form fire compartment lines. The doors were not situated at points which readily reflected compartment boundaries. The provider could also not provide assurance that the adjoining walls completed the compartmentation. This meant that while the doors would provide compartmentation, the walls along where the doors were fitted may not. This is under review by the fire consultant and project manager and we will share update when it is received.

- Some doors in the centre did not appear to provide adequate containment measures to contain fire smoke and fumes, and protect the escape corridor. This has been actioned and the doors have been ordered and this will be completed by 9th July 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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	14/04/2025
Registration Regulation 4 (2) (a)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule	Substantially Compliant	Yellow	14/04/2025

	2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person who is the registered provider, or intended registered provider.			
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	25/06/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	16/05/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	25/06/2025

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	11/04/2025
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.	Substantially Compliant	Yellow	28/05/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons 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	22/04/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	09/07/2025