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:	Buncrana Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Maginn Avenue, Buncrana, Donegal
Type of inspection:	Unannounced
Date of inspection:	07 May 2025
Centre ID:	OSV-0000614
Fieldwork ID:	MON-0046389

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. The philosophy of care is to provide a caring environment that promotes health, independence, dignity and choice. The person-centred approach involves multidisciplinary teamwork which is evidence-based and aims to provide a quality service with the highest standard of care. Residents are encouraged to exercise their rights and realise their personal aspirations and abilities. It provides 24-hour nursing care to 30 residents both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite care). The centre is a single storey building located in an urban area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16

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
Wednesday 7 May 2025	09:00hrs to 17:00hrs	Gordon Ellis	Lead
Wednesday 7 May 2025	09:50hrs to 13:15hrs	Helena Budzicz	Support

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. There were 16 residents accommodated and the centre is registered for 30 residents.

The inspectors were met by the person in charge who facilitated the inspection. Following an introductory meeting, the inspectors completed a walk around of the centre. This gave the inspectors an opportunity to meet with staff and residents and observe life in the centre.

Buncrana Community Hospital is a single-storey building located in Buncrana Town that is close to local amenities. The centre comprises two units, namely the main ward and the recently refurbished Ash ward. The Main ward can occupy 19 residents, whereas the Ash ward can occupy 11 residents. However, on the day of the inspection a number of beds were vacant. The inspectors noted six residents were accommodated in the Main ward, with 10 residents in the Ash ward.

The inspectors were informed that the provider was planning to decant the main unit in order to carry out essential fire safety and premises works. The staff confirmed to the inspectors that the required work to address the orange-rated fire risks has not yet been progressed. The last inspection of the centre was on 30 April 2024.

During that inspection, concerns were raised regarding the layout of the multi-occupancy bedrooms that were viewed and did not meet the residents' needs. The centre had issues with leaking roofs, and rainwater had leaked into a corridor of the main ward in the past. The inspectors were informed that the issue with the water leak had been resolved. Concerns were raised in regard to the physical environment, which was in a poor state of repair and decoration. The provider had carried out repairs and had addressed areas that were damaged. Notwithstanding this, the inspectors noted external paths required repair and that the ground conditions in the residents' enclosed garden were not suitable.

This inspection found that storage arrangements, some of which were impacting on fire precautions at the centre, were not in line with the requirements of the regulation. The inspectors observed flammable and combustible items stored in two electrical rooms and a boiler room. These issues are highlighted further under Regulation 28: Fire precautions.

The main corridors were spacious, and the centre was provided with a number of fire exits. Some fire doors appeared to be in a poor state of repair. A number of doors had gaps between the top, bottom and sides of doors and the associated door frames. Some doors did not close fully when tested by the inspector and fire seals had perished. In addition, kerbing and changes in level were noted at fire exits,

which created an impedance to residents. These and additional fire risks are detailed further in the corresponding sections of this report.

The next two sections of this report presents the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The findings of this inspection were that the registered provider had failed to ensure there were management systems in place to ensure that the service provided was safe and appropriate. The inspectors found that the provider was not in compliance with Regulation 23: Governance and management and Regulation 28: Fire Precautions. In addition, while the provider was working towards meeting the requirements of their restrictive condition in regards to Regulation 17: Premises, this inspection found that the premises did not meet the requirements of the regulations.

The Health Service Executive (HSE) is the registered provider for the designated centre. As a national provider providing residential services for older people, the designated centre benefits from access to and support from centralised departments such as human resources, accounts, and information technology. There was a clearly defined management structure with a well-established management team. The management team was actively involved in the management of this centre.

This unannounced inspection was carried out to inform a registration decision to renew the registration of this centre and to monitor regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended).

Following on from the findings of a previous inspection in 30 April 2024, a fire safety risk assessment was carried out by the providers' competent person in June 2024. A number of orange rated fire risks were identified which included deficiencies in; attic compartmentation, penetrations through fire rated construction, non-fire rated ceilings, fire dampers, gapping to a number of fire doors with non-fire rated frames , fire seals to doors, non fire rated glazing. soft spots in fire rated walls, kerbing with changes in level at fire exits and to external escape paths, Due to these significant fire risks identified, a restrictive condition was issued to the provider, which outlined that the provider must complete all orange-rated fire risks by 31 May 2025. During the current inspection, the inspectors concluded that the majority of fire risks in the centre were still present and had yet to be progressed. Therefore, the provider was in breach of their restrictive condition.

The oversight of fire safety management systems and the processes to identify and manage fire safety risks were not robust to ensure the safety of residents living in the centre. The provider had not taken all necessary steps to ensure compliance

with Regulation 28. This posed a significant risk to residents, staff and visitors to the centre.

This was evidenced by a review of the records relating to fire safety, such as fire safety procedures, the fire register, fire policies and auditing systems. These systems failed to identify significant risks relating to fire safety, such as inadequate oversight of maintenance of fire doors, building fabric, storage practices, means of escape, fire containment and emergency lighting.

On this inspection, it was acknowledged that the provider had put some control measures in place to manage the current fire risks in the centre in regard to reducing resident numbers and carrying out some of the fire safety works. However, overall, the inspectors found that the provider had made little progress in addressing the critical fire safety risks that were identified in the previous inspection and in the provider's own fire safety risk assessment and had not taken all the necessary steps to ensure compliance with Regulation 28: Fire precautions. This is evidenced by the number of outstanding fire risks that have yet to be addressed. These are outlined in detail under Regulation 28.

Regulation 23: Governance and management

Appropriate management systems were not in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored by the provider. For example:

- There was insufficient oversight of quality systems to ensure that residents' rights were promoted and upheld, thereby delivering a person-centred environment for the residents, as evidenced under Regulation 9: Residents' rights.
- The premises did not conform to matters set out under Schedule 6 of the Regulations in respect of the multi-occupancy rooms in the Ash ward,as discussed under Regulation 17: Premises.

The oversight of fire safety in the centre was not robust, as it did not adequately support effective fire safety arrangements and keep residents safe. For example;

- Fire safety checks in regards to appropriate storage arrangements did not identify storage issues which impacted on fire safety and resulted in an immediate action being issued to the provider.
- The providers' in-house fire management systems such as audits and the fire register had not identified fire risks in the centre and did not fully support the oversight of fire the centre. These were in regards to storage arrangements, compartmentation measures, fire precautions, fire doors, fire containment, means of escape and emergency lighting. These are outlined in detail under regulation 28: Fire Precautions.
- The provider had failed to provide the resources that were required to address the significant fire safety risks identified in their own fire safety risk

assessment dated June 2024 and fully implement their own compliance plans submitted following the previous inspection in April 2024 to bring the centre into compliance with Regulation 28. Furthermore the provider had not provided adequate resources to ensure compliance with Regulation 17: Premises.

- The provider was in breach of their restrictive condition in regards to Regulation 28: Fire Precautions.

Judgment: Not compliant

Quality and safety

Overall, this inspection found that the management of fire safety, as described in the capacity and capability section of this report, did not fully ensure the safety of residents, staff and visitors. Inappropriate storage, inadequate containment, means of escape, maintenance of fire doors and lack of progress in carrying out fire safety work to known fire risks contributed to this risk. In addition, the inspectors were informed that the Main ward was being decommissioned to prepare for the fire and refurbishment works, which the provider had committed to have completed by May 2025. Furthermore, some improvements were required to be completed in the Ash ward with respect to the design and layout of the multiple occupancy bedrooms and to ensure that the rights for privacy and dignity of residents were supported in these rooms.

The inspectors found non-compliance in respect of; fire containment, visual deficiencies in the building fabric and fire doors, inappropriate location of combustible and flammable material, emergency lighting and external escape routes. For example, flammable and combustible items were found in two electrical rooms and a boiler room. This created a fire risk, and the storage of flammable items created a potential fire source should a fire occur. These and other examples of fire risks are outlined in detail under Regulation 28: Fire Precautions.

This inspection found that significant outstanding risks to residents in relation to fire safety that had been identified in a fire safety risk assessment had not been addressed or progressed by the provider in a timely manner. The totality of the fire risks that were encountered has raised significant concerns about fire safety management in this centre. As a result, the inspectors were not assured that there were adequate measures in place to ensure that residents living in the designated centre were safe and protected from the risk of fire.

The provider had taken some action with regard to the maintenance of the premises. Roof repairs had been carried out to address the ingress of water, floor covering previously damaged had been repaired, the storage of equipment along corridors had improved and repairs to doors and frames had been carried out. The provider had reduced the number of residents in the multi-occupancy rooms and

had reduced the number of residents accommodated in the main unit and the Ash unit. Notwithstanding this, although the multi-occupancy bedded rooms met the minimum size requirements, the inspectors were not assured that the layout of these rooms supported the needs of the residents who were living in them. This is outlined in detail under Regulation 17: Premises.

The inspectors reviewed the fire safety register and noted that parts of it were well organised. In-house periodic fire safety checks were being completed and logged in the register as required. However, deficiencies identified, such as inappropriate storage and wedging of fire doors, had not been identified in the in-house routine checks.

There was a fire safety management plan and emergency fire action plan in place. The inspectors spoke with a number of members of staff who had good knowledge of the procedures required for evacuating residents and the procedures to be followed in a fire emergency. However, fire drill records required more detail. This is outlined under Regulation 28: Fire Precautions.

Regulation 17: Premises

The centre's premises did not conform to the matters set out in Schedule 6 of the regulation. For example:

- Door frames had signs of damage that required repair of the decoration.
- Signs of mould were found in a store room.
- The paths and ground conditions in a residents' enclosed garden were not suitable for residents to use.
- Some external paths required repair and were in poor condition.
- An access door to an enclosed garden was locked at certain times of the day. This restricted residents' access to use the garden.
- Adequate storage arrangements were not fully implemented. For example, a wheelchair was found stored in a bathroom and cleaning equipment was found to be stored in a room not designated as a cleaners store room.
- While the provider reduced a four bedded room in the Ash unit to three bedded rooms by removing one bed from the room the other three beds remained in the same position as their bed-heads units, which did not create extra space for the residents. In addition, the space lacked sufficient shelving space for storing personal belongings, and the inspectors noted that residents in these rooms had to place their photographs on the wall behind their beds, where they were out of sight. Furthermore, all residents had their clothes in the big triple wardrobe and the hoist was also stored in the room, and there was no chair or locker in the personal space of residents.
- Multi-occupancy bedrooms were not suitably laid out to meet the mobility and transfer needs of residents using assistive equipment, such as hoists and specialist chairs.

Judgment: Not compliant

Regulation 28: Fire precautions

At the time of inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. The service was non-compliant with the regulations in the following areas:

Day-to-day arrangements in place in the centre did not provide adequate precautions against the risk of fire and some fire risks identified required immediate compliance by the provider. This was evidenced by the following fire risks:

- Inappropriate storage practices in relation to, flammable and combustible items were found in two electrical rooms and a boiler room. The items found included; cleaning equipment, documentation, oil cans and cardboard boxes. This created a potential fire risk if a fire did develop, it would be accelerated by the presence of these items.
- A fire door located in the kitchen was found to be propped open.
- Signage was missing to indicate shut-off valves for services in the kitchen.

Arrangements for means of escape and emergency lighting in the event of a fire emergency in the centre were not adequate. For example:

- Internally, emergency directional lighting was missing above some cross-corridor doors to indicate the direction of escape.
- Externally, emergency lighting was missing along some fire exit routes to illuminate the route of escape in the event of a fire evacuation at night-time and ultimately to a fire assembly point.
- Some external routes were not suitable to evacuate residents in the event of a fire. Kerbing and changes in level at fire exits were an impedance to residents' evacuation. External paths were uneven, narrow in width, had holes and were in a poor state of repair. In other areas, external paths did not continue to the fire assembly points. This was evidenced at the front, side and rear escape routes.
- The ceiling construction between residents' bedrooms was noted as being substandard and fell short of conforming to the required fire rating, as identified in the provider's own Fire Safety Risk Assessment (FSRA).

The provider did not provide adequate arrangements for maintaining the means of escape and the building fabric. For example:

- The ability of a selection of fire doors to prevent the spread of smoke and fire was compromised. A number of fire doors had gaps at the bottom and between doors, some of which were bedroom and compartment fire doors. A number of fire door sets had been fitted into softwood frames with non-fire-rated glass. Some fire doors were missing door closers and fire seals had

been depleted or partially missing. These deficiencies were identified in the provider's own FSRA.
- The inspectors identified several rooms where holes, services and utilities breached the fire rated construction of walls and ceilings. This was evident in a toilet lobby and through a compartment cross-corridor door and frame.

The provider had failed to adequately review fire precautions throughout the centre. For example:

- The fire safety systems, checks and audits in place had not identified fire safety risks that were apparent in regards to fire precautions, inappropriate storage practices, fire doors, fire containment and means of escape. Some of which resulted in an immediate action being issued to the provider.
- The provider had failed to recognise and respond to fire safety risks in the designated centre in a timely fashion. As a result, the provider was in breach of their restrictive condition to have completed all orange-rated fire risks by 31 May 2025.

Arrangements were not fully implemented 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, were aware of the procedure to be followed in the case of a fire. For example:

- Fire drills were being regularly practised. However, fire drill records were missing information that would provide assurance that all residents could be evacuated to a place of safety in a timely manner. For example, fire drill records did not state; where residents had been evacuated to during a simulated evacuation, the staff member appointed to call and meet the fire brigade or who would be supervising the remaining areas of the centre if a fire was in a separate area of the premises.

Arrangements for containment of fire in the event of a fire emergency in the centre were not adequate. For example:

- A sluice room had two fire doors which were compromised with non-fire-rated air vents installed in both doors. This is a repeated finding from a previous inspection.
- A number of ceilings fell short of conforming to the required fire rating, as identified in the provider's own FSRA. This was evident in for example a linen room and a visitors room.
- A number of ceiling access hatches were not fire rated. This was noted in a visitor’s room.
- Several walls were found to have soft spots where non-fire-rated materials were used to infill existing windows. This is a repeated finding from a previous inspection.
- There were a number of re-entrant angles (a fire protection zone provided in a façade between compartments to prevent a fire from jumping across a gap on the same floor level) noted at the junction of compartment walls with external walls.

- A compartment wall above the fire door terminated at the finished ceiling. As the wall did not continue to reach full height to the underside of the roof finishes, effective compartmentation was not provided.
- From speaking with staff, observations and a review of fire documentation, the majority of fire risks identified in the provider's own FSRA had not been progressed. As a result, assurances from the provider were not available that remaining fire risks, such as attic compartmentation, fire dampers and fire stopping, had been progressed.

Adequate arrangements had not been fully implemented for the safe placement of residents and for their evacuation where necessary. For example:

- Some external routes were not suitable to evacuate residents in the event of a fire due to kerbing, changes in levels at fire exits and escape routes did not fully lead residents and staff to a fire assembly point. Furthermore, a review of residents personal emergency evacuation plans and fire drills indicated a number of residents required the use of a bed, a wheelchair and a zimmer frame in order to be evacuated in a fire emergency. This created an impedance to residents who required these evacuation aids in the event of a fire. This risk had been identified in the provider's own FSRA.
- The prolonged lack of progress by the provider to resolve multiple fire safety risks, particularly in regards to means of escape, fire-containment, compartmentation boundaries, visual deficiencies to fire doors and a lack of emergency lighting had raised concerns. This had impacted on the evacuation design strategy of the building, which is based on progressive horizontal evacuation and ultimately the care and welfare of residents living in the centre.

Judgment: Not compliant

Regulation 9: Residents' rights

The current layout and design of the multi-occupancy bedrooms in the Ash ward did not ensure residents could carry out personal activities in private. For example:

- Residents in multi-occupancy rooms did not have access to a locker and a chair by their bedside if they wanted to use it.
- The wardrobe space for residents residing in the multi-occupancy bedrooms was an adjoined triple wardrobe, where if the resident was required to access their wardrobe, all other residents would be able to see their personal belongings.
- A number of beds in the multi-occupancy rooms did not provide sufficient space for the resident to use assistive equipment without encroaching on the neighbouring resident's bed space. As a result, the resident using the equipment could not carry out personal activities in private.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Buncrana Community Hospital OSV-0000614

Inspection ID: MON-0046389

Date of inspection: 07/05/2025

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The provider will ensure compliance with Regulation 23: Governance and management by implementing the following:

1. The items that were stored inappropriately on the day of inspection were removed immediately. As part of the daily safety walk around the Person in Charge reviews all rooms to ensure that no items are stored inappropriately

2. In 2024 a Fire Risk Assessment was carried out for the HSE by an independent Fire Consultant, the risks highlighted were allocated acceptable timescales for completion depending on each risk. The red items were addressed by the HSE and signed off as complete in 2024. The Orange items were allocated 1 year for completion, however the proposed major refurbishment of Buncrana Community Hospital meant that it was not feasible to proceed with these works as all items will be void due to the new floor plan and revised fire strategy for the proposed works

In May 2025 the main unit was vacated in preparation for the construction works and as such the HSE Fire officer deemed all risks removed, with the exception of the Ash Ward which continues to be occupied and will remain so until the final phase of the refurbishment works, when the Ash ward undergoes minor refurbishment to reduce bedroom capacity / increase residents personal space and introduce additional ensuite bathrooms.

It must be stressed that the vacant unit has been deemed not to be a fire hazard, it is under the control of the HSE until the refurbishment works commence and still has full L1 fire alarm coverage

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The provider will ensure compliance with Regulation 17: Premises by implementing the following:

1. Any door frames that are damaged or which need decoration will be completed by the 31st of October 2025

2. Mold noted in the store room will be addressed by maintenance by the 31st September 2025

3. The residents enclosed garden has been remodeled and is now easily accessible with a pathway designed for comfortable walking and ease of access

4. The lock on the access garden has been removed and the time lock has been de activated, thus allowing residents to access the garden freely.

5. A review of storage has been completed within the centre. Following this review all items are clearly stored in designated areas. As part of the daily safety walk around the Person in Charge will monitor and assure that all items are stored appropriately

6. A review of resident's bed spaces has commenced within the unit. This review will ensure that each resident within their bedspace will have access to a chair and a personal storage space. This will be completed by the 31st October 2025

7. A review has commenced in the multi occupancy rooms which will ensure that these rooms are suitably laid out to meet the mobility and transfer needs of residents using assistive equipment. This will be completed by the 31st October 2025

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The provider will ensure compliance with Regulation 28: Fire Precautions by implementing the following:

1. In 2024 a Fire Risk Assessment was carried out for the HSE by an independent Fire Consultant, the risks highlighted were allocated acceptable timescales for completion depending on each risk. The red items were addressed by the HSE and signed off as complete in 2024. The Orange items were allocated 1 year for completion, however the proposed major refurbishment of Buncrana Community Hospital meant that it was not feasible to proceed with these works as all items will be void due to the new floor plan and revised fire strategy for the proposed works
In May 2025 the main unit was vacated in preparation for the construction works and as

such the HSE Fire officer deemed all risk removed, with the exception of the Ash Ward which continues to be occupied and will remain until the final phase of the refurbishment works, when the Ash ward undergoes minor refurbishment to reduce bedroom capacity / increase residents personal space and introduce additional ensuite bathrooms.

2. It must be stressed that the vacant unit has been deemed not to be a fire hazard, it is under the control of the HSE until the refurbishment works commence and still has full L1 fire alarm coverage

3. Items that were stored inappropriately on the day of inspection were removed immediately. As part of the daily safety walk around the Person in Charge reviews all rooms to ensure that no items are stored inappropriately

4. All staff have been made aware of the risk to fire safety measures when doors are "propped open". As part of the daily safety walk around the Person in Charge observes all doors to ensure that in the event doors will close in line with the centres Fire Management processes

5. Signage is now in place indicate the shut-off valves for services within the kitchen

6. The HSE Fire officer and an external fire company have reviewed the emergency directional signage on site and identified 2 No improvements in the Ash Ward that will be carried out by the 30th September 2025, with regard to an alternative escape route through the vacant building, this was to be amended as part of the construction process with an escape route to the main entrance maintained during the works, following the HIQA inspection is it now proposed to update fire plans / carryout staff training and amend signage to ensure that any escape through the vacant area is via the main entrance. This work will be completed by 30st September 2025 (further details below)

7. New directional exit signage will be installed by the 30th September 2025 to the current floor print that is operational within the centre

8. External emergency lighting along fire exit routes to illuminate the route of escape in the event of fire evacuation at night and at the assembly point was reviewed by the HSE Fire Officer and an external fire company and new additional external emergency lighting will be installed around the perimeter of the building. This will be completed by the 30th September 2025.

9. The Ash ward is served by 3 no external escape doors (all other external doors are not fire escape routes), occupants using these three Escape doors have external paths to the Assembly points, a review will take place and any uneven surfaces etc will be rectified by 30th September 2025. The alternate means of escape into the existing building will be signed to ensure escape is via the main entrance, which also has a clear route to the Assembly point. This revised strategy will be reflected in, Staff training, revised fire strategy, revised fire display plans and revised escape signage. This will be completed by the 30th September 2025

10. The HSE Fire Officer has confirmed that the ceiling within the Ash Ward (which is operational at present) is complaint. All other ceilings within the designated centre will be

completed as part of the major capital project

11. The fire doors within the Ash Ward are generally complaint. 2 No doors open onto a non-bedroom corridor from rooms which have been revised to resident activity/day rooms, these will be assessed and upgraded to fire rated door by 30th September if deemed necessary

12. The Fire Officer has reviewed the ceilings in the Ash Wards and there is no defects noted. Any rooms with holes, services and utilities which breached the fire rated construction of walls and ceilings in the closed section of the building will be completed as part of the major capital project

13. Fire safety systems, checks and audits are now in place to identify fire safety risks with regards to fire precautions and these are reviewed on an ongoing basis as part of the centres audit schedule

14. Fire Safety drill documentation have now been updated to be reflective of the staff member who make the call to the fire services, the staff member who supervised the residents in the assembly area. Records are updated and readily available for inspection

15. The HSE has committed to completing the Fire Safety works within the centre as per the Fire Safety Risk Assessment. The red items were addressed by the HSE and signed off as complete in 2024.
The Orange items were allocated 1 year for completion, however the proposed major refurbishment of Buncrana Community Hospital meant that it was not feasible to proceed with these works as all items will be void due to the new floor plan and revised fire strategy for the proposed works
In May 2025 the main unit was vacated in preparation for the construction works and as such the HSE Fire officer deemed all risk removed, with the exception of the Ash Ward which continues to be occupied and will remain until the final phase of the refurbishment works, when the Ash ward undergoes minor refurbishment to reduce bedroom capacity / increase residents personal space and introduce additional ensuite bathrooms.

16. The two sluice room doors and the ceilings that have access hatches are no longer in use as they are part of the vacant section. This has removed the risk. These doors/ceilings will be replaced as part of the Major Capital works.

17. The rooms identified with walls with soft spots are no longer in use as they are part of the vacant section. This has removed the risk. The new major capital project consists of wall demolishing and new walls constructed to form part of the new reconfigurations and extension to the building. These works will be completed as part of the major capital works

18. No re-entrant situations are present within the Ash Unit or within existing occupied sections of the building. The major capital works will addresses re- entrant angles at new walls and existing walls

19. All compartment walls in the Ash unit is compliant. As part of the works completed in the centre to address the red risk items the wall referenced was extended to the

underside of the roof. This wall is now located in the vacant section of the designated centre and all new walls and existing walls as required will be fire stopped to ensure full compliance

20. The Ash ward is served by 3 no external escape doors (all other external doors are not fire escape routes), occupants using these three Escape doors have external paths to the Assembly points, a review will take place and any uneven surfaces etc will be rectified by 30th September 2025.

The alternate means of escape into the existing building will be signed to ensure escape is via the main entrance, which also has a clear route to the Assembly point. This revised strategy will be reflected in, Staff training, revised fire strategy, revised fire display plans and revised escape signage. This will be completed by the 30th September 2025

21. All risk items identified within the Fire Risk Assessment will be addressed following the major building/refurbishment works within the centre. Currently a number of areas corridors within the building are closed off to residents and staff as to allow the fire safety/building works to commence which has resulted in a number of the risks being eliminated at present. All fire containment, fire doors in the Ash Ward is complaint. The additional new cross-corridor signage and additional external lighting will be installed by the 30th of September 2025 which will address concerns in this location.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The provider will ensure compliance with Regulation 9: Residents' rights by implementing the following:
1. A review of resident's bed spaces has commenced within the unit. This review will ensure that each resident within their bedspace will have access to a chair and a personal storage space. This will be completed by the 31st of October 2025

2. Multi occupancy rooms are currently being reviewed to ensure that the room is suitably laid out to meet the mobility and transfer needs of residents using assistive equipment

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	31/10/2025
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	31/10/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient	Not Compliant	Orange	31/10/2025

	resources to ensure the effective delivery of care in accordance with the statement of purpose.			
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.	Not Compliant	Orange	31/10/2025
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	30/03/2027
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/09/2025
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.	Not Compliant	Orange	30/03/2027

Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/10/2025
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	30/09/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	30/03/2027
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Not Compliant	Orange	31/10/2025

	may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/10/2025