



**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:	Bushfield Care Centre
Name of provider:	Bushfield Nursing Home Limited
Address of centre:	Bushfield, Oranmore, Galway
Type of inspection:	Unannounced
Date of inspection:	31 August 2023
Centre ID:	OSV-0005242
Fieldwork ID:	MON-0041316

About the designated centre

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

Bushfield care centre is located approximately 2km from Oranmore, Galway. The centre accommodates up to 45 male and female residents with varying levels of dependency. Bushfield Care centre offers general care, dementia care, and palliative care, and care for people with physical disabilities. Residents who are, at all times, treated with dignity and respect and who are supported to live their lives as independently and fully as is possible, with safety our key concern. The centre is a purpose built single storey bungalow style building. Facilities available include a dining room, two sitting rooms, two conservatory areas. An activities' room, oratory, 31 single bedrooms all with en-suite toilet & shower facilities, and seven twin bedrooms, four of which have en-suite toilet facilities. One communal bathroom & shower which includes a toilet and a further two communal toilets are available for residents use. An enclosed garden is also available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 31 August 2023	09:45hrs to 18:00hrs	Gordon Ellis	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. There were 41 residents accommodated in the centre on the day of the inspection and four vacancies.

The inspector was met by the person in charge who facilitated the inspection.

Following an introductory meeting, the person in charge accompanied the inspector on a tour of the designated centre. The Inspector saw that staff were being very attentive and respectful to residents who were mobilising around the centre and were using the communal areas as they wished. There was a busy but pleasant atmosphere during the inspection.

Bushfield Care Centre is a purpose-built single-storey building with four wings and ancillary accommodation all served by a common corridor that runs the full length of the building. There are six double bedrooms with the remaining being single bedrooms and ancillary accommodation. The designated centre is registered to accommodate 45 residents in single and twin-occupancy bedrooms. The centre consists of a choice of communal spaces that include a day room, two conservatories, a dining room, a library area, a chapel and a reception area.

The centre consists of five primary compartments with the largest compartment able to accommodate up to 12 residents.

During the walk around the inspector observed corridors were tidy and clutter free. However, staff belongings were noted to be stored in a visitor's toilet. Various areas were provided with firefighting equipment for staff to use in the event of a fire. Notwithstanding this, the inspector noted the vast majority of fire extinguishers were outside the next service date of July 2023.

Staff spoken with demonstrated a good knowledge of the evacuation procedure in place. The fire alarm panel in the main spinal corridor was noted to be a zoned system and was free of faults. Fire evacuation floor plans were displayed at the fire panel and along various corridors in the centre. The inspector noted the floor plans were annotated in a way with colour to identify the areas of the building but did not decipher the fire compartments for phased evacuation. Progressive horizontal evacuation (the process of evacuating people into an adjoining fire compartment on the same level, from which they can later evacuate to a place of ultimate safety) would form part of the procedure to be followed by staff in the event of a fire in the centre. Therefore, the lack of compartment boundaries and fire exit routes indicate on the evacuation floor plans could cause confusion and loss of valuable time in the event of a fire emergency.

Furthermore, the inspector saw a new external store that was attached to the designated centre was not indicated on the floor plans. Floor plans were not up-to-

date and required a review by the provider.

While there was a sufficient number of fire exits and escape routes provided, the inspector noted some fire exit doors at the end of evacuation routes were narrow and would make mattress evacuation difficult and bed evacuation impossible. In addition to this, the inspector identified that various bedroom doors were also narrower than the prescribed minimum width. From a review the residents dependency levels, a number of residents were of medium and high dependency and would require the use of mattress, ski sheet and wheelchair evacuation aids. This potentially created a risk that some residents evacuation aids would not fit through the various openings in the event of an evacuation. This was brought to the attention of the person in charge who confirmed that all required evacuation aids had been tested and confirmed that all evacuations fitted through all of the openings.

The inspector noted a lack of emergency lighting and illuminated directional signage in some areas of the centre. The inspector saw deficiencies with a number of fire doors, some of which had gaps or would not meet the criteria for a fire door. Externally, while there were escape routes provided for, some external paths were gravel based, uneven and would not be suitable to evacuate residents with medium to high dependencies.

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

This was an unannounced risk inspection carried out over one day by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Following the findings of this inspection, the findings of a fire safety risk assessment which was carried out by the providers' competent person in September 2022 and submitted to the Chief Inspector in August 2023, the inspector concluded that a number of outstanding fire risks in the centre were still present.

Notwithstanding the increase in night time staffing levels of one staff member and the testing of evacuation aids to ensure they would fit through the various narrow bedroom doors ,the registered provider had made little to no progress in addressing the critical fire safety risks that were identified in September 2022 as requiring immediate action.

The Provider had not taken all necessary steps to ensure compliance with Regulation 28 as evidenced by the number of outstanding fire risks that have yet to

be addressed and by the significant fire risks found on this inspection. These are outlined in detail under Regulation 28.

The registered provider of Bushfield Nursing Home Limited is the registered provider of this designated centre. There was a management structure in place with identified lines of authority and accountability. The person in charge who facilitated the inspection were supported in their role by a complement of staff including a clinical nurse manager, nursing and care staff, housekeeping, maintenance, catering, administrative, and activity staff.

The inspector carried out a review of the provider's governance and management systems and found that they were not sufficiently robust to ensure the provider came into compliance with Regulation 28. The oversight of fire safety management systems and the processes to identify, and manage fire safety risks were ineffective to ensure the safety of residents living in the centre.

Regulation 23: Governance and management

The oversight of fire safety in the centre was not robust and did not adequately support effective fire safety arrangements to keep residents safe.

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 of September 2022.

Furthermore, the day to day management of fire risk in the centre did not ensure that risks were identified and managed effectively. These findings are set out under Regulation 28

Judgment: Not compliant

Quality and safety

This inspection found that the provider's fire safety arrangements did not adequately protect residents from the risk of fire in the centre and did not ensure the safe and effective evacuation of residents in the event of a fire.

While it is acknowledged that the provider had introduced some control measures to manage the current fire risks identified in the fire safety risk assessment completed September 2022, this inspection found that there had been a significant lack of progress by the provider to address the fire risks identified in the report.

As a result, the registered provider was failing to meet the regulatory requirements

on fire precautions in the centre and had not ensured that residents were protected from the risk of fire. Significant effort and resources were now required to ensure that fire risks were addressed in a timely manner.

Significant fire safety risks were identified in the fire safety risk assessment and on this inspection, particularly in regards to inappropriate storage practices, means of escape, fire-containment, compartmentation boundaries, visual deficiencies to fire doors and a lack of emergency lighting. All of which could lead to serious consequences for residents in a fire emergency. The findings of this inspection aligned with the findings of the provider's own fire safety risk assessment.

The inspector found additional fire safety issues on the day of the inspection that had not been identified by the provider. The inspector noted inappropriate storage practices of flammable and combustible items. In a store room, an unsecured oxygen cylinder was found and flammable items such as cardboard boxes and timber were found to be stored around an external generator. Both situations created a potential fire risk and required a review by the provider.

Furthermore, from a review of firefighting equipment and servicing records, the inspector noted there was a potential risk for fire extinguishers to potentially fail to operate as they were out of service on the day of the inspection.

While there was a sufficient number of fire exits and escape routes provided, the inspector noted the current arrangements for means of escape were compromised in a number of areas. For example, a number of residents' bedroom fire doors and some final fire exits were narrower than the prescribed required minimum width. Protected corridors were lacking in the centre as walls were observed to not extend to the underside of the roof finish. This had a significant impact on the safety of the residents as they were not provided with adequate protected corridors to facilitate the means of escape and evacuation in the event of an emergency.

In addition to this, three compartments in the older part of the centre were lacking cross corridor doors so as to restrict the potential spread of smoke between storey exits in the event of a fire and there were deficiencies in regards to emergency exit signage and emergency lighting.

As outlined above, the deficiencies found in regards to means of escape and emergency lighting could potentially have a significant impact on the safety of residents in the event of an evacuation and required a review by the provider.

The provider had failed to address a number of significant risks associated with compartmentation and containment of fire in the centre. As the compartmentation boundaries and a number of fire doors were compromised, the inspector was not assured there was adequate compartmentation arrangements in place to; facilitate progressive horizontal evacuation, to ensure the safety of residents and staff in the event of a fire and to provide adequate containment from the spread of fire and smoke from one compartment into the adjoining compartments. These are outlined in greater detail under Regulation 28.

Drill records reviewed were not sufficiently detailed and did not provide detail on

learning outcomes and opportunities for improvement. There were floor plans displayed throughout the centre. They were annotated in a way with colour to identify the areas of the building but did not decipher the fire compartments for phased evacuation.

Overall this inspection had found that significant outstanding risks to residents in relation to fire safety that had been identified in a fire safety risk assessment dated September 2022 had not been addressed or progressed by the provider in a timely manner as recommended by their competent person. The totality of the fire risks as encountered, have raised significant concerns about fire safety management in this centre. As a result, the inspector was not assured that there were adequate measures in place to ensure that residents living in Bushfield Care Centre were safe and protected from the risk of fire.

Regulation 17: Premises

The layout of some twin bedded rooms did not meet the needs of the residents. For example, in one twin rooms the inspector observed only one window was present in the room and access to natural light from this window would only be afforded to one resident when the resident closest to the window had their privacy curtain closed. In another twin room, a skylight was provided for one residents.

While only one resident was currently accommodated in both of these twin bedded rooms, a review of the layout of these rooms is required to ensure that one resident's access to natural light is not favoured over another resident when they are fully occupied.

Maintenance and a review of storage were required in some areas of the centre. For example:

- Some staff belongings were noted to being stored in a visitors toilet.
- Cracks in some ceiling areas were identified that required repair and decoration.
- Some doors and door frames in the centre showed signs of damage.
- Holes were noted around service and utilities penetrations that required sealing up.
- Some external areas outside the centre were untidy and required a review of storage arrangements.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider was failing to meet the regulatory requirements on fire

precautions in the centre and had not ensured that residents were protected from the risk of fire. The provider must take significant actions in order to comply with the regulations. The provider 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. For example:

- The inspector observed the storage of flammable items such as cardboard boxes and timber around a generator, which was separate to the building. This presented a potential fire risk-if a fire did develop, it would be accelerated by the presence of these items.
- The inspector noted fire extinguishers had been serviced in August 2022 and were now outside the next service date of July 2023. Fire-fighting equipment which are not properly maintained carry a risk that they will fail to operate when they are needed most. Furthermore, the inspector noted the servicing records for the backup generator were not available on the day of the inspection.
- A kitchen extractor which was located over the cooker was now outside the recommended cleaning date of 18 August 2023. This carries a risk of grease build-up which can accelerate the development of a fire.
- In a store room, the inspector observed an oxygen cylinder unsecured. This carried a risk of the cylinder being knocked over and resulting in damage to the cylinder resulting in compressed oxygen being released.

The provider needed to improve the means of escape for residents and emergency lighting in the event of an emergency in the centre. For example, a number of bedroom door widths in the original part of the centre were generally 850mm and in the new extension to the rear the clear door width were in general 800mm. These are narrower than the prescribed minimum width. Furthermore, the inspector noted some final fire exits at the end of evacuation routes were even narrower than the bedroom door widths. This would make mattress evacuation difficult and bed evacuation impossible.

From a review the residents dependency levels, a number of residents were of medium and high dependency and would require the use of mattress, ski sheet and wheelchair evacuation aids. This potentially created a risk that some residents evacuations aids would not fit through the various openings in the event of an evacuation. This was brought to the attention of the person in charge who confirmed that all required evacuation aids had been tested and confirmed that all evacuations fitted through all of the openings.

The inspector noted from the providers fire safety risk assessment that protected corridor were lacking in the centre as walls were not observed to extend to the underside of the roof finish and cavity barriers were also not observed. All corridor walls finished at the ceiling level. As a result the centre was not provided with adequate protected corridors to facilitate the means of escape and evacuation in the event of an emergency. In addition to this, the inspector was not assured that the numerous glazed screens along some corridors would provide the required fire

resistance to prevent a means of escape becoming compromised in the event of a fire.

The inspector observed three compartments in the older part of the centre were lacking cross corridor doors so as to restrict the potential spread of smoke between storey exits in the event of a fire. Furthermore, some designated evacuation routes were not suitable as a protected means of escape. For example, one designated route of escape to a fire exit was through a dining room and then through a nurses station in order to reach the final fire exit.

Internally, there was a lack of emergency lighting along one of the central corridors and on a bedroom wing. Furthermore, some emergency directional signage was needed in areas as paper signage was being used instead.

Externally, while there was emergency lighting above most fire exits, there was not sufficient emergency lighting at the front of the building in order to illuminate a path to the fire assembly point at the bottom of the front car park. In addition to this, some external paths were gravel based, uneven and would not be suitable to evacuate residents with medium to high dependencies. Some of which would require walking aids or wheelchairs to evacuate in the event of a fire. Four fire exits opened on to these areas.

The provider needed to improve the maintenance of fire equipment, the means of escape and the building fabric. For example, quarterly service and maintenance records were not available on the day of the inspection to ensure the emergency lighting system was being regularly serviced by a competent technician.

An area directly outside a resident's fire exit had the potential to be obstructed by a parked car. This requires a review to ensure it will not become obstructed. Fire exits from two enclosed gardens were padlocked and a key was kept in a break glass unit. However, staff did not carry a copy of these keys on their person. Furthermore, a fire exit from a kitchen for staff to access was locked, the inspector asked a staff member to unlock this door. The staff member proceeded to open the fire exit with a spoon. All fire exits should be readily openable without the use of keys to ensure instant egress from a building in the event of a fire emergency.

The inspector noted several areas in the centre were noted to have utility pipes or ducting that penetrated through the fire-rated walls and ceilings (walls and ceilings built in a way to provide a certain amount of fire resistance time), and these required appropriate fire sealing measures. In addition to this, service penetrations to the ceiling in the boiler room and the electrical room appeared to be sealed with expanding foam which did not assure the inspector that this was adequate to contain the spread of fire and smoke.

The inspector was not assured of the ability of a selection of fire doors to prevent the spread of smoke and fire. The inspector noted the majority of fire doors in the old part of the building appeared to not meet the criteria for FD 30s performance. Numerous doors had gaps, did not close fully when released and some were missing smoke seals. Furthermore, an office door had been modified with a letter box and a set of compartment doors did not close fully when released, instead they staggered

and some appeared to be fitted with double swing hinges. These deficiencies posed a significant risk to residents in the event of a fire.

The provider needed to review fire precautions throughout the centre. For example, in house checks of the means of escape and fire doors were documented with no faults or actions required in the fire register. However, the inspector identified numerous deficiencies in regard to fire doors. Furthermore, the provider had failed to address fire risks identified in a fire safety risk assessment dated September 2022 completed by the provider's competent fire consultant.

Arrangements for containment of fire in the event of a fire emergency in the centre required significant action by the provider. The inspector was not assured that there was adequate compartmentation provided in the centre to facilitate progressive horizontal evacuation. This was evidenced from what the inspector identified on the day of the inspection and from a review of the fire safety risk assessment which had identified the following deficiencies:

Fire resisting enclosures to high risk rooms such as the kitchen, the laundry and the electrical room were observed to stop at the ceiling level and did not form individual compartments. Additionally, the kitchen extract ductwork vented through the attic void which could accumulate grease build-up in which a fire could start.

The inspector identified fire doors to the kitchen and laundry appeared to not meet the criteria for a FD 60s performance door. Furthermore, the kitchen door did not close fully when released which would allow fire and smoke to spread easily into a means of escape.

Compartment walls in the attic space are formed from twin layered plasterboard. The plasterboard was not observed to have been taped and pointed but instead a pink foam was used on the plasterboard joints and around numerous service penetrations through the compartment walls. Assurances are required if this was a suitable fire sealing product. Furthermore, it was recommended in the fire safety risk assessment that further investigation and opening up works were required to establish the fire stopping measures employed into the eaves.

The inspector noted that bedroom 10 and bedroom 24 are located on compartment boundary lines. However, from a review of the fire safety risk assessment, both bedroom en-suites walls finish at the ceiling and do not extend up through the attic space to form a complete compartment to contain the spread of fire and smoke. In addition to this, ceilings in some compartments were observed to contain service penetrations in the form of en-suite extract ductwork, which could allow a fire into the attic space.

The inspector was not assured by the arrangements for detection of a fire in the event of a fire emergency in the centre. From a review of the fire safety risk assessment and findings on inspection the following deficiencies were identified:

Currently there is an L2/L3 zoned fire alarm system operating in the centre which is not in line with the industry standard fire detection alarm system for a nursing

home. The inspector noted detection was missing from a store room.

One detector in the attic space was observe to be a heat detector instead of a smoke detector. A detector was observed to have been mounted low, while another detector was noted to be in a large attic void and appeared to not be sufficient for the size of the void. Furthermore, assurances are required that the kitchen roller shutters are integrated into the fire detection alarm system.

While fire evacuation drills were taking place, the drill records reviewed were not sufficiently detailed and did not provide detail on learning outcomes and opportunities for improvement. Furthermore, while there was an evacuation drill record for one of the largest compartments when staffing levels were at their lowest, a simulated evacuation drill was not available on the day for a compartment that was registered to accommodate 11 residents. In addition to this, some residents personal emergency evacuation plan (PEEP) indicated that they required the aid of a hoist to evacuate in the event of a fire emergency. A hoist is not a suitable evacuation aid for residents. As such the inspector was not assured that adequate arrangements were in place to evacuate, where necessary all persons in the event of a fire.

There were floor plans displayed throughout the centre. They were annotated in a way with colour to identify the areas of the building but did not decipher the fire compartments for phased evacuation. The inspector also noted a new external store that was attached to the designated centre but was not indicated on the floor plans.

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	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Bushfield Care Centre OSV-0005242

Inspection ID: MON-0041316

Date of inspection: 31/08/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</p> <ul style="list-style-type: none"> • All servicing required to ensure appropriate Fire and safety measures are in place have been completed. • Fire Drills are being conducted weekly along with ski sheet evacuation practice. All drills are now being documented with sufficient details and have learning outcomes and opportunities for improvement included. • The quarterly Emergency Lighting service is completed, and additional lights have been requested, awaiting installation date for the technician. <p>Regular reviews of fire safety are undertaken and will be undertaken on a scheduled basis and regular inspections are carried out by housekeeping to ensure normal daily matters are dealt with as they arise.</p> <p>"The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations."</p>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

- All staff have been notified not to leave their belongings in the visitor's toilet and to only store them in the designated staff changing room.
- Cracks are being repaired.
- Holes noted around service and utilities have been sealed.
- The external area outside the centre has been tidied up and a skip was ordered to get rid of unnecessary items around the building. Sufficient storage arrangements in place.

"The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations."

- The damaged door frames which arise from normal wear and tear will be replaced as part of the fire door upgrade works.

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

- All storage of flammable items such as cardboard boxes and timber around the generator have been removed and is kept clear at all times.
- The Annual Generator service has been completed and service record is now available at the centre.
- All Fire extinguishers in the centre have been serviced.
- The Kitchen extractor has been cleaned and certified.
- The unsecured empty oxygen cylinder in the storeroom has been returned to BOC.
- Emergency lighting quarterly checks have been completed and record is available at the center signed by a competent technician. Certificates are provided for annual checks only and the technician signs for the quarterly checks in the fire register, same available at the centre.
- The nurses on duty (Day and Night) now carry a copy of the key kept in the break glass unit for the enclosed garden.
- Fire exit door handle in the Kitchen has been fixed.
- The pink expanding foam has been taken off the plasterboard and a joint compound has been put in all the gaps.
- Fire drills are being conducted weekly and ski sheet evacuation is being demonstrated to staff and practiced weekly during the fire drills, learning outcomes are included in the drill.
- PEEPs have been updated with clear instruction for staff to use SKI sheet/Wheelchair or comfort chair depending on the time of the day and location of the resident evacuation during a fire.
- Panel and alarm system upgrade has been reviewed by relevant competent person and

work will commence by end of November. The engineer visited the centre on 26 October and issued his quote on 7th Nov. We had looked at a wireless system but there is an 8 week lead in time. In addition the proposed system will upgrade and tidy up the current cabling. The system upgrade has commenced and would have been finished by now had we not had an outbreak in the centre before Christmas

- All bedroom doors will be widened and the doors replaced. Additional compartments will be added to ensure a safe evacuation process. This is going to take up to three months and the doors have already been ordered. Corridor doors will also be replaced.

All other fire doors are being replaced

Compartmentation upgrade works are ongoing. This includes laundry, kitchen and electrical room and also includes additional work to be carried out in attic spaces.

- Work has commenced in the attic space to ensure the walls extend to the underside of the roof finish and the existing walls have been repointed.
- Additional emergency lighting has been installed and more will be installed as part of the upgrade works.
- The glazed screens will be replaced as part of the upgrade works.
- The external pathways will be upgraded where required.
- The area no longer has the potential to be blocked by a car.
- Fire sealing measures have been carried out and are ongoing.
- The kitchen roller shutters are integrated into the alarm system and close on alarm activation.
- Floor plans have been upgraded.

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(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	31/01/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/09/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Orange	30/09/2023

	consistent and effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/09/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/03/2024
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	28/02/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/09/2023
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	Substantially Compliant	Yellow	30/09/2023

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/01/2024
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	30/09/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/09/2023