

Report of an inspection of a Designated Centre for Disabilities (Children).

Issued by the Chief Inspector

Name of designated centre:	Haughton House
Name of provider:	St Catherine's Association CLG
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	10 September 2025
Centre ID:	OSV-0001850
Fieldwork ID:	MON-0039335

About the designated centre

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

Haughton House is a respite designated centre operated by St. Catherine's Association CLG. The centre is located in County Wicklow. The centre provides respite services for children with an intellectual disability. The centre has a capacity for up to four children at any one time. The premises consist of a single storey building which provides a sensory room and recreation spaces inside. Each child is provided a single bedroom during their stay. There is a garden to the rear of the centre with plenty of sensory and play equipment for children to play with. The centre is managed by a person in charge. The person in charge is supported by a deputy manager who also engages in the day-to-day management and operation of the centre. Staffing resources are allocated to meet the needs of children attending the centre at any given time and short stay breaks for children are managed taking into consideration children's ages, friendships and the needs of families.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 10 September 2025	09:30hrs to 17:30hrs	Karen McLaughlin	Lead
Wednesday 10 September 2025	09:30hrs to 17:30hrs	Sarah Barry	Support

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. Inspectors used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

The inspection found that the centre was operating at a good level of compliance with the regulations inspected. It was well resourced and managed to meet the objectives of the service. Residents were happy and safe, and received person-centred care and support, that was in line with their individual needs and wishes, to maintain a good quality of life.

The designated centre comprised of one house, located in a rural setting close to a small town. The house was a large spacious house and designed to meet the needs of the residents.

The designated centre operates a respite service seven days of the week. The designated centre provides respite care for up to 19 children. Respite stays can be for both short and longer term durations. The duration of the residents' stay varies on a case-by-case basis. The staffing resources in the centre are planned around the needs of the residents and the staff team were observed delivering kind, person centred care during the course of the inspection.

Respite users will be referred to as residents for the remainder of the report.

On the day of the inspection, there were three residents accessing respite. The residents were in school on the day of the inspection and the inspectors had the opportunity to meet with them on their return from school.

Activities were based on what residents wanted to do during their stay. Residents and staff members completed an activity planner as part of the admission process. Easy-to-read versions and visual aids had been created to support some residents to express their views.

Visual communication arrangements for residents were observed during the walk around of the centre. The inspector also observed a communication board in the kitchen.

Residents were observed to relax in different areas of the centre on return from school. One resident was relaxing in the sensory room. Another resident was watching tv shows in the sitting room and another resident was sitting with staff in the kitchen, where staff were reading some of the resident's favourite books.

The bathroom and shower rooms were spacious, and there was adequate storage

facilities. Each resident had their own bedroom, with adequate storage for their belongings for the duration of their stay and their bedrooms were fully equipped to meet their needs.

Resident's artwork was displayed throughout the house and there was a large display in the hallway which contained pictures of all the residents who attend the centre for respite.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. Two surveys were returned to the inspectors, the residents had been supported to complete it by their family members. The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre, including the premises, meals, decision making and staff support.

Inspectors reviewed the most recent annual review which contained feedback from residents and their representatives on the quality and safety of care provided. The consensus from the review showed that residents were generally comfortable living here and were happy with the amount of choice and control in their lives.

On the day of the inspection, one of the inspectors spoke with one of the resident's family members by phone. The family member expressed their happiness with the care and support provided. They commented that the respite breaks offered have been a 'game changer.' They also said that the centre is 'well-run and extremely child centred', they didn't have any concerns and said the communication during stays is 'excellent.'

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

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

This inspection found that the provider's management arrangements ensured that a good quality and safe service was provided for the residents accessing respite breaks in the designated centre.

There was a clearly defined management structure in place and staff were aware of

their roles and responsibilities in relation to the day-to-day running of the centre.

The registered provider had implemented management systems to monitor the quality and safety of services provided to residents including annual reviews and six-monthly reports.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. From a review of the rosters there were sufficient staff with the required skills and experience to meet the assessed needs of residents available.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge provided support and formal supervision to staff working in the centre.

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection. When reviewed by the inspectors these were found to be accurate and up to date including an accurate and current directory of residents, a record of attendance for staff training and a maintenance record of fire-fighting equipment.

Furthermore, an up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

The provider had effected a contract of insurance for the centre and had submitted a copy of their insurance policy to support the application for renewal of the centre's certificate of registration.

The registered provider had agreed in writing with each resident and their representative, the terms on which the resident shall reside in the designated centre.

Overall, Inspectors found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

Registration Regulation 5: Application for registration or renewal of registration

As required by the registration regulations the provider had submitted an application to renew the registration of the centre along with the required prescribed documents.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were in line with the centre's statement of purpose. Residents were in receipt of support from a stable and consistent staff team. The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents.

The person in charge maintained a planned and actual roster in the centre. The roster was completed based on the number and needs of the residents accessing respite on each particular day. Respite stays were for no set duration so the staffing levels, skills mix and shift times could change each day. This meant the roster was planned around the needs of the residents. The inspector reviewed the roster from the first week of September and this was clearly demonstrated.

The staff team in the centre comprised of a mix of nurses, social care workers, social care assistants, auxiliary and admin staff.

There were a small core group of relief staff who covered any staff shortages. This was the only respite house that this group worked in, they were experienced working in this centre and were familiar with the residents.

The inspector reviewed the staff files of three staff members working in the centre. They contained all the requirements of Schedule 2. For example, all three staff members had been vetted with An Garda Síochána.

The inspectors met with two staff members working in the centre. They demonstrated a good knowledge of the safeguarding processes relevant to the centre and the needs of the residents. Both staff stated that they felt supported in their role.

Judgment: Compliant

Regulation 16: Training and staff development

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained.

Staff had completed training in a number of areas, to include the following:

- Fire Safety
- Children First
- Intimate Care Training
- First Aid
- Infection Control
- Human Rights Based Approach

- Autism Awareness
- Patient and Manual Handling
- Medication Management
- Epilepsy
- Food Hygiene

Refresher training was available as required. Some staff were soon due to complete some additional training including training in Lámh. One staff member spoken with discussed recent training they had completed on youth mental health. Staff had access to and had completed training that was up-to-date and appropriate to the service provided and the needs of the residents.

There was a schedule for staff supervision in place. Staff were up to date with their supervision, the deputy manager in the centre advised occurred quarterly or sooner if a staff member requested it. The inspector reviewed the supervision records of three staff members. The topics discussed during these meetings included training, annual leave, changing needs of the residents and fire safety. The supervision records showed that staff could raise concerns to management and there was clear evidence to their concerns being listened to and actioned.

Judgment: Compliant

Regulation 19: Directory of residents

A current and up-to-date directory of residents was available in the designated centre and included all the required information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured the records of information and documents pertaining to staff members as specified in Schedule 2 was correct and in order.

Similarly, the sample of records viewed pertaining to Schedule 3 and 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, residents' guide, fire safety log (including a record of drills and the testing of equipment) and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

On the day of the inspection, records required and requested were made available to the inspectors. Inspectors found that records were appropriately maintained. The

sample of records reviewed on inspection, reflected practices in place.
Judgment: Compliant
Regulation 22: Insurance
<p>The provider submitted a copy of their insurance along with their application to renew the centre's certificate of registration. Inspectors saw that the provider had in place a contract of insurance against injury to residents and damage to the premises of the designated centre.</p>
Judgment: Compliant
Regulation 23: Governance and management
<p>The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated, they had the capacity and capability to provide a good quality service.</p> <p>There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.</p> <p>It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. The staff team was led by an appropriately qualified and experienced person in charge.</p> <p>The centre was sufficiently resourced to meet the needs of all residents. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a transport vehicle which was assigned for the centre's use only.</p> <p>The provider had carried out an annual review of the quality and safety of the centre, and there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis. Residents, staff and family members were all consulted in the annual review.</p> <p>Other audits carried out included: positive behaviour support review, fire safety, infection prevention and control (IPC), personal belongings, activities and medication management audits.</p>

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that each resident had a signed contract of care detailing the terms and conditions of their respite stay, including the services provided for the support, care and welfare of the resident and the fees charged.

Inspectors saw that respite breaks were carefully planned and took into consideration each resident's rights, needs and preferences regarding their stay.

The person in charge and the provider has ensured that each resident has received support throughout the duration of the stay by continuing to provide consistent and known staff to each resident and providing up-to-date information to each resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on inspection and was found to meet the requirements of the Regulations and Schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

In addition, a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room size and function.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre.

On the day of the inspection, the inspector found that the governance and management arrangements in this respite centre facilitated good quality, person-

centred care and support to residents.

The atmosphere in the centre was observed to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

The premises was found to be designed and laid out in a manner which met residents' needs. The premises was clean, bright and nicely-furnished. The provider had endeavoured to make the premises as homely and personalised as possible throughout. There were adequate private and communal spaces and residents had their own bedrooms for the duration of their stay.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans and outlined the associated supports and interventions residents required. Residents were receiving appropriate care and support that was individualised and focused on their needs.

Inspectors saw that residents' files contained information, through their individualised communication support plans, on their preferred mode of communication.

Positive behaviour support plans were developed for residents, where required. The plans were up to date and readily available for staff to follow. Staff had also completed training in positive behaviour support to support them in responding to behaviours of concern.

The registered provider had implemented systems, underpinned by written policies and procedures, to safeguard residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns.

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support practices. Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience life in their local community.

It was observed that the residents were involved in choosing how to spend their days during their respite break. Activities offered during the residents respite stay included trips to local farms, the zoo, Avondale House, the cinema, playgrounds and parks.

A residents' guide was readily available in the centre and met the requirements of Regulation 20.

There were appropriate fire safety measures in place, including fire and smoke detection systems and fire fighting equipment.

Overall, the inspection found that the residents were supported to enjoy their respite break while having their assessed needs met and the day-to-day practice

within this centre ensured that residents were receiving a safe and quality service.

Regulation 10: Communication

Inspectors saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes.

Staff were observed to be respectful of the individual communication style and preferences of the residents as detailed in their personal plans.

All staff spoken with during the course of the inspection demonstrated comprehensive knowledge of residents' needs, personal preferences, communication needs and how they expressed choice and preference.

Residents were supported to communicate their needs and wishes in relation to their care and support in the format that best suited their unique communication style. There was accessible and age appropriate signage throughout the house. For example, social stories regarding what to do if the resident had a problem and 'how to keep safe' were displayed in the hallways. There was a visual roster with the pictures of the staff members working that day and also the pictures of the residents attending the centre for respite that day. There were picture boards in the dining room with various foods the residents could pick from and all cupboards in the kitchens had pictures on the doors of what they contained to help residents locate which foods they were looking for.

On each of the resident's bedroom doors, there was a visual representation of how many nights the resident was staying in the centre for on this visit. In the bathrooms, there were visual boards for the residents to use to communicate if they would prefer a shower or bath or neither option. There were also pictures of which staff would be supporting the residents. There was also an X or tick that could be placed on the bathroom door which let residents know if the bathroom was free or in use.

Each resident had a smart tablet and there was also one available in the centre. There was wi-fi available in the centre for residents.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to a range of opportunities for recreation and leisure.

Residents were supported to engage in learning and development opportunities. Support plans and assessments undertaken supported further development in areas

such as the skills of independent living, personal relationships, community and social development, and emotional development.

Residents were supported to engage in a range of activities and offered choice with respect to their will and preference. They were supported to access activities pertaining to their own likes and dislikes such as arts and crafts, trips out to the park and playground.

All residents had access to transport and the community when they wanted.

Judgment: Compliant

Regulation 17: Premises

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

The design and layout of the centre was in line with the statement of purpose and met the needs of the residents. The centre was clean, decorated to a high standard and very spacious.

There were multiple communal spaces for residents to spend time in. This included a sitting room with a large TV, a small trampoline and a small play room attached with mats and bean bags. It also included a sensory room with different lighting, a water bed and some sensory activities

Bedrooms were decorated to reflect the age of the residents and to meet the needs of the children accessing respite. There were two large bathrooms which had recently been updated. The bathrooms contained the necessary equipment to meet the needs of the residents, including a Jacuzzi bath.

There was a spacious garden to the rear of the centre. It contained a large variety of outdoor play equipment for the residents to use. This included a trampoline, a zip line, an accessible swing and multiple sensory games. The garden was fully wheelchair accessible.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available to all respite users in easy read format. This contained information required by the Regulations including information on the services available in the centre the complaints procedure and the procedure for

accessing Health Information and Quality Authority (HIQA) reports.
Judgment: Compliant
Regulation 28: Fire precautions
<p>The centre had appropriate and suitable fire management systems in place which included containment measures, fire and smoke detection systems, emergency lighting and fire fighting equipment.</p> <p>These were all subject to regular checks and servicing with a fire specialist company and servicing records maintained in the centre.</p> <p>All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly, which simulated both day and night-time conditions.</p> <p>Following a Fire Safety Assessment with an external consultant a number of fire upgrades were recommended to enhance the system overall.</p> <p>The upgrades were scheduled to commence at the beginning of October 2025 in this designated centre.</p> <p>Therefore, while improvements were required there were comprehensive arrangements in place for these to be suitably addressed.</p>
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
<p>The provider had a comprehensive document in place to guide staff on the like and dislikes of residents and how to support them to meet their needs when they accessed respite. These "All About Me" documents were regularly updated to reflect where resident's needs had changed. It was noted in one resident's file that one of their favourite activities was to have staff read to them and it listed some of their favourite books.</p> <p>When one of the inspectors visited with the resident on their return from school, the staff member supporting the resident was observed to be reading one of the resident's favourite books to them, in line with their documented preferences. The resident was observed to be relaxed and enjoying the activity.</p> <p>One inspector reviewed the personal plan in place for two of the residents. These plans outlined the residents assessed needs. It included details of the supports that</p>

residents required from staff to meet their assessed needs. There were care plans in place to meet various support needs of the residents which included intimate and personal care needs, health and medication and Feeding, Eating, Drinking, Swallowing (FEDS). The personal plans had recently been reviewed.

One resident had specific mobility needs. There were care plans in place to address these needs and these had been completed by allied healthcare professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. Inspectors reviewed two of the resident's positive behaviour support plans and found that they clearly documented both proactive and reactive strategies.

Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning.

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

There were some environmental restrictions implemented within the centre, which included the use of bed rails and a safety vest for use on transport. The restrictive practices in use in the centre which were in line with the organisation's policy and procedures and had been notified to the Chief Inspector of Social Services. Restrictive practices were regularly reviewed with clinical guidance and risk assessed to use the least restrictive option possible.

Judgment: Compliant

Regulation 8: Protection

There were good arrangements, underpinned by policies, for the safeguarding of residents from abuse.

The registered provider and person in charge were endeavouring to ensure that residents availing of respite at the centre were safe at all times.

Each group's compatibility is assessed to ensure each resident fully benefits from their stay to reduce the likelihood of potential peer to peer safeguarding concerns. There was evidence that incidents were appropriately managed.

Safeguarding plans were reviewed regularly in line with organisational policy. Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

Staff spoken to on the day of inspection reported they had no current safeguarding concerns and training in Children First, national guidance for the protection and welfare of children had been completed by all staff.

In addition, there were care plans in place that outlined residents' support needs and preferences with regard to the provision of intimate care.

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Haughton House OSV-0001850

Inspection ID: MON-0039335

Date of inspection: 10/09/2025

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>1. Upgrade works, as recommended by an external fire safety consultant, to enhance fire safety within the DCD are due to commence on 20th October 2025. DCD Haughton House will close for the duration of the works. The following works are scheduled to be completed no later than 22nd December 2025;</p> <ul style="list-style-type: none">a. Supply & fit fire curtains in atticb. Upgrade fire rated glazing in central hallc. Upgrade fire resisting ceiling in kitchen, laundry & electrical roomd. Upgrade existing attic hatchese. Supply & fit new fire doors (as per drawing T-401)f. Replace existing fire rated recess lightsg. Upgrade fire stopping in hot pressh. PAT of relevant appliances	

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 28(2)(b)(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	22/12/2025