



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Tigh an Oileain
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	22 June 2026
Centre ID:	OSV-0001970
Fieldwork ID:	MON-0041859

About the designated centre

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

Tigh an Oileain is a large detached purpose built one-storey building located on the outskirts of a village. The centre has a total capacity for six residents, with five full-time residents currently living in the service. Each resident has their own en suite bedroom and other rooms in the centre include a kitchen-dining room, a sun room, a sitting room, a music room, a games room and a utility room. Residents are supported by the person in charge, social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Monday 22 June 2026	09:40hrs to 18:30hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

This inspection found that residents living in this centre continued to be offered a very good quality person centred service that was embedded within their local community. While a very committed and flexible local staff and management team were reducing the impact of ongoing recruitment issues in the centre, this remained a significant concern and risk for the centre. Some issues in relation to the management of fire precautions were also identified.

Residents were seen to be very happy in their home and were supported by a strong staff team that knew them well. Residents were supported and encouraged to exercise their rights and live as active participants in their community. This was an announced inspection carried out to inform the decision relating to the renewal of the registration of this centre. The previous inspection was a risk-based inspection completed in July 2025 with overall good findings.

The centre was home to five residents at the time of this inspection, with one vacancy. Residents changing needs meant that the service provided was also changing somewhat. One resident living in the centre was in hospital at the time of the inspection and was expected to require a period of recuperation prior to returning to the centre. Another residents' health had declined since the previous inspection and the inspector was told that a diagnosis of dementia had advanced, and this resident generally declined to leave the centre and required significantly more staff support than previously. A staff member was seen to spend most of the day attending to this resident and provide physical support and verbal encouragement to them when they were walking in the corridor of the centre.

The centre comprises a large purpose-built bungalow located on the outskirts of a rural seaside island village. Residents all have their own bedrooms. There are numerous communal spaces available to residents including a fully equipped kitchen and dining area, large activity and craft area, bathrooms, shower rooms and toilets and a large sitting room and a large conservatory area with seating and dining facilities and a sea view. Outside, there was a large, nicely kept garden area with a large orangery poly-tunnel for gardening and growing flowers and vegetables and a run for the resident chicken. Residents had the use of a minibus.

Residents' individual preferences and talents were evident throughout the centre. There were numerous artworks and pieces of pottery on display that had been completed by residents, and one individual was working on a painting that they planned to enter for a competition being run by HIQA and showed this to the inspector. Large displays of photographs showed residents enjoying days out, local festivals and events, visiting local pubs and restaurants, taking holidays, and taking part in in-house activities.

On arrival to the centre, the inspector met with the person in charge and some staff and residents who were having breakfast and getting ready for their day. One individual was departing on the bus as the inspector arrived and the inspector was told they were going to day services and work in a local supermarket that day. One individual told the inspector that it was their day to help with the kitchen and household chores and was busy cleaning the kitchen after breakfast and setting up for the morning tea break. They baked low sugar scones for the morning tea break and invited the inspector to join residents for these tasty treats. Two residents spoke with the inspector as they went about their daily routines and told them about living in the centre and what was important to them.

As outlined in their statement of purpose, one individual who was not a resident accessed day services in the building, and they were also present for part of the day. They arrived at the centre later in the morning and residents were seen to celebrate their recent notable success in a national sporting competition. It was evident that this individual was important to the residents living in the centre. Later in the evening most of the residents attended an event in the local community held for this individual.

The inspector spoke with two staff members, and two family members spoke with the inspector also. Three recent resident surveys and one family survey were also reviewed. Overall, residents and family members spoken with indicated that they were very satisfied with the service provided in the centre and the staff that supported residents. Staff, managers and family members all acknowledged that the needs of some residents meant that additional staffing in place at the time of the inspection was required to ensure the safety and wellbeing of residents and all were concerned about the staffing issues faced by the provider and the difficulties in recruiting staff to this centre due to its location.

Overall, this inspection found that there was evidence of overall good compliance with the regulations concerning the care and support of residents and this meant that residents were being afforded services that met their current assessed needs at the time of this inspection. However, staffing issues and resources were an ongoing and increasing concern for the provider and had the potential to significantly impact the service provided. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This unannounced inspection found strengthened arrangements for oversight and governance were in place and a strong local staff and management team meant that the day-to-day operations and services being provided in this designated centre remained very good. However, significant recruitment difficulties meant that staffing

was a key concern in the centre, and the provider were upfront about how this was impacting on the sustainability of the service.

Overall, strengthened governance and management arrangements were ensuring that the provider had systems in place to maintain oversight of the service provided in this centre. For example, the provider had audit systems in place and were tracking actions and addressing issues as they arose.

There was a clear management structure in place at the time of this inspection. The person in charge maintained a strong presence in the centre and was escalating issues as they arose. The person in charge and a person participating in the management of the centre (PPIM) made themselves available on the day of the inspection. Documentation reviewed during the inspection included resident information and provider oversight documentation. Governance and management arrangements at the centre ensured that care and support practices were subject to regular monitoring to review their effectiveness in meeting the needs of residents.

As mentioned in the previous section, one resident was in hospital at the time of the inspection. Staffing arrangements were in place on the day of the inspection to meet the needs of the other four residents who were receiving services at the time of the inspection. Overall, a flexible core staff team ensured the provision of good quality and personalised service that promoted autonomy and collaboration for residents. However, ongoing staff recruitment issues and a high volume of current and pending vacancies meant that this was becoming increasingly difficult to maintain. Staff confirmed that they were well supported in the centre and had access to formal supervision when required.

In summary, this inspection found that there was evidence of overall good compliance with most of the regulations and that safe and person-centred services continued to be provided in this centre. However, significant staff recruitment issues were impacting on the providers' ability to ensure that this could be maintained. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an appropriate application to renew the registration of this centre and this was submitted within the required time frame. This information was reviewed by the inspector and found to contain all of the required information.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. This person possessed the required qualifications, experience and skills and at the time of the inspection was seen to maintain good oversight of the centre. Some issues in relation to the resourcing of the centre are covered under Regulation 23: Governance and Management. This individual was full time in the role. Evidence of the person's qualifications, experience and skills along with other required by the regulations was previously submitted by the registered provider and reviewed as part of the application to register the centre. There were plans to reduce the remit of the person in charge and remove responsibility for a day service that they also managed. Recruitment had been completed for that role.

Judgment: Compliant

Regulation 15: Staffing

While the number of staff on duty and qualifications and skill mix of staff in the centre on the day of the inspection was adequate, the registered provider had not ensured that the number of staff employed in the centre was fully appropriate to the number and assessed needs of residents. Staff supports were provided by social care workers and support workers and nursing support was provided by the person in charge. One resident's changing needs meant that they required the support of additional staff by day and night and the provider had put this in place. Generally, two staff members were on duty by day, and a sleepover and waking staff was present at night.

The planned and actual rosters available in the designated centre from for a six-week period and a separate one-week period were reviewed by the inspector. These showed that generally staffing levels in the centre were maintained to provide for a safe service to residents and a consistent core team of staff worked in the centre. However:

- There were three long-standing vacancies on the staff team. Recruitment efforts to fill these vacancies had been unsuccessful to date. Some further vacancies in the very near future were also identified and the inspector was told by management and staff that this would impact significantly on the provision of services if recruitment efforts remained unsuccessful. Several risk assessments in place in the centre also highlighted this issue.
- Rosters reviewed showed a reliance on relief and agency staff to supplement to staff team and the person in charge and staff team were also filling in gaps on a regular basis.
- During a two-week period in June 2026, the person in charge identified at least five dates where they had either worked providing direct supports to cover vacancies, provide clinical supports or provide governance and administrative support while off duty. The person in charge had escalated staffing concerns and the impact of this within the providers structures.

- Nursing supports provided were not fully appropriate to meet the changing needs of some residents. There were no nursing supports on the regular staff team and one resident had been recently assessed as having complex healthcare needs. On one occasion, the person in charge had attended the centre during their time off to administer a specific medication that could only be administered by a nurse or medical practitioner.

Judgment: Not compliant

Regulation 22: Insurance

The provider had in place insurance in respect of the designated centre as appropriate. Evidence of this was submitted as part of the application to renew the registration of the centre and this was reviewed by the inspector. This meant that residents, visitors and staff members were afforded protection in the event of an adverse event occurring in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not fully ensured that the centre was adequately resourced at all times. Staffing issues were highlighted during the inspection and the providers' contingency plan in respect of this did not fully protect residents or provide security to them in relation to the service provided to them in the centre. Also, the provider had submitted a business case to the funder in respect of potential fire safety works and reviews. However, at the time of this inspection, the level of risk to residents remained unclear in relation to this and assessments mentioned in a risk assessment had not been completed by a competent person.

While there was limited evidence to suggest that the current resourcing challenges were regularly impacting directly on the residents living in this centre at the time of this inspection, this continued to be due to the commitment and flexibility of the local staff and management team and was unsustainable in the longer term.

At the time of this inspection very strong local oversight and support was provided by the person in charge. However, from what the inspector was told and documentation reviewed, it was clear that there was an overreliance on this individual and the local staff team to manage acute issues arising in the centre, including covering staffing gaps. In particular, due to the location of this service, this applied to issues that arose out-of-hours.

- For example, the person in charge attended the service or managed issues over the telephone in their time off on a regular basis and told the inspector that this was challenging and some impact would be noted were she not available. Also, they regularly covered direct support duties when staffing levels were reduced, meaning that their supernumerary administration and management hours were not protected.
- Some actions from the providers' six monthly unannounced visits had not been completed in a timely manner and while there was evidence of improvements in this, this did indicate resource issues and an impact on oversight at periods.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was present in the centre and contained all of the information as specified in the regulations. This document was submitted as part of the application for the renewal of the registration of the centre and was reviewed prior to the inspector visiting the centre. Some minor clarifications were requested and an updated statement of purpose was provided in the centre on the day of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the monthly incident review for a six-month period. The information reviewed indicated that all required incidents had been reported by the person in charge to the office of the Chief Inspector.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents in this centre was maintained by a good standard of evidence-based care and support. The provider and person in charge were striving to ensure that safe and good quality services were provided to the

residents that lived in this centre. Some issues were identified in relation to fire precautions and the review of these by the provider.

During this inspection the inspector was told that the provider had identified challenges in meeting the changing needs of a resident in the centre. It was evident however that despite the resourcing issues faced by the provider, significant efforts and resources had been put in place to manage this at the time of the inspection. There was ongoing consideration of the future needs of residents in the centre and family members spoken with reported good communication with the provider in respect of this.

Staff working with residents on the day of the inspection very familiar with residents and their support needs, preferences, talents and capacities. Documentation was in place about that provided good guidance to staff about the supports residents required to meet their healthcare, social and personal needs. The inspector reviewed a number of documents during the inspection, including residents' personal plans, support plans, healthcare plans, safeguarding plans, risk assessments and fire safety documentation. The documentation viewed was seen to be overall well maintained, up-to-date and person-focused. Plans in place showed that residents were consulted with where possible in relation to their own care and support. This included input into their own plans, resident meetings and natural day-to-day interactions with residents.

Regulation 11: Visits

The registered provider was facilitating each resident to receive visitors in accordance with the resident's wishes. The person in charge had ensured that, as far as reasonably practicable, residents are free to receive visitors without restriction and that suitable communal facilities are available to receive visitors, and, a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required.

- The centre had a number of communal areas including a small sitting room situated in a convenient location for residents to receive visitors if they wished. This was appropriately furnished and provided a comfortable space for residents to receive visitors. The other communal areas of the centre were spacious and homely and would also provide for visits if residents desired.
- A resident received visitors in the centre on the evening of the inspection, and the inspector was told by these visitors that they were always made welcome and visited regularly. The resident and their visitors were afforded privacy during this visit.
- Arrangements for visiting were set out in the statement of purpose and residents guide.

Judgment: Compliant

Regulation 13: General welfare and development

Overall, the registered provider was providing each resident with appropriate care and support at the time of the inspection. One residents' needs had changed and the provider had increased the staffing levels in the house to account for this. The provider were exploring the ongoing future needs of the resident.

The provider was providing residents with access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents capacities and interests were seen to be important factors in the service provided to them. Residents had access to a large activity room and other communal areas and were seen to be very active in their local community, with the exception of one resident whose needs had changed and now chose not to leave the centre regularly.

Residents were supported to maintain personal relationships. It was evident from speaking to residents, staff and family members that family, friendship and local community was very important in this centre. Residents also told the inspector about the activities that they enjoyed and how they interacted with their local community and showed the inspector pictures of various outings and activities they enjoyed and recent overnight breaks. Some residents were employed in local businesses and residents were supported with transport if required to facilitate this.

Judgment: Compliant

Regulation 17: Premises

The registered provider was ensuring that the premises was designed and laid out to meet the aims and objectives of the service and the number and current assessed needs of residents. Some enhancement works were planned to the kitchen area that would improve the layout for residents and the inspector was shown documentation relating to this that indicated this was at an advanced stage.

A walk-around of the premises was completed by the inspector. The centre had originally purpose built and was designed to meet changing needs of residents' if required. The premises was seen to be well maintained overall, and of a suitable size and layout to meet the needs of the five residents that lived there at the time of the inspection. Wide corridors and accessible bathroom and shower rooms facilitated residents to move about freely and allowed for mobility equipment or assistance to be provided to residents if required.

Resident bedrooms and living areas were seen to be decorated in a manner that reflected the residents living in the centre. Bedrooms were personalised according to residents' tastes and preferences, and residents had photographs and personal

objects on display in their bedrooms and throughout the centre. Overall, the centre was observed to be very clean on the day of the inspection. There were very pleasant outdoor areas available for the use of residents. Laundry facilities were provided in a separate laundry room.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that there was an appropriate resident's guide was in place that set out the information as required in the regulations. This document was submitted and reviewed as part of the application for the registration of the centre and was also present in the centre on the day of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector completed a walk around of the centre and visually reviewed the fire precautions in the centre along with documentation in place in respect of the fire precautions in the centre. The registered provider had ensured there were fire safety systems in place in this centre such as a fire alarm system, fire-fighting equipment, fire doors and procedures in respect of the evacuation of residents if required. Systems were in place for regular checks and tests on fire safety equipment and escape routes. Some door closure batteries were replaced on the day of the inspection. However, the provider had not fully ensured that all risks in relation to fire in the centre had been appropriately assessed. The provider had a risk assessment in place that indicated that there was potential for non-compliance with the regulation around fire precautions in the centre, but this did not set out what risk this might pose to residents or if any actions were required. The provider had identified that a full assessment was required of the fire precautions in the centre by a competent professional and submitted a business case in respect of this. However, at the time of this inspection, the provider remained unclear about what issues, if any, were present in the centre.

Personal emergency evacuation procedures were in place for residents and regular safety checks were being completed. A resident was involved in completing checks also and this indicated that residents were well informed and involved where possible in relation to fire safety procedures.

- Two holes were observed in a ceiling in a storeroom that had the potential to impact containment of fire in that room. Staff told the inspector these had likely been made to improve ventilation but there were no fire stopping vents

installed. It is acknowledged there were measures to place to mitigate against this risk including a fire door, monitored alarm system, and a fire and smoke detector in the room. During the inspection, the person in charge spoke with a competent person in relation to this who reported these measures were likely sufficient and this did not pose a significant risk to residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had identified that they were challenged in meeting the needs of the resident in this centre and there was evidence of continuous ongoing review of this. In the interim, the provider had put in place significant additional resources including additional staff resources to manage this. Very detailed assessments had also been completed for this resident that outlined the current and likely future needs of this resident and to assist with decisions about how best to support this individual going forward.

A sample of three residents' files were reviewed in part or full by the inspector. Personal plans were in place as required for residents that reflected residents' assessed needs and provided good guidance to staff. Plans were accessible and contained input from residents. There was evidence of ongoing input and supports provided to residents from allied health and social care professionals. For example, one resident had a comprehensive diabetes support plan in place that had been recently reviewed by their general practitioner.

Judgment: Compliant

Regulation 8: Protection

The findings of this inspection showed that the registered provider had measures in place to protect residents from abuse and were responsive and supportive to residents in relation to allegations of abuse.

- A culture of challenging poor practice was evident during conversations with the management and staff working in the centre.
- Two residents spoken with confirmed they felt safe in the centre. It was not possible to ascertain the views of the third resident present in the centre in relation to this.
- Intimate care plans were in place for residents.

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| <ul style="list-style-type: none">• Where incidents of a safeguarding nature had occurred, these had been reported to the Safeguarding and Protection Team as required and safeguarding plans put in place. |
| 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	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 8: Protection	Compliant

Compliance Plan for Tigh an Oileain OSV-0001970

Inspection ID: MON-0041859

Date of inspection: 22/Jun/2026

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and 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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: All vacancies including a targeted relief staff recruitment drive have been readvertised with advertising extended to local radio and newspapers. Human Resources and the CEO have engaged with a proactive marketing company to develop a marketing strategy to recruit staffing which will be presented to the board of directors for approval. The provider is researching a wider net of agency staff available through the funder. The PIC is reviewing the roster to identify the gaps that require filling. From 31st August, the PIC's area of responsibility will be reduced to this one designated Centre. The provider is continuing to engage with the residents and their families. Alternative residential arrangements are being explored for residents with identified nursing needs.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

A competent fire engineer will carry out an inspection of the designated Centre to identify any fire risk and provide a report to the provider regarding same. The operations manager has spoken with the competent fire engineer, and inspection will be completed within the next 3 weeks. The service provider that assesses the fire doors will complete their assessment within the next 10 days and he will advise on any works that need to be completed.

The provider is continuing to engage with the residents and their families. Alternative residential arrangements are being explored for residents with identified nursing needs. The PIC is reviewing the Rota in line with this.

Members of the services department or CNS will visit Tigh an Oileain one day per week to support the PIC for a period of two months after which will be reviewed.

From 31st August, the PIC's area of responsibility will be reduced to one designated Centre.

A nursing staff, who lives locally and who is on the relief panel has been identified to support Tigh an Oileain out of hours depending on her availability to provide some routine medical interventions should they arise. Staff will be made aware to contact this person and/or the out-of-hour number as an alternative to contacting the person in charge while off duty. Staff have been advised to follow emergency plans that are in place.

Staff will be advised to contact the out-of-hours number in the event of any unplanned roster gaps emerging. An emergency folder is in place at Tigh an Oileain which contains details on how to contact agency staffing.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: The provider has scheduled for a competent person to complete a fire engineer report for the designated Centre. The operations manager has spoken with the competent fire engineer, and inspection will be completed within the next 2-3 weeks. An external fire door specialist will also carry out an inspection of the fire doors within the residence within the next 10 days. Based on these reports, there will be an action plan developed to address any fire safety concerns identified. If required, a business case will be submitted to the organization's funder for approval of any identified work. Two holes were observed in a ceiling in a storeroom will be repaired within the next 2 weeks.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/Nov/2026
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	14/Sep/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery	Not Compliant	Orange	30/Nov/2026

	of care and support in accordance with the statement of purpose.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/Nov/2026
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/Nov/2026
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/Nov/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/Nov/2026