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:	A Bettystown Avenue
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	26 May 2026
Centre ID:	OSV-0002365
Fieldwork ID:	MON-0050542

About the designated centre

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

A Bettystown Ave is a designated centre operated by Saint Michael's House located in North County Dublin. It provides a community residential service to six adults with a disability. The centre is a two-storey house in a residential area and comprises two sitting rooms, a kitchen/diner, utility room and seven bedrooms, of which six are used by residents and a number of shared bathrooms. The centre also provides a patio area to the rear of the house and a garden to the side which are both accessible to residents. The centre is staffed by a person in charge and social care workers. In addition, the provider has arrangements in place outside of office hours and at weekends to provide management and nursing support if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Tuesday 26 May 2026	10:00hrs to 18:00hrs	Mary Lillis	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to evaluate the quality and safety of care being provided to residents. Overall the inspector found good levels of compliance with the regulations inspected against and that good quality, rights-based care was provided to the residents. However, improvements were required in relation to staffing and fire safety in order for the centre to come into full compliance.

The inspection was carried out over the course of one day and was facilitated by the person in charge and a person participating in the management of the centre (PPIM). The inspector observed daily routines, spoke with residents and staff and reviewed documentation as part of the inspection.

The centre is registered for six residents, and with five living there at the time of the inspection. The inspector met all five residents during the course of the day. Residents told the inspector about their lives, they described having busy, active social lives and making use of the local amenities within their community. Some ways residents spent their time included visiting family, attending day services, availing of further education courses and going out to cafes and restaurants.

Residents told the inspector about their goals and how the staff in the centre helped them to achieve them. They spoke about a wide variety of goals related to education, their social life and their family. Residents who spoke with the inspector spoke about being listening to and described how staff and the person in charge helped them achieve their goals. One resident spoke about the support they had received in booking a holiday, while another showed the inspector certificates of achievement they had recently earned. A third resident showed the inspector a wide variety of art work that they completed and were currently working on, some of which were on display in the centre.

In general residents praised the staff who worked with them, described them as "great" or "fantastic". Three of the residents spoke about the support they received from staff following the death of another resident earlier in the year. One resident did noted that they did not like it when earlier in the year there had been a lot of relief staff (irregular staff who covered gaps in the roster) on shift but they felt this had improved a lot.

Two residents spoke about spending time with other residents and talked about having meals together. These residents spoke about how this was a choice and they could also make their own lunch or dinner if they chose. Another resident spoke about enjoying time alone relaxing in the evening and noted that they had space to do so.

The inspector briefly met with a family member who was visiting the centre and was having a cup of tea with residents and staff. Throughout the day staff and residents were noted to be at ease in each others company engaging in conversations about their day and their plans for the evening. Staff were observed to regularly modify their communication methods to meet the resident's needs, for example; staff were noted to use sentences with some residents and pictures and objects of reference with others.

The centre is a large two storey house in a Dublin suburb, within walking distance of a wide variety of amenities. The inspector conducted a walk around of the centre and saw that homely touches such as photos of the residents and residents art work were evident throughout the communal areas. The house was very clean, bright and well maintained.There were two sitting rooms and a large kitchen diner, as well as a private garden with seating for residents' use. There were three bathrooms and a laundry room. All three bathrooms had been renovated since the previous inspection which included the installation of a ceiling hoist in one of the bathrooms. These renovations allowed greater accessibility for all residents in the centre. One resident spoke with the inspector about how the new bathrooms made self-care activities much easier for them and noted they were very happy with the changes.

The centre has six bedrooms and a staff office which was also the staff sleep over room. The inspector, with the permission of the residents, viewed five of the six bedrooms. Each resident had their own bedroom, which was decorated to their taste. For example, one bedroom had a projector with soft lights projected on the ceiling, while another had movie posters on the wall. Two residents spoke with the inspector about decorating their room including picking out wardrobes and bed covers. The residents showed pride in the decisions they made regarding the decoration and how their rooms looked.

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 to each resident living in the centre.

Capacity and capability

The purpose of this risk based inspection was to monitor compliance with the regulations. Overall the centre was found to be operating with a high level of compliance. Thirteen regulations were inspected against and the centre was found to be compliant with 11 and substantially compliant with two regulations.

The provider had a suitability qualified and experienced person in charge of the designated centre.

The provider and person in charge had systems in place to ensure that there was effective oversight and governance of the centre, with clear lines of accountability.

Residents were supported by a skilled and experienced person in charge and staff team. The person in charge ensured that staff had access to appropriate training and were appropriately supervised. Staff were very knowledgeable about the residents and their care needs.

However, there was a high reliance on part time staff and agency or relief staff to fill the gaps in the roster due to a number of staff being unavailable to roster, and improvements were needed in the documentation of roster to ensure full compliance.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the centre who met the criteria of regulation 14 in relation to management experience and qualifications. The person in charge was responsible for two centres. The inspector reviewed the systems they had in place for the oversight and operational management of the centre and found they were effective in identifying areas of good practice and areas that required improvement.

The inspector found that the person in charge had a clear understanding of their responsibilities under the regulations. Their knowledge of the residents' care and support needs and goals was apparent in all discussions.

Judgment: Compliant

Regulation 15: Staffing

On the day of this inspection, the provider ensured there were sufficient staff with the appropriate skills, qualifications, and experience to meet the assessed needs of the residents at all times, in accordance with the statement of purpose and the size and layout of the designated centre.

The person in charge ensured they had obtained the information required by Schedule 2 of the regulations in relation to staff members. The inspector reviewed a sample of three staff files for documentation as specified by Schedule 2 and found that all documentation required was present.

The staff team comprised of the person in charge, social care workers and direct support workers. There was one staff vacancy at the time of the inspection. The inspector reviewed the planned and actual rosters for January, March and April 2026. This showed that there was a high reliance on additional hours being worked

by part-time staff and agency or relief staffing to cover the staff vacancy as well as other leave. For example, in April 2026 22 shifts were covered by 10 different relief staff. The person in charge was conscious of the need for continuity of care. They mitigated risks associated with high reliance on relief staff by ensuring that at all times there was at least one staff member who were familiar to the residents on site.

During the inspection, the inspector spoke with a two permanent staff members and found them to be very knowledgeable about residents care and support needs and their responsibilities. The inspector also observed a relief staff member being inducted by a regular staff member. The permanent staff member introduced the relief staff member to all the residents. They were provided verbal and written information on the residents including their medical needs, personal preferences and communication supports for example the permanent staff member demonstrated how to use objects of reference to communicate with one resident. The permanent staff was heard to check in with the relief staff that they understood the information provided. This handover supports continuity of care for the residents.

However, the inspector observed that improvements were needed in the staff rosters. Specifically, the full names of relief and agency staff was not consistently recorded. This area required improvement by the person in charge to ensure accurate and complete documentation.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge ensured staff were appropriately trained and they had access to appropriate supervision. The inspector reviewed the most recent training records maintained in the designated centre. These records showed that all staff who were available to work had completed all training including fire safety training, safeguarding training and managing behaviours that challenge, feeding eating drinking and swallowing, food safety, the safe administration of medication. Three staff members were scheduled for refresher training in manual handling.

The inspector reviewed a sample of supervision records. These records showed that supervision was taking place in line with the provider's policy. Supervision records were clear and of good quality and showed that there was a wide range of topics discussed including direct work with residents and their goals, staff well-being and learning goals.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place with clear lines of accountability. The inspector found 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 person in charge and provider had systems in place to routinely monitor and review the care and support being provided to residents. There was an annual review of the quality and safety of care in the centre. This was reviewed by the inspector and found to be very person centered with the views of the residents and their support persons well represented and giving rise to actions regarding service improvement. The inspector noted that concerns raised in the annual review by residents had been acted upon.

The inspector also reviewed the six monthly unannounced visits to the centre by the provider. The person in charge also carried out monthly health and safety audits including audits related to infection prevention and control (IPC). These audits identified actions and progress with these actions was monitored by the person in charge and regularly discussed at staff meetings. The inspector saw evidence of actions being taking in a timely fashion to address identified required improvements.

The person in charge had systems in place to ensure that the key information relating to residents' support and care needs was easily accessible to support staff and external professionals who provided residents with support. As previously discussed, the inspector observed permanent staff ensuring that this information was explained to and understood by relief staff.

Staff meetings were held on a monthly basis with a standing agenda in place. Staff meeting minutes were reviewed and demonstrated that topics such including residents' needs and their goals, audit actions, training and development as well as policies and procedures were regularly reviewed. Where staff members were unable to attend a meeting, the inspector saw evidence of that they signed that they read the minutes.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the care being provided to the residents in the centre. The inspector found that the staff and person in charge were assisting residents in active engagement in their community and they were engaged in decision making regarding their care and the centre as a whole.

Each resident had a comprehensive assessment of need, upon which personal care plans were based. Residents had meaningful personal goals identified and the

progress with these goals was regularly reviewed with the resident and discussed by staff and the person in charge. Residents were supported to live full and active lives in their community. They engaged in a wide variety of social and recreational activities as well as educational opportunities. Residents were supported to varying degrees to maintain relationships with family and friends.

The staff and person in charge was aware of how communication and accessible information was supportive of the residents realising their rights. The provider ensured that all residents had plans in place to support their communication needs. Residents were supported to understand and exercise their rights and there were systems in place to ensure they contributed to choice and decisions about their daily lives, care and supports and the running of the centre.

There were systems in place to protect residents from all forms of abuse. Residents were also able to access positive behaviour supports and psychology supports plans when needed.

The premises was clean, bright and well maintained. The recent renovation of the bathrooms had had a positive impact on the resident's daily life, making the more accessible and pleasant to use. Overall the centre met the requirements as set out in Schedule 6 of the regulations. There were systems in place to ensure that infection prevention and control was part of the routine delivery of care within the centre.

A review of fire documentation and a manual test of the fire doors, showed that the provider had implemented fire safety systems including fire detection, and fighting equipment. However, the doors between the kitchen and sitting room were not adequate for the containment of fires, and required updating to come into full compliance.

Regulation 10: Communication

The provider had ensured that residents had individual plans in place to address communication needs. These plans were reviewed by the inspector and they found that they were clear, tailored to the individual needs of the residents and were reviewed and updated as needed. Where there was an assessed need, residents had access to communication assessment and supports from speech and language therapists. During the inspection staff were seen to put into action the speech and language therapy recommendations and as discussed earlier the inspector observed these recommendations being explained to staff who were unfamiliar with the residents.

The inspector saw evidence of information being given to the residents in an accessible format using simple clear language in line with their assessed communication ability. This included information on their care plans, how to make a complaint and information on human rights.

Residents had access to telephones and appropriate media. All residents had a television in their bedrooms. Two residents showed the inspector photos on their personal mobile phones. The centre had Wi-Fi for the use residents.

Judgment: Compliant

Regulation 13: General welfare and development

From speaking with residents and staff, observations and a review of residents' support plans it was clear that residents were living full and active lives in their community.

The inspector found that residents were supported to participate in a number of opportunities for educational, social and recreational engagement. The inspector observed residents coming and going from their activities of choice, with varying degrees of support from staff as their needs required. The inspector saw evidence that meetings with key workers took place to identify the initial social goals and review the progress of those goals.

All residents attended day services or educational courses. One resident showed the inspector a certificate they received on graduating from a further education course the week before the inspection. They spoke about their interest in doing further courses in September. Other residents spoke about attending day services and activities in their community, and told the inspector that they really enjoyed those activities.

Residents were supported to maintain personal relationships with people in their community, visits to family members or meeting friends and companions in the local café or pub. A family member was observed to visit the centre and have a cup of team with residents and staff during the inspection.

The residents of the centre were all recently bereaved, it was evident in individual work on residents files as well as though observation of interactions that staff and managers were supporting residents to process their grief. Residents spoke openly about the death. The inspector observed the person in charge and staff speak sensitively about and support residents in discussing their former fellow resident. In addition the person in charge was very aware that staff required support to support residents and had obtained advice and guidance from the multidisciplinary team for the staff on grief and bereavement.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk around of the designated centre. The centre is a large two storey house with four bedrooms on the ground floor and two on the first floor.

The house was clean, bright and well maintained. There were photos of residents and artwork decorating the communal areas creating a homely feel. With residents' permission the inspector viewed five of the six bedrooms and they were all decorated to the residents tastes. For example, one resident had posters of their favourite film while another resident described picking out their wardrobes and bed covers.

There were three bathrooms, all of which were recently renovated. They were all clean and fresh. Both bathrooms on the ground floor were wheelchair accessible and one had equipment such as a hoist and shower bed, which were in good working order. The bathroom renovations were noted by staff and the person in charge to have been very successful, resulting in safer care for residents. One resident commented on how happy they were with the changes made to the bathroom that they generally used.

Residents had access to a well maintained enclosed garden to the side and rear of the property, with garden furniture. Residents spoke about sitting out in the garden on good days.

Overall the provider had ensured that the premises met the requirements as outlined in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and person in charge had systems in place to ensure that IPC was part of the routine delivery of care within the centre.

Training records and a sample of training certificates reviewed by the inspector showed that all staff, who were available to work, had training in hand hygiene and in IPC. The inspector observed the routine use of hand hygiene throughout the day; for example, staff identified hand sanitiser for the inspectors use on entry, and staff washed their hands before preparing food for the residents.

As previously discussed the premises was clean and well maintained. There was a daily environmental and equipment cleaning schedule in place and staff were aware of how to safely and effective decontaminate reusable equipment, such as the shower bed.

The provider had IPC policies in place, which included how to document and respond to outbreaks of infection. The person in charge carried out health and safety audits monthly, which included the adherence to IPC standards.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented fire safety systems including fire detection, and fire fighting equipment. However, the doors between the kitchen and sitting room were not adequate for the containment of fire, and required updating to come into full compliance.

The inspector reviewed fire safety records, including fire drill details and personal emergency evacuation plans (PEEP). The inspector reviewed the PEEPS for all five of the residents present on the day of the inspection and found that they contained clear details of supports required in the event of a fire. The staff who spoke with the inspector were aware of these procedures, including different supports that each resident required to evacuate safely. Staff had appropriate training in fire safety as required. The provider demonstrated through their drills that they could safely evacuate all residents under day and night time circumstances.

The inspector completed a walk through of the designated centre and completed a manual check on each fire door. The inspector observed that one fire door was not closing fully. Once informed of the problem with the fire door, the person in charge contacted the relevant maintenance department and the work was completed by the end of the inspection.

The kitchen and sitting room both had fire doors on the doors leading into the hall and each room had a means of escape to the garden. However, the double doors connecting the kitchen and sitting room were not fire doors. This meant that a fire in either of those rooms would likely spread to the adjoining room but not to the other areas of the house. The presence of exits from both these rooms to the outside reduced associated risks to residents as a result of the lack of fire doors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector completed a review of three residents' files and saw that files contained up-to-date and comprehensive assessment of need. These were informed by residents, their representatives and the multidisciplinary team as appropriate.

Assessment of needs were used to inform residents' care plans. Care plans were noted to be person centred, detailing residents' preferences and care and support needs. The inspector saw a variety of plans on file for each resident for example, respiratory care, communication, positive behaviour support, relationships and consent and emotional well-being.

All residents were actively involved in the planning process and the inspector saw evidence of the residents contributing to meaningful goals they wished to achieve for example going on holiday with family members, educational goals and expanding social interests. Documentation reviewed by the inspector such as supervision records, staff meeting minutes, multidisciplinary team meeting minutes and individual conversations with residents showed a continuous focus on the progress being made with regard to residents' goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place to provide positive behaviour supports to residents with an assessed need in this area. The residents in the centre had access if needed to the provider's multidisciplinary team, which included psychology and a behaviour support specialist. While there were no behaviour support plans active in the centre at the time of the inspection the inspector reviewed a psychology support plan for one resident. This was comprehensive and detailed and developed by a suitably qualified person. The plan included antecedent events and proactive and preventive strategies in order to reduce the likelihood of the resident becoming distressed. This plan was written in a manner that clearly laid out the information and was easy to follow and was available in a short easy read version and a more comprehensive written report. The plan was monitored by staff and the person in charge and reviewed yearly or as needed by the resident.

Before the inspection a review of all the restrictive practices notified to the Chief Inspector on a quarterly basis was carried out. There were three environmental or mechanical restrictive practices ongoing in the centre. The inspector confirmed that these were appropriately risk assessed and reviewed by the multidisciplinary team.

Judgment: Compliant

Regulation 8: Protection

Each resident was supported by staff and management to develop the knowledge and self-awareness and skills needed for self-care and protection.

The registered provider had systems in place to protect residents from all forms of abuse. For example, all staff, as previously discussed, had training in adult safeguarding. The person in charge ensured that there were intimate care plans in place for residents who needed it. The staff who spoke with the inspector were aware of safeguarding policy and procedures as well as intimate care plans and how to adhere to those plans.

There were no open safeguarding concerns in the centre. A review of resident's file demonstrated that there residents were supported in developing skills they needed for self-protection. Topics such as consent in a wide variety of contexts were discussed with residents, including how to say "no" when you want to and how you should respond when others do not want to participate in particular activities.

Judgment: Compliant

Regulation 9: Residents' rights

From what residents told the inspector, observations and a review of documentation it was found that residents' rights were at the core of care being provided in the centre. The provider, staff and person in charge operated the centre in a manner that respected the rights of each residents including their right to privacy.

There were systems in place to support residents to exercise choice and control in their daily lives, decisions about their care and in the running of the centre. Residents were invited to regular residents meetings, which discussed topics such as what was going well, any areas for improvements needed in the centre including premises and issues between residents and staff . The residents meetings were originally held every week however, a review of minutes showed that residents reported this was too frequent and they were pushed out to monthly. The decision to move to less frequent meetings was reviewed and minutes showed it was the residents' preference. The inspector saw evidence of these meetings working effectively to advocate for residents' rights resulting in small, impactful changes for residents .

For example, in one meeting a resident raised issues with doors being loud or slamming when closed late in the evening. They described how this noise woke them up during the night and impacted their mood the next day. Team meeting minutes showed that this was then discussed with staff at the next meeting. The person in charge also contacted maintenance to find a fix to the issue. The resident who raised the issue told the inspector that the situation had improved a lot and the doors were no longer slamming and their sleep had improved. The resident noted that it did not take long for the issue to be fixed.

Residents were provided with information regarding advocacy services and their rights. The residents who spoke with the inspector identified who they would

contact and what steps they could take if they had any concerns or were unhappy with an aspect of their care.

Communication supports were used to good effect to support resident accessing their human rights; for example, easy read information was evident on residents files to enable informed consent regarding their care and supports. Staff members had completed training in human rights and Assisted Decision Making (Capacity) Act 2015.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	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
Regulation 9: Residents' rights	Compliant

Compliance Plan for A Bettystown Avenue OSV-0002365

Inspection ID: MON-0050542

Date of inspection: 26/05/2026

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The PIC took immediate action after the inspection to ensure that all rosters include the full names and grades of all staff, including relief and agency staff, are included on each roster. Rosters will be reviewed and updated regularly. • Ongoing recruitment efforts continue for filling vacant staff posts. Rosters will continue to ensure that at least one member of staff who knows all residents is present on each shift	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • In relation to the double doors separating the kitchen/dining area and the sitting room, the Registered Provider notes the observation in the inspection report. The Registered Provider has sought independent advice from an external, qualified fire safety consultant who reviewed the observation and determined that the Code of Practice for Community Dwellings and TGD-B Volume 2 (2017) does not seek that the door set be a self-closing fire door set. Therefore, and it does not adversely affect the fire safety compliance of the residence. The full advice received from this consultant has been provided to the inspector in a separate document .	

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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/12/2026
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	26/05/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/07/2026