



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

Issued by the Chief Inspector

Name of designated centre:	Drumiskabole Lodge
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	26 February 2026
Centre ID:	OSV-0002602
Fieldwork ID:	MON-0043265

About the designated centre

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

Drumiskabole Lodge is a designated centre operated by the Health Service Executive. The centre is located a few kilometres from a town in Co. Sligo and provides residential care for up to four adults, who are over the age of 18 years and have an intellectual disability. Each resident has their own bedroom, and access to suitable bathroom and kitchen facilities, shared communal areas and a large garden space. Staff are on duty both day and night to support the residents who live in this house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and 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
Thursday 26 February 2026	16:50hrs to 18:45hrs	Angela McCormack	Lead
Friday 27 February 2026	09:30hrs to 14:15hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, this inspection found that residents living in Drumiskabole designated centre were provided with a person-centred service where their choices and rights were respected.

This inspection was unannounced and was completed to monitor compliance with the regulations. The inspection was completed over two half days, one evening and the following morning. On arrival, the inspector gave the staff members an easy-to-read information leaflet called 'Nice to Meet you'. This document included the name of the inspector and aimed to support residents to understand about the purpose of the visit.

Drumiskabole designated centre comprised a large detached two-storey house. The centre could accommodate four adults. The inspector got the opportunity to meet, and spend time, with all four residents throughout the inspection. In addition, the inspector spoke with three staff members and observed interactions between staff members and residents..

On arrival on the first evening, the inspector spent time with two residents initially. They were relaxing in a living area of the house watching television together. They greeted the inspector in a welcoming and friendly manner and spoke about their likes, interests and day-to-day lives. One resident was met with briefly as they were getting their evening meal and while they acknowledged the inspector briefly, they preferred to do their own activities throughout the evening. Another resident was met with as they relaxed watching a football game in one of the living rooms with staff. They spoke briefly with the inspector with support from a staff member.

Through the conversations had with residents and staff members, the inspector could see that residents were supported to do activities that were meaningful to them. Activities and interests included; going to music events, going to attractions in other counties, such as Christmas markets, going out for dinner and getting take-aways at weekends, and visiting family and friends. One resident spoke about their day service and spoke fondly about their friendship with another person there and showed the inspector a photograph of their friend. Another resident spoke about a big birthday celebration that they had where an impersonator of their favorite music artist did a performance. They proudly showed their photo album of the event and sang a lyric or two of their favorite song for the inspector. Two residents agreed to show the inspector their bedrooms, which were equipped and decorated in line with their individual likes and preferences. One resident spoke about getting their bedroom re-painted soon. One resident declined to show the inspector their bedroom, and this was respected.

The house were bright, clean and homely and promoted accessibility for those with mobility needs. The communal areas were nicely decorated with artwork, framed

photographs, house plants and table lamps all which helped to create a warm and cosy environment. Residents had their own individual bedrooms that were decorated nicely and reflected their individual interests.

Two residents attended external day services throughout the week and two residents were supported to do activities from home. In addition, the inspector was informed that residents could attend sessional activities at the local day centre also if they chose to. On the second day of inspection, two residents went to their day service and one resident went out for a drive to a local amenity where they went to a coffee shop of their choosing. Another resident chose to relax at home. Throughout the inspection residents were seen to move freely around their home with support from staff where required. Residents had access to aids and equipment to support them with their needs in a safe manner and to promote their autonomy and independence. In addition, residents had access to visual notices, visual schedules, and easy-to-read information that were readily accessible to them. Residents were consulted about the centre through weekly residents' meetings, where meal and activity choices were made. In addition, residents were supported to understand about Health Information and Quality Authority (HIQA) inspections, and the inspector was informed that residents had been expecting a visit.

Staff were observed to be familiar to residents and were seen to respond to residents' communications with dignity and respect. Staff members spoke about residents in a caring manner and it was clear that they were good advocates for all residents and knew how to support them with their individual needs. The atmosphere in the house was warm, friendly and relaxed. Observations were that residents were comfortable in their home, had their preferred areas to relax in, and were supported by staff members who knew them well. Residents said that they liked living in the centre and felt safe there.

Overall, the service was found to provide safe, person-centred care to residents. Residents appeared relaxed and comfortable in their homes.

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

Capacity and capability

Overall, there were good arrangements for the management and monitoring of the centre. The centre was found to be in compliance with the regulations overall. There were gaps in the oversight of some documents; however this did not have a medium to high impact on residents but would enhance the quality of the records kept.

The staffing levels and skill-mix appeared to meet the needs of residents at this time. The skill mix consisted of nurses and care assistants. Training was provided to staff to provide them with the skills and knowledge required to support residents with their needs.

The governance structure included a person in charge who was supported in the operational management of the centre by the staff nurses. The person in charge had a dual role as they were also the assistant director of nursing (ADON) in the area.

The systems for the monitoring and oversight of the centre included a suite of audits completed by the management team and unannounced six monthly audits completed on behalf of the provider. This helped to ensure that the centre was resourced appropriately and that a person-centred and safe service was provided.

Overall, the centre was found to be well managed and effectively monitored to ensure that the centre met residents' needs.

Regulation 16: Training and staff development

There were good arrangements in place for the training, development and support of staff members working in the centre.

The service was found to have consistent and competent staff team who knew residents well and were observed providing supports in line with residents' assessed needs. Staff were provided with a range of mandatory training courses to support them to have the skills and competencies to support residents with their needs. Training provided to staff included; safeguarding, fire safety, behaviour management, medication and the administration of emergency medication and manual handling. Where refresher training was due this was identified with dates set and planned for within a reasonable time frame.

Staff were found to be supervised and supported through annual supervision meetings. A sample of four meetings held with individual staff were reviewed by the inspector and showed that the meetings were occurring in line with the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found good arrangements for the governance and management of the centre. There were sufficient resources in place to ensure the effective delivery of care and support to meet the residents' needs. There were effective arrangements in place for the ongoing monitoring and evaluation of practices in

place. However, improvements in the oversight of some documents were required as follows:

- Residents' inventory of personal possessions and clothing, as required in the provider's policy, required review to ensure that the requirements of the policies and procedures were adhered to.
- One resident's risk assessments had not been updated since June 2025, which was not in line with what the inspector was informed about regarding the provider's policy of three monthly reviews. This resident was the most recent admission to the centre (March 2025); therefore the ongoing review of risks of harm that could impact them as they adjusted to their new home was important.
- The monitoring of residents' evacuation plans in the event of a fire required ongoing review to ensure that all residents can be evacuated to safe locations. These plans were updated on the day of inspection; however this requires ongoing monitoring to ensure compliance with this regulation and to ensure the safety of residents.

The local management team ensured ongoing monitoring of the centre through monthly audits that covered a range of topics and practices. These were found to be effective in identifying actions for improvement. The provider ensured ongoing monitoring of the centre through six monthly unannounced audits and through an annual review of the quality and safety of care in the centre, which included feedback from residents and a family representative. The inspector reviewed the annual report for 2024/2025, and the last two provider reports of visits completed in March 2025 and September 2025. These showed that there was effective monitoring by the provider of the care and support provided in the centre. Furthermore, where actions to improve the service were identified a plan was in place to address them in a timely manner.

Staff were supported to raise any concerns about the quality of care through regular team meetings. The meeting record for January 2026 was reviewed by the inspector and showed good discussion on a variety of topics relating to the centre and the care of residents. Staff spoken with said that they felt well supported and could raise any concerns that they may have to the management team. There was an on-call arrangement for out-of-hours.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifications were submitted to the Chief Inspector of Social Services, as required in the regulations.

Judgment: Compliant

Quality and safety

The centre was found to provide person-centred care and support to residents. Residents' needs were kept under ongoing review and residents were supported with any changing or emerging needs. This ensured that the service was safe and to a good quality.

Comprehensive assessments were completed on the health, personal and social care needs of residents. From this assessment, support plans were developed to provide guidance on how to best support residents' identified needs. These were kept under regular review and updated where required. Staff appeared knowledgeable about residents' needs and this was also observed in practice by the inspector throughout the inspection.

Residents were protected through the ongoing review of incidents and through the adherence to the safeguarding procedures where a protection concern was identified. Staff spoken with were aware about how to protect residents. Residents spoken with said that they felt safe in their home.

In summary, the care and supports provided to residents were found to be person-centred, safe and regularly monitored.

Regulation 10: Communication

Residents' individual communication preferences were found to be supported and promoted in the centre.

The inspector reviewed two residents' care plans, that included assessments of their communication needs and support plans. These plans were found to provide clear information on individual residents' communication preferences and provided clear guidance to staff on how to support with this. Staff were observed responding to residents' communications in a caring and respectful way and it was clear that staff members knew residents well. In addition, residents had access to computers, digital photograph albums, mobile phones, televisions, radios, music players, technological devices and the Internet in line with their individual preferences. Some residents enjoyed regular phone calls with family members through their personal mobile phones and one resident enjoyed listening to their preferred radio station on their personal device.

Judgment: Compliant

Regulation 11: Visits

The centre had no restrictions on visitors to the house. Residents enjoyed regular visits from family, friends and the local priest for example. There was sufficient space and ample communal rooms for residents to receive visitors in private if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had a policy and procedure in place for supporting residents with their personal finances. Residents had space for the secure storage of personal items. The centre had suitable arrangements and a laundry area for residents to launder their clothes as they wished.

Residents were assessed as to what type and level of support they required with their personal finances. The identified supports were found to be in place with actions identified to support residents to develop their independence in this area. One staff member talked through, and showed the inspector, the arrangements for supporting residents with their finances. These included supports with withdrawing money, keeping money safe, recording income and expenditure, and ensuring receipts are in place. The inspector reviewed the documentation for two residents' finance records. The provider's policy outlined arrangements for ensuring that personal property of a certain value was recorded on a property and clothing inventory template. On review of one resident's records, not all recent purchases that related to the value outlined in the procedures had been recorded on the specific template. Improvements were required in this area. This is covered under Regulation 23: governance and management as it relates to the oversight and monitoring of practices to ensure that the record-keeping arrangements outlined in the provider's procedures were fully adhered to.

Judgment: Compliant

Regulation 13: General welfare and development

Residents' general welfare and development were supported in the centre. Residents had access to an external day service that they attended each day, or they could do activities from home, in line with their choices and needs.

Residents spoke about the wide range of activities that they enjoyed. These included; football practice, going to the cinema, going out for meals each week to

preferred restaurants, visiting family and friends, going to music events, going on shopping trips and going on day trips to other counties and having overnight stays. One resident spoke about various music events that they attended recently and had planned for the future.

Within the house residents had access to a range of leisure and recreational activities such as; arts and crafts, televisions and technological devices to use the Internet. One resident spoke about their music player (Boom Box). The centre also had a large garden area, that included a polytunnel to support residents who had an interest in horticulture and gardening.

In addition, links with family members and the wider community were promoted and encouraged, with residents visiting family members regularly and receiving visitors to their home. Residents were also reported to enjoy regular reflexology sessions, with access to therapist that visited them in their home regularly.

Judgment: Compliant

Regulation 17: Premises

The house was spacious, clean, bright and well maintained. Each resident had their own bedroom that was decorated in line with their individual preferences. Some residents proudly showed the inspector their bedrooms. One resident spoke of getting their bedroom re painted and about choosing colours for this. This was in progress for completion and would enhance the look of their bedroom space.

There were ample communal areas for residents to relax and have visitors. The rooms were bright, clean and contained well-maintained, comfortable furniture. Residents had access to individual aids and appliances as required. There were suitable bathroom and laundry facilities to meet the numbers and needs of residents. The kitchen had cooking equipment to enable residents to cook meals and do baking. The monitoring of the centre promoted the best accessibility for residents. For example, during 2024 one resident was supported to move to a downstairs room as their needs were changing. In addition, the design of the premises included handrails, ramps and wide doorways to promote ease of access for residents with mobility needs. The garden area also promoted accessibility for all and included a nice area for relaxing in with suitable garden furniture and outdoor decorations.

Judgment: Compliant

Regulation 28: Fire precautions

The centre was equipped with fire safety management measures including; emergency lighting, fire fighting equipment, a fire alarm and fire doors. In addition, regular checks were completed on the fire safety arrangements.

One resident outlined to the inspector about what they would do in the event of a fire. This involved going out the nearest door to the assembly point, which the showed the inspector. In addition, a staff member did a walkaround with the inspector and talked through the centre's evacuation plan including the arrangements to ensure that residents could be evacuated to safe locations. This included a demonstration of how to support a wheelchair user to safely go out their nearest exit with the use of an aid. The inspector reviewed the last two fire drills completed in 2026, which included the scenario of minimum staffing levels at night time. These drills demonstrated that residents could be evacuated in a timely manner to a safe location. However, on review of two residents' personal emergency evacuation plans (PEEPS), the inspector saw that they outlined for residents to remain in their bedrooms with the door closed, if they could not get out safely. On discussion with the staff members and person in charge, they clarified that this risk had not been identified and should it arise, they would consult a competent fire expert. The PEEPs were updated on the day to amend this information, and to ensure that all residents can be evacuated to a safe location in the event of a fire, which is a requirement under this regulation. This requires ongoing monitoring and oversight, and is covered under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

This inspection found that residents' needs were assessed, regularly reviewed and residents had individual personal support plans in place.

The inspector reviewed a sample of two residents' assessments of needs, care plans and risk assessments. From this review the inspector found that a comprehensive assessment of the health, personal and social care needs of residents was completed. Care and support plans were in place to guide staff in the supports required. These included; care plans for behaviour support, feeding, eating, drinking and swallowing (FEDS) plans, and protocols for managing medical conditions such as diabetes and epilepsy. These were kept under review and updated if there was a change in circumstance. Annual reviews were completed, two of which were reviewed by the inspector, which showed participation by residents and their representatives. One resident's risk assessments had not been updated since June 2025, which was not in line with what the inspector was told about a review to be completed every three months. This is covered under Regulation 23: Governance and management as it relates to documentation oversight.

In addition, residents were supported to achieve personal goals for the future. The inspector was informed that a new template for a personal plan book was being

implemented, one of which the inspector reviewed. This plan outlined the personal preferences and unique personality of the resident, and gave an overview of their support needs. It also included photographs of events and activities completed. One resident showed the inspector a photograph album of a recent birthday celebration that they were supported to organise that was themed with their favorite music artist.

Judgment: Compliant

Regulation 6: Health care

Residents' health and wellbeing were promoted and monitored regularly which helped to ensure that they achieved the best possible health and received the most appropriate supports.

From the inspector's review of two residents' care plans, it was clear that healthcare needs and changes in presentation were monitored regularly so that residents' health was optimised. In addition, it could be seen that residents were supported to attend appointments and consultations with various healthcare professionals as required.

There were clear support plans in place to guide staff members on the supports that residents required with their health. There were also various documents in each resident's personal plan folder that gave additional information on their healthcare diagnosis. Staff spoken with were knowledgeable about residents' healthcare needs. In addition, the centre had a range of easy-to-read booklets and documents on various health and wellbeing topics that were accessible to residents and discussed with them as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were policies and procedures in place for behaviour support and for restrictive practices. Staff received training in behaviour management. Residents' behaviour support needs were found to be well monitored and supported. Support plans were developed as required with input from a behaviour specialist.

The inspector reviewed two residents' care plans to support with anxiety and behaviour management. The care plans were found to be comprehensive and focused on an holistic approach to residents' needs, such as ensuring communication and healthcare needs were met, which could impact on residents' presentation. From the inspector's review of the support plans, and through

discussions with staff members, it was evident that every effort was made to establish the causes of increased anxiety, such as ruling out possible physical causes. Staff spoken with appeared knowledgeable about how to support residents and this was observed in practice throughout the inspection. Furthermore, the inspector could see that support plans were reviewed and updated if an incident occurred. For example, one resident's behaviour support plan was updated following an incident that occurred in the previous few weeks. This demonstrated a commitment by staff members, to learn from incidents so as to provide the best support to residents when distressed.

The inspector reviewed the documentation for restrictive practices used in the centre, where it could be seen that they were clearly assessed to ensure that they were the least restrictive option for the shortest duration. In addition, there was evidence that residents were involved in the decisions to implement restrictive practices and that they were supported to understand the reason for same so that they could give informed consent.

Judgment: Compliant

Regulation 8: Protection

The centre promoted residents' protection through adherence to the policies and procedures for safeguarding and the provision of intimate care. Staff completed training in safeguarding vulnerable adults and were knowledgeable about what to do in the event of a safeguarding concern.

The inspector reviewed the safeguarding incidents that occurred since June 2025, where it could be seen that all incidents were screened in line with the provider's procedures,. Safeguarding plans were developed where required and found to be kept under review. Staff spoken with were aware of the actions outlined in safeguarding plans which included familiar staffing, individual transport arrangements and environmental accommodations. In addition, staff were aware of possible risks and triggers that could cause a negative interaction between residents and knew how to support with this. Audits by the management team included monthly staff awareness checks about safeguarding, two of which the inspector reviewed, which showed a good degree of knowledge by staff on the safeguarding procedures.

The inspector was informed that residents were supported to learn about how to self-protect through individual discussions and using easy-to-read information, where the need arose. One resident spoken with by the inspector, and who was impacted through a recent protection concern between peers, said that they felt safe and got on with everyone in the house. They were observed to be comfortable in their home throughout the inspection. Staff spoken with said that they did not feel that any resident felt unsafe, and that in general residents get on well together.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote a rights-based culture. Residents were consulted about the running of their homes through regular meetings where their everyday life choices and input about the centre was sought. Residents were provided with information on rights and advocacy services in an easy-to-read format. One resident was supported to access advocacy services recently in relation to their decision about a big expenditure. This would help to ensure that they were fully informed before making this decision.

Residents were consulted about the centre through weekly residents' meetings. The inspector reviewed eight minutes of meetings held between January and February 2026, that showed the consultation sought, and the input given, by residents into the weekly plans for the house. In addition, it was clear that residents' religious preferences were respected. Some residents chose to visit family graves, go to religious ceremonies, and also received visits from their local priest. Residents spoke with the inspector about their likes, interests and about the range of activities that they chose to do. Overall, it was clear from communications and observations by the inspector, that residents' choices about how they lived their lives were respected and promoted.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Drumiskabole Lodge OSV-0002602

Inspection ID: MON-0043265

Date of inspection: 27/02/2026

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance with Regulation 23 Governance and management the following actions have been completed:</p> <ul style="list-style-type: none">• Each residents' inventory of personal possessions has been updated to reflect all personal belongings, as per HSE Management of Personal Property, Personal Finances and Possessions. Going forward each resident's inventory of personal possessions will be monitored on a monthly basis by the Person in charge. <p>This was completed by the 28th February 2026.</p> <ul style="list-style-type: none">• One resident's personal risk assessments have been reviewed and updated. Going forward all risk assessments will be reviewed and updated by the Person in Charge on a three-monthly basis in line with the HSE Risk Management Policy. <p>This was completed on the 28th February 2026.</p> <ul style="list-style-type: none">• Residents' evacuation plans have been reviewed and updated on the day of the inspection to ensure that all residents can be evacuated safely in the event of a fire. Going forward, each resident's PEEPS will be reviewed on a six-monthly basis or sooner if there has been a change in the resident's care needs. This will be monitored by the Peron in Charge on a quarterly basis by completing the service quarterly fire safety audit. <p>This was completed by the 26th February 2026.</p>	

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 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.	Substantially Compliant	Yellow	28/02/2026