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:	Shalom
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	29 June 2026
Centre ID:	OSV-0002619
Fieldwork ID:	MON-0041926

About the designated centre

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

Shalom provides both full-time and shared care residential services to male adults with a mild to moderate intellectual disability. The centre is managed by the Health Service Executive (HSE) and is located on the outskirts of a town in Co. Sligo. The centre has it's own mode of transport to enable residents to access the community, if required. This centre comprises of a bungalow dwelling and accommodates up to three residents at any one time. Residents have their own bedroom and also have access to a communal kitchen dining area, utility room, shared bathroom and sitting room. Residents also have access to a well-maintained garden space both to the front and rear of the centre. The centre is staffed by a team of care assistants and a staff nurse, under the supervision of the person in charge. This includes active night-time staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 29 June 2026	09:30hrs to 14:30hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

The residents in this centre received a good quality service that promoted and respected their human rights. Residents told the inspector that they were happy in their home and with the service they received. They were supported by staff who were familiar with their needs and who respected their choices. The provider had good governance and management arrangements in place that ensured that the service was person-centred and of a good quality. Some improvement was required in relation to fire safety.

This was an announced inspection of this centre. The inspection formed part of the routine monitoring activities completed by the Chief Inspector of Social Services during the registration cycle of a designated centre. The inspection was facilitated by the person in charge.

The centre consisted of a bungalow in a town. The house was within walking distance of shops, cafes and other local amenities. Each resident had their own bedroom. One bedroom had an en-suite bathroom. There was a bathroom with a wetroom style shower. The house also had a kitchen-dining room, a separate sitting room, a utility room and a staff office. Fire doors were fitted throughout the house and they closed when the fire alarm was activated. It was noted that the fire door between the utility room and kitchen was not functioning properly. Outside, the gardens were very well maintained. There were many flower boxes and window boxes that made for a lovely display around the house.

Since the last inspection, a number of refurbishment works were completed in this centre. The old windows at the back of the house were replaced. The countertop in the kitchen was replaced. The bathroom had a new hand basin, toilet and mirror. In the hallway, the noticeboard was moved to a new location and a new shelving unit was installed. All of these changes enhanced the centre and made for a more homely feel in the house. Overall, the house was clean, tidy, nicely decorated and in a good state of repair.

Two residents lived in the house on a fulltime basis. A third resident split their time between the centre and their family home. All residents attended regular day services and had busy schedules in the evenings and at weekends. Residents regularly visited friends and attended social events like concerts, religious ceremonies, and enjoyed meals in cafes and restaurants.

The inspector met with two of the residents on the day of inspection. Residents told the inspector that things were going well in the centre. They said that the staff were kind and helpful. They said that staff respected their rights and privacy. Residents spoke about what they liked to do at the weekend and spoke about spending time with friends. They told the inspector about their plans for the summer. They said

that they were looking forward to some downtime and that they are going to plan a holiday.

As part of the announced inspection, questionnaires were sent to residents in advance. These questionnaires asked the residents' opinions on the centre and the service they received. Three questionnaires were returned and reviewed by the inspector. All residents received support from staff when completing the questionnaires. The questionnaires indicated that residents were happy with their home and the service they received. Some questionnaires had additional comments recorded. These comments related to the house itself; for example, 'I like having my own space' and 'I have my personal belongings in my bedroom'. Some comments related to the positive relationships between residents; for example, 'We get along' and 'They are lovely peers'. There were also positive comments about the staff in the centre; for example, 'staff are very helpful' and 'staff are very good to me'.

The inspector also had the opportunity to meet with a family member of one of the residents. This family member said that they were very happy with the service in the centre. They said that staff knew the residents very well and that residents received very good support from staff. The family member said that they would be comfortable raising any issues with staff if they had a concern or complaint. They had no concerns about the safety of residents in the centre.

In addition to the person in charge, the inspector met with two other staff members. These staff members were knowledgeable on the residents' needs and the supports required to meet those needs. They knew the steps to follow should any safeguarding incidents occur. Staff gave clear examples of how they would support residents to evacuate the building in the event of a fire. Staff knew about the residents' families and friends. They knew about their interests and hobbies and told the inspector about residents' recent achievements at national sporting events. Staff spoke about residents respectfully and gave specific examples of how they promoted the rights of the residents.

The next two sections of this report present the inspection findings regarding the governance and management in the centre, and how this impacts the quality and safety of the service provided.

Capacity and capability

The provider had systems that were effective at monitoring the quality of the service. Staffing numbers and skill-mix were in line with the needs of residents. The provider submitted documentation to the Chief Inspector in line with the regulations.

The provider maintained oversight of the service through routine audits and by inspections of the service by provider representatives. Findings from audits and unannounced visits to the centre were recorded on the centre's quality improvement

plan. This gave an overview of the actions that were underway in the centre to continually improve the quality of the service.

The staff in the centre were familiar with the needs of residents and the supports required to meet those needs. Staff had up-to-date training in modules that the provider had identified as mandatory. The provider had also ensured that staff had received additional training in areas that were specific to the needs of residents in this centre.

The provider submitted the required documentation to apply for the renewal of the registration of the centre within the required timeframes. The centre had an effective complaints procedure that provided an opportunity for residents to voice their opinions on the service.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted the required documentation to progress the application to renew the registration of the centre. This was reviewed by the inspector and found to be complete.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the necessary knowledge, qualifications and experience for the role.

As a routine part of the application to renew the registration of the centre, documentation in relation to the person in charge was submitted to the Chief Inspector. This was reviewed by the inspector and found to be complete and in line with the regulations.

The person in charge was employed full-time and maintained oversight of the service through regular audit. The person in charge had a very good knowledge of the needs of the resident and the service that should be put in place to meet those needs.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements were suited to the needs of residents. This meant that residents were supported by the correct number of staff with the necessary skill-mix to meet their needs.

The inspector reviewed the staff rosters from 1 March 2026 to the day of inspection. This showed that the necessary number of staff was on duty at all times and that staffing arrangements were suited to meet the needs of residents. The staff team was consistent with planned and unplanned leave covered by regular staff. The person in charge maintained a planned and an actual staff roster.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training in this centre was up-to-date. This meant that staff had been given the opportunity to develop the necessary skills and knowledge to ensure that residents received the supports required to meet their needs.

The inspector reviewed the training records in the centre. This showed that staff had up-to-date training in the modules that the provider had identified as mandatory. In addition, the provider had identified modules that were specific to the needs of residents in this centre. Training in these areas was also up to date. The inspector reviewed the training certificates for one staff member and found that this was in line with the information kept by the person in charge on their overarching training record.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted details of their insurance arrangements as part of the application to renew the registration of the centre. This was reviewed by the inspector and found to include all the details required under the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had effective systems to monitor the quality of the service. There were clear management structures in the service. This meant that any issues could be identified quickly, escalated appropriately and addressed in a timely manner.

The lines of accountability were clearly defined in the centre. Staff knew who to contact if any issues arose. Incidents in the centre were recorded and escalated appropriately. The inspector reviewed the records of incidents from January 2026 to the day of inspection. This showed a low number of incidents in the centre and that any incidents were reported, as required. The person in charge reviewed the incident records monthly to identify if there were any trends emerging and to put measures in place to avoid a recurrence, if required.

The provider maintained oversight of the service through regular audits and unannounced visits to the centre. The person in charge had the support of staff nurses in relation to the completion of some of the routine audits in the centre. The inspector reviewed the audits that were completed in the centre since the beginning of 2026. These showed that audits were completed in line with the provider's schedule. The provider completed an unannounced visit to the centre since the last inspection. The inspector reviewed the report from this visit and found that specific actions to address any issues identified during the visit had been recorded.

Service improvement actions identified through audit, unannounced visits, and self-assessments were recorded on the centre's quality improvement plan. This gave an overview of the specific actions that were underway in the centre and the target timeline when they were due to be completed. This plan was reviewed by the inspector, and it was noted that actions were completed in line with the provider's target timelines.

Information was shared with staff through regular team meetings. The inspector reviewed the minutes of the three most recent team meetings and found that it covered issues relating to the care and support of residents as well as operational issues.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted their statement of purpose as part of the documentation required to renew the registration of the centre. This was reviewed by the inspector and found to contain the information outlined in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider submitted information and notification of incidents to the Chief Inspector as required under the regulations.

In advance of the inspection, the inspector reviewed the notifications that were submitted by the provider since the last inspection of the centre. The inspector also reviewed the incidents that were recorded in the centre since the beginning of 2026. This showed that the provider submitted notifications to the Chief Inspector in line with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure. Information about this procedure was shared with residents. Complaints were audited regularly.

The inspector reviewed the records in the centre relating to complaints. There were no open complaints in the centre at the time of inspection. The provider maintained oversight of this through regular audit. The inspector noted that information was available to residents regarding complaints in the form of an easy-read guide and in the residents' guide. This meant that there was a system for residents to express their opinions of the service. An effective complaints procedure allowed for any issues to be raised with staff and for issues to be addressed.

Judgment: Compliant

Quality and safety

The service in this centre was of a good quality. The health, social and personal care needs of residents were assessed and the appropriate supports were put in place to meet those needs. Residents were supported to communicate their needs and wishes. The residents were offered choices in relation to their preferred activities that were in line with their interests. Residents told the inspector that they were happy with the quality of the service they received.

The safety of residents was promoted in this centre. Staff had up-to-date training in safeguarding. The provider had effective systems for the identification and assessment of risk. The provider had systems in place to protect residents from the risk of infection and of fire. However, improvement was required to ensure that all fire doors were in good working order and that fire drill records had adequate detail.

Regulation 10: Communication

The provider had arrangements to ensure that staff knew how to support the residents to communicate their needs and wishes.

The inspector reviewed the documentation for two residents in relation to their communication. This review showed that residents had access to speech and language therapy services, if required.

The inspector noted that easy read documents were developed for residents. These were specific to the residents' needs. For example, easy read guides were developed for one resident to support them to understand medical procedures and tests.

Judgment: Compliant

Regulation 11: Visits

Residents were facilitated to receive visitors, as they wished. The centre was set-up to accommodate residents who wanted to receive visitors in private.

The residents' guide outlined that residents could receive visitors at any time, as they wished. The inspector's review of residents' daily notes showed that friends and family were facilitated when they came to visit residents. A family member spoke to the inspector about coming to visit residents in the centre. The centre had adequate space for residents to be able to receive their visitors in private.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to their personal possessions and retained control of their possessions. Residents were supported to manage their financial affairs.

The inspector noted that residents had adequate room to store their personal belongings. Residents commented on this in their questionnaires and said that they were happy that they could store their things in their room. The inspector's review of residents' personal plans showed that a resident was supported to buy a new television for their bedroom. The personal plan outlined how the resident was supported to choose a television and how they were supported to understand the cost. The resident was supported to access their funds to make this purchase.

Residents who lived in the centre on a fulltime basis had their own bank accounts. The provider supported them to manage their financial affairs. The residents' finances were audited monthly. The inspector's review of this audit showed that the provider checked that the residents' monies were spent in line with the wishes of the resident and that they were supported to access information about their savings.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had arrangements to support residents to engage in activities and events that were in line with their interests.

The inspector reviewed the personal plans that had been developed for two residents. These showed that residents were supported to choose goals and activities that were in line with their interests and needs. The plans recorded how the goals had been identified, how information was shared with the residents and how they made their choices.

Residents were supported to be involved in social events and to maintain connections with the wider community. The inspector reviewed the daily notes for two residents that had been recorded in the month prior to the inspection. This showed that residents were supported to meet friends, to attend social events and to access the wider community. Residents were supported to go out for meals, complete personal shopping, visit religious sites, and attend concerts.

Judgment: Compliant

Regulation 17: Premises

The premises were suited to the needs of the residents.

As outlined in the opening section of the report, the centre was clean, nicely decorated and in a good state of repair. The provider recently completed refurbishment works that had further enhanced the house. The refurbishment works made the house warmer and more homely. There was adequate space for residents to spend time together or apart. The house was accessible to all residents and equipped with the facilities they needed for day-to-day living.

Judgment: Compliant

Regulation 20: Information for residents

The provider had developed a guide for the residents. This was reviewed by the inspector and found to contain the information set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems for the identification, assessment and control of risk. This meant that the provider had identified risks to residents and had specified ways to reduce that risk.

The inspector reviewed the risk assessment that were developed for two residents. These were comprehensive and in line with the residents' health, social and personal care needs assessments. The control measures gave specific guidance to staff on how to reduce risk and signposted staff to relevant documents and policies to inform practice. The inspector noted that the risk assessments were kept up-to-date.

The inspector also reviewed the centre's risk register. This recorded the risks to the service as a whole. Again, this was found to be comprehensive. Risks in the service had been identified and control measures that were specific to the service were identified. This gave clear guidance to staff on how to promote the safety of residents, staff and visitors.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had appropriate arrangements to ensure that residents were protected from the risk of infection.

The inspector noted that the centre was clean and tidy. Where areas had shown wear and tear, this had been addressed through the recently completed refurbishment works. Namely, the new kitchen countertop and newly installed sink, toilet and mirror in the bathroom.

The inspector reviewed the cleaning checklists completed in the centre. This showed that cleaning tasks were completed routinely during the day and during night duty.

The provider maintained oversight of the standard of infection control measures through regular audit. The most recent audit was reviewed by the inspector and this showed that infection prevention and control measures were routinely followed.

Staff had up-to-date training in modules related to infection prevention and control. This included modules on hand hygiene, standard precautions and the wearing of personal protective equipment.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had arrangements for the protection of residents against the risk of fire. Some improvement was required to ensure that all fire doors were working effectively, that fire safety audits detected all issues, and that fire drills adequately recorded the situations simulated.

The provider had arrangements for the detection, containment and the extinguishing of fires. The centre was equipped with a fire detection and alarm system. This was routinely checked by an external fire company. The centre also had fire fighting equipment in the form of fire extinguishers and fire blankets. The inspector noted that these had been checked by an external company within the previous 12 months.

Fire doors were located throughout the house. However, the inspector noted that one door did not close fully under its own weight and that there was a gap at the bottom of the door. This meant that the door may not be effective at containing fire and smoke in the event of an emergency. This door was located between the utility room and kitchen. As there was an additional fire door between the kitchen and hallway, it meant that a protected escape route through the hallway was maintained. An audit of the centre's fire doors was completed on 12 June 2026. This issue with the door in the utility room had not been detected on this audit.

The provider had guidance for staff on the supports needed by residents to evacuate the centre in the event of a fire. Two of these documents were reviewed by the inspector and they were found to be clear and recently reviewed. Fire drills were completed routinely in the centre. The inspector reviewed the records from the last four fire drills. These showed that differing scenarios were simulated in these drills. Some improvement was required to ensure that the simulated scenario was accurately recorded so that the provider could be assured that the correct evacuation procedure was followed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider completed an assessment of the residents' health, personal and social care needs.

The inspector reviewed the records of two residents and found that a comprehensive assessment of the residents' health, social and personal care needs had been completed within the previous 12 months. The residents' files contained plans that guided staff on how to offer support to residents to meet their assessed needs. These plans were regularly reviewed and updated.

An annual review of the residents' personal plan had been completed within the previous 12 months. This review included the residents' views and that of their families. The previous year's goals were reviewed and new targets set for the year ahead.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had arrangements to ensure that residents received positive behaviour support.

The inspector's review of two residents' support plans showed that the provider could access the supports of a behaviour specialist, if required. Staff had completed training in positive behaviour support. This training was up to date.

There was one restrictive practice in the centre. This had been implemented with input from the multidisciplinary team and with input and consent from residents. There was a risk assessment in place relating to this practice that gave guidance to staff on when and how to implement the practice. This ensured that the practice was the least restrictive option in use for the shortest duration of time.

The provider maintained oversight of any restrictive practices in the centre throughout routine audit. The audit of restrictive practices was completed every three months and the most recent audit was reviewed by the inspector. The audit included questions to prompt staff to identify if any unidentified restrictive practices were in use in the centre.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to protect residents from the risk of abuse.

The inspector reviewed the intimate care plans that had been developed for two residents. These were developed within the previous 12 months and gave clear guidance to staff on how to support residents.

Staff had up-to-date training on safeguarding vulnerable adults. The provider completed monthly audits with staff in relation to their knowledge of safeguarding procedures. These showed that staff knew what to do in the event of a safeguarding incident. This was also demonstrated in conversation with the inspector.

Risk assessments relating to the safeguarding of residents were developed. These gave clear information about the measures that were implemented to reduce the risk of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre.

Residents told the inspector that staff respected their rights. Residents' questionnaires indicated that residents' rights were respected in this centre.

The inspector noted through the review of two residents' daily notes, that residents were routinely offered choices throughout the day. These choices were respected by staff.

Two residents' personal plans were reviewed by the inspector. This showed that residents added new goals to their plans during the year. The records showed that staff were responsive to residents' requests. The plans detailed how residents were given information to make informed choices.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	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 20: Information for residents	Compliant
Regulation 26: Risk management procedures	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 Shalom OSV-0002619

Inspection ID: MON-0041926

Date of inspection: 29/06/2026

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: In order to come into compliance with Regulation 28: Fire precautions the following actions will be completed: The fire door between the utility room and kitchen will be replaced with a new door, which will be fitted with a free swing and will be networked to the fire alarm. The door will be also be fitted with new ironmongery. This will be completed by the 31-7-26 The WNW audit schedule is in place within the service and includes quarterly, monthly and weekly fire audits and checks. Going forward the PIC will ensure all doors within the house are checked as per the agreed schedule. This is completed by 08/07/2026 Going forward all simulated fire drills will be reviewed by the PIC to ensure the simulated scenarios are accurately recorded and that the correct evacuation procedure is followed. This was completed by the 08/07/2026.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/07/2026
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	08/07/2026