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:	Homevale
Name of provider:	The Rehab Group
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	27 April 2026
Centre ID:	OSV-0002681
Fieldwork ID:	MON-0046633

About the designated centre

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

Homevale Services provides a supported accommodation service to four adults with a disability. Residents have a primary diagnosis of a mild intellectual disability as well as additional needs such as a physical and sensory disability, mental health needs and communication difficulties. The centre comprises of a two-storey, four bedded house in an urban residential area close to a range of amenities and public transport. Residents at Homevale services are supported by a staff team which includes both social and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 27 April 2026	09:30hrs to 15:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor compliance with the regulations. This centre had a good history of compliance and there was full compliance with the regulations reviewed on the last inspection which took place on 16 September 2024. While there was evidence of good practice noted on this inspection, improvements and further oversight was required to staffing, staff training for agency staff and some aspects of medication management. The inspection was facilitated by the person in charge and team leader.

There were four residents accommodated on a full-time residential basis, the inspector met and spoke with all four residents at various intervals throughout the day. Three residents normally attended a day service programme during the weekdays and one resident choose their own daily routines. Residents spoken with had a good understanding of the role of HIQA and the role of the inspector. They told the inspector that they liked living in the centre. All residents had lived together as a group in the same house for many years and advised that they got on well with one another. Some residents were assessed a largely independent in activities of daily living. Some residents required support to access and participate in social activities in the community. One resident required increasing support due to their mobility needs and another was experiencing a decline in cognitive function following a recent assessment.

The centre is a detached, two storey house located in a residential area in the city suburbs. The house was found to be well maintained, comfortable, warm, visibly clean and decorated and furnished in a homely style. The provider had continued to invest in the premises including recent refurbishment of the utility room and ground floor toilet area. The person in charge outlined how funding had been approved for a new kitchen and there were plans in place to ensure that residents were involved in choosing their preferred kitchen options. Residents spoken with stated that they were happy with the recent improvements and were looking forward to getting the new kitchen. Residents had their own bedroom with en suite shower and toilet facilities. One bedroom was located on the ground floor and three were located on the first floor. Two of the residents were happy to show the inspector their bedrooms and en suite shower facilities. Bedrooms were personalised with residents own effects and decorated in line with their preferences. Both residents advised that they liked their bedrooms and how sometimes they liked to watch television there. They spoke of how they liked to keep their rooms clean and tidy. Residents told the inspector how they had recently got new headboards and pillows for their beds. There was a separate sitting room, kitchen-dining room, shower room and a separate small room which residents could use to receive visitors in private should they wish. Residents were observed to come and go from their bedrooms and use all of the communal areas in the house as they wished. Residents were observed preparing their own meals and snacks in the kitchen area, as well as spending time relaxing and watching television or using their Ipad in the sitting room. A separate

utility room was equipped with laundry and cleaning equipment. Two residents spoken with advised that they completed their own laundry. The ground floor area had been suitably adapted to facilitate a resident with mobility issues to be independent in opening doors and, appropriate grab-rails, handrails and ramps were provided. Specialised equipment including a hoist, chairs, bed, mattress and showering equipment was provided. Service records reviewed showed that there was a service contract in place and all equipment had been regularly serviced. There was an accessible garden area to the rear of the house which could be easily accessed from the kitchen area. There was a large paved patio area with outdoor dining table and chairs, lawn and a variety of plants, shrubs and bird feeder. There was a covered smoking shelter provided in the garden area which was used by residents who smoked.

On the day of inspection, two residents went out in the morning to attend their regular day service programme and two residents remained in the house. Both residents who remained at home were noted to go about their own routines throughout the day. One resident spoken with told the inspector how they enjoyed getting up later in the morning and deciding on their own plans for the day. They mentioned how they continued to enjoy their independence, use public transport as they wished to get about, to visit family or attend events and activities. They spoke of how they continued to regularly eat out in local hotels at the weekends. The mentioned how the staff in the hotels knew them and looked after them well. They also enjoyed going to the local shops for the daily newspaper, going to the post office, to the pharmacy to collect their medications and making their own health care appointments.They told the inspector how they had enjoyed watching the hurling championship matches on television over the weekend. Another resident had decided not to attend their regular day programme and spend the day at home. They mentioned how they enjoyed relaxing in the house and using their Ipad and watching television. During the late morning, they were supported to go to the local shops and returned to the centre having purchased a roll for lunch. They told the inspector how they had recently had their hair done and were looking forward to attending the cinema on the coming Friday. They also spoke of how they were planning a two night mini break with the other residents to a hotel in Tipperary during the summer months. Residents also mentioned the importance of family and how they were supported to regularly visit and stay with family members. One resident went home to stay with family members every weekend, while another resident visited their family on alternative weekends.

Residents were supported by a team of staff who knew them well. The core team of staff had worked in the centre over a sustained time period. There were a number of regular relief staff and some agency staff used to cover some shifts. Residents were observed interacting with staff members throughout the day, enjoying friendly banter and it was clear that they had developed comfortable and trusting relationships with one another. However, the inspector noted that there were inconsistencies in the staffing arrangements particularly at weekends. While three residents had been assessed to spend time alone in the centre and to manage aspects of daily living independently, two residents were unable to leave the house without staff support. As there were no staff regularly rostered to work during the daytime at weekends, two residents were unable to leave the house or have the

choice to partake in activities in the community if they wished. Two residents confirmed that they had remained at home all day on Sunday, the day before the inspection. They advised that they did not mind being at home on their own.

Residents had access to information and communication resources in the centre. These included access to newspapers, televisions, Wi-Fi, and computers which supported residents stay informed and stay in contact with family, friends and the wider community. All residents had their own mobile telephones, some residents had recently set up their own email address.

All staff had completed training on promoting human rights in health and social care and in the role of communication in upholding human rights. There were good consultation practices in place. Regular opportunities were provided to residents to express their views. Weekly house and key worker meetings provided opportunities for residents to discuss their preferences, raise concerns and contribute to decisions about their care and the operation of the centre. It was noted in the records of a key working meeting that a resident had stated that they would like more opportunities to get out so as not to be bored when they were not at home with family on weekends.

From conversations with residents and staff, observations made while in the centre, and information reviewed during the inspection, it was evident that residents were consulted with and were listened to. However, some residents rights were impacted by the inconsistent staffing arrangements particularly at weekends when no staff were on duty during the day-time.

The next two sections of the report outline 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 residents lives.

Capacity and capability

The findings from this inspection indicated good compliance with some of the regulations reviewed and there was evidence of good practice in many areas. However, improvements and further oversight was required to staffing, staff training records and to some aspects of medication management.

There was a clear organisational structure in place to manage the service. The management arrangements within the centre were in line with the statement of purpose. The person in charge worked full-time and was also the person in charge for one other designated centre. They were supported in their role by a team leader and director of care. There were on-call management arrangements in place for out-of-hours.

On the day of inspection, the team leader was on duty and the inspector noted that the support needs of residents were met. Two residents were attending a day service programme and the remaining two residents went about their own routines and were appropriately supported by staff as required. However, the provider had not ensured that staffing arrangements were consistently maintained in line with the assessed needs of residents. A review of staffing rosters indicated that there were no staff on duty during the day-time at weekends. Improvements were also required to ensure that the full names of all staff were recorded and to ensure that the roster was accurate and reflective of staff on duty.

The inspector reviewed the staff training records and matrix. The records showed that the core team of staff had completed all the required mandatory training as well as additional training to support them in their roles and meet the specific support needs of some residents. However, there were no training records available for agency staff who worked in the centre. During the inspection, the person in charge obtained some training certificates from the agency, however, fire safety training had not been completed. This posed a risk to residents as those staff worked alone in the centre at night-time.

The provider had systems in place to monitor and review the quality and safety of care in the centre including six monthly and annual reviews of the service. The annual review for 2025 had been completed, however, it was not available in the centre. During the inspection, the person in charge obtained the annual review. The review included evidence of feedback from families and indicated satisfactory responses. The review had identified the changing and increasing support needs of some residents and how a business case for additional staffing had been submitted to the HSE (Health Service Executive). An OT (occupational therapy) review had also taken place to support the business case submitted to the HSE.

Regulation 15: Staffing

The provider had not ensured that staffing arrangements were consistently maintained in line with the assessed needs of residents. While residents had been assessed as having a level of independence within the centre, staffing levels at weekends were inconsistent, with no staff on duty during the day-time hours. This meant that two residents were unable to leave the house without staff support. As a result residents freedom and access to the community was restricted, negatively impacting upon their rights and autonomy. They were not afforded meaningful choice or opportunity to participate in activities outside of the house at weekends.

Improvements were also required to staff rosters. The inspector reviewed the rosters 2-8 March 2026 and 20-27 April 2026. The full name and role of each staff member was not consistently recorded. The hours worked by the person in charge were not accurately reflected in the roster.

Judgment: Not compliant

Regulation 16: Training and staff development

Improvements were required to staff training. While the records showed that the core team of staff had completed all the required mandatory training as well as additional training to support them in their roles, the person in charge could not demonstrate that all agency staff working in the centre had completed mandatory fire safety training. This posed a risk to residents as these staff worked alone in the centre at night-time.

Judgment: Substantially compliant

Regulation 23: Governance and management

Governance systems need to be strengthened to ensure that identified risks are effectively managed and that service deficits do not result in restrictions to residents rights and quality of life.

The governance and management arrangements had not ensured effective oversight of staffing arrangements in the centre. The absence of staff during the day at weekends had not been adequately addressed in a timely manner. While the provider had identified the need for additional staffing resources, this had not yet resulted in sufficient staffing to meet residents needs at weekends. The provider had submitted a business case to the HSE seeking additional funding for staffing resources, however, interim measures had not been implemented to ensure residents were adequately supported pending the outcome of this process.

Further oversight of systems was required to ensure and provide assurance that all agency staff had completed mandatory training in line with regulatory requirements. Gaps were noted in the providers oversight of agency staff where records did not demonstrate that all required training had been completed prior to staff commencing duties.

Improvements were required to strengthen oversight of medication management and to ensure that identified actions were implemented and sustained in practice. A medication audit completed in July 2025 identified issues with the recording of PRN (as required) medications, however, it was found that these actions had not been fully addressed.

Judgment: Substantially compliant

Quality and safety

The inspector found that the local management team and staff were committed to promoting the rights and independence of service users and ensured that they received an individualised safe service. However, the provider did not have adequate resources in place to ensure that all residents had opportunity, choice and freedom to access and engage in activities in the community at weekends. As discussed earlier in this report, the rights of two residents were impacted by the inconsistent staffing arrangements at weekends when no staff were on duty during the day-time. Residents spoken with confirmed that they were consulted with, had control over decisions regarding their care and support, their daily routines and could choose to partake in their preferred activities during the weekdays.

Staff were familiar with, and knowledgeable regarding residents' up-to-date health care needs. The inspector reviewed the files of three residents and noted that comprehensive assessments of the residents health, personal and social care needs had been recently updated. Support plans were in place for all identified issues. They were found to be comprehensive, informative, person centered and had been recently reviewed. Residents had access to general practitioners (GPs), out of hours GP service and a range of allied health services.

The centre was comfortable, visibly clean, spacious, furnished and decorated in a homely style. Recent refurbishments to the utility room, laundry and ground floor toilet area further enhanced infection, prevention and control. Residents that required assistive devices and equipment to enhance their mobility and quality of life had been assessed and appropriate equipment had been provided.

The person in charge had systems in place for the regular review of risk in the centre, however, as discussed under Regulation: 23, identified risk particularly in relation to staffing needed to be effectively managed. The management and staff team continued to promote a restraint free environment and there were no restrictive practices in use. Risk assessments had been completed to support some residents spend time alone in the centre and to self administer their own medications. The inspector noted that there was a low level of reported incidents. All residents had been involved in completing fire drills and fire drill records reviewed indicated that there had been no issues in evacuating the building in a timely manner. There were no safeguarding concerns at the time of inspection.

Regulation 11: Visits

Residents were supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was adequate space available to meet with visitors in private if they wished. Residents

were supported to regularly visit family members. Some residents told the inspector how they went home at weekends and some independently used public transport to visit family members at home.

Judgment: Compliant

Regulation 26: Risk management procedures

Improvements were required to the management of identified risk. The provider had identified a risk relating to inadequate staffing and had submitted a business case to the HSE seeking additional resources to addresses this. However, there was no interim plan in place to mitigate the identified risk pending the outcome of this process. Therefore, this risk which had a direct impact on residents quality of life was not being effectively managed in the short term.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While there were fire safety management systems in place, improvements were required to ensure that all staff had completed fire safety training. As discussed under Regulation 16: Training and staff development, the person in charge could not demonstrate that all agency staff working in the centre had completed mandatory fire safety training. This posed a risk to residents as these staff worked alone in the centre at night-time.

Daily and weekly fire safety checks were taking place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. Regular fire drills of both day and night-time scenarios were taking place involving all staff and residents. Fire drill records reviewed by the inspector provided assurances that residents could be evacuated in a timely manner. Residents spoken with confirmed that they had been involved in fire drills and were confident on knowing what to do in the event of fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans reviewed were found to be

individualised, clear and informative. There was evidence that risk assessments and support care plans were regularly reviewed and updated as required.

Personal plans had been developed in consultation with residents, family members and staff. Review meetings took place annually, at which residents' personal goals and support needs for the coming year were discussed and progress reviewed. The inspector noted that individual goals were clearly set out for 2025/2026. The inspector noted that some goals set out had already been achieved while others were plans in progress. For example, some residents had attended the Galway Races, attended shows as part of the local Arts Festival and had gone on an over night trip to Athlone, day trips to Sligo, Knock religious shrine, boat trip on the river Corrib and train trip to Dublin Zoo. Residents were also planning a two night holiday to Tipperary in June 2026.

Judgment: Compliant

Regulation 6: Health care

The local management and staff team continued to ensure that residents had access to the health care that they needed. Some residents preferred to made their own appointments with their GP and collect their medications from the pharmacy as required.

Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of three residents' files indicated that residents had been reviewed by the GP, physiotherapist, occupational therapist, speech and language therapist, podiatrist, ophthalmologist, audiologist and dentist. Residents had also been supported to avail of vaccination and national screening programmes. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident, in the event of they requiring hospital admission.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents accommodated were protected from abuse. All staff had completed training in relation to safeguarding. Safeguarding and associated topics were regularly discussed with residents at weekly house meetings and with staff at team meetings. There were no safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The provider did not have adequate resources in place to ensure that all residents had opportunity, choice and freedom to access and engage in activities in the community at weekends. Residents spoken with during the inspection demonstrated a clear awareness of their rights and confirmed that they were supported to make their own decisions. However, two residents were negatively impacted at weekends due to the absence of staff on duty during the day. While residents had been assessed to spend time alone in the centre and to manage aspects of daily living independently, two residents were unable to leave the house without staff support. As there were no staff regularly rostered to work during the daytime at weekends, two residents were unable to leave the house or have the choice to partake in activities in the community if they wished.

Judgment: Not 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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Homevale OSV-0002681

Inspection ID: MON-0046633

Date of inspection: 27/04/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing is now in place for Saturday daytime and Sunday daytime and the organisation will continue to engage with the HSE to ensure that the funding for same is provided. This has been in place since 02/05/2026 A new roster template has been devised which ensures that staff full names and job titles are displayed, this new roster template also ensures that the PICs hours are accurately reflected. This will be in place by the 25/05/2026	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Agency usage is now only from agencies who can provide all mandatory training certificates for their staff prior to the staff commencing a shift. All agency staffing usage will be approved by the PIC prior to booking. This is in place since the 07/05/2026	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider and the PIC will ensure that there are staff working in the service during daytime hours on Saturday and Sunday. Staffing has been in place since Saturday the 2nd of May. The Provider will continue to engage with the HSE to ensure that long term funding for these increased staffing levels is provided. Agency usage is now only from agencies who can provide all mandatory training	

certificates for their staff prior to the staff commencing a shift.
All agency staffing usage will be approved by the PIC prior to booking.
This is in place since the 07/05/2026

A medication audit will be completed by the PIC by the 29/05/2026. Changes will made to the weekly team leader audit and the monthly manager audit to address and monitor any medication management issues identified in the medication audit. This will be completed by the 29/05/2026.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Staffing is now in place for Saturday daytime and Sunday daytime. The staffing risk assessment will be updated to reflect these changes. This is in place since the 02/05/2026.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Agency usage is now only from agencies who can provide all mandatory training certificates for their staff prior to the staff commencing a shift.
All agency staffing usage will be approved by the PIC prior to booking.
This is in place since the 07/05/2026

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Staffing is now in place for Saturday daytime and Sunday daytime and the Provider will continue to engage with the HSE to ensure that long term funding for the same is provided. This increased staffing ensures that residents can engage in community based activities during the day on Saturday and Sunday should they choose to do so. Staffing in place since the 02/05/2026.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	02/05/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	07/05/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to	Substantially Compliant	Yellow	02/05/2026

	ensure the effective delivery of care and support in accordance with the statement of purpose.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	29/05/2026
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	02/05/2026
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire	Substantially Compliant	Yellow	07/05/2026

	fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	02/05/2026