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:	Community Living Area 4
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	30 June 2026
Centre ID:	OSV-0003749
Fieldwork ID:	MON-0046293

About the designated centre

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

Community Living Area 4 is a designated centre operated by Muiriosa Foundation. The centre can provide residential care for up to three male and female residents, who are over the age of 18 years with an intellectual disability. The centre comprises of one bungalow dwelling located in a rural setting in Co. Laois, where residents have their own bedroom, some en-suite facilities, bathroom, kitchen, conservatory, sitting room and large garden area for residents to use as they wish. Staff are on duty both day and night to support the residents who live here.

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
Tuesday 30 June 2026	08:45hrs to 15:15hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to assess the provider's compliance with the regulations. The inspection was facilitated by the person in charge, and the inspector also had the opportunity to meet all three residents, and with three staff members on duty. Overall, there were many positive findings to this inspection, where care and support was found to be provided to a high standard. Since the last inspection in July 2024, the provider made improvements to resident evacuation arrangements. However, this inspection found that there were significant other improvements needed to fire safety arrangements, with more minor attention needed to aspects of risk assessments, and to the premises, which will be discussed later on in this report.

The centre comprised of one bungalow house, located a few kilometres from a town in Co. Laois. Residents had their own bedroom, one of which was en-suite, there was a main bathroom, and had communal use of a kitchen and dining area, conservatory, sitting room, and utility. There also was a staff office and sleepover room, with a large well-maintained garden that was accessible to residents. Residents had decorated their bedrooms as they wished, with one resident telling the inspector they were thinking of changing up the colour of paint in their room. There was comfortable seating in communal areas, where residents often liked to sit and have a cup of tea, while talking with staff as they did jobs in the kitchen. In the sitting room, one resident in particular, had a recliner chair they frequently sat in while looking through leaflets and pamphlets. The house was spacious enough for residents to get around, and the layout gave them the option to spend time together in communal areas, and to also spend time away from the main areas of the house, if they so wished. Since the last inspection, the provider had upgraded all windows and external doors which had made a marked improvement to the centre, and also was ensuring that a good standard of cleaning was maintained. Although there were many pleasant and comfortable aspects to this house, there were some storage and maintenance related observations made by the inspector that required the attention of the provider to review.

Two out of these three residents had lived together for a number of years, and were recently joined by the third resident who moved in a few weeks prior to this inspection. They were all getting on well together, and the original two residents were informed and consulted about the new admission well in advance of transition, to ensure they were fully aware and comfortable with the new change in their living arrangement. These residents primarily required care and support in response to their assessed personal and intimate care needs, some required minor skin integrity management, others had health care needs relating to diabetes and epilepsy management, they all needed a certain level of staff support to get out and about, and some had an assessed falls risk that required on-going supervision. In more recent months, there had been a significant change to one resident's care and support arrangements, where they now required the assistance of a full hoist for all

transfers, and were now a full-time wheelchair user. This resident had recently required treatment in hospital, and staff were following a specific health care protocol since their return to the centre so as to support their recovery. The resident who recently transitioned was getting on well, staff were taking time to get to know them and their likes and dislikes, and were continuously being supported by staff to adjust to their new living arrangement. At the time of this inspection, there was no resident requiring behavioural support, and there were no safeguarding concerns.

Upon the inspector's arrival, there was a very calm atmosphere where they were greeted by a member of staff, and brought into the kitchen where two of the residents were relaxing after their breakfast. One of them remembered meeting the inspector on previous inspections, and told of how they had continued with their weight loss journey since they last met, were delighted with their results and had been shopping to get a new wardrobe following a significant weight loss that they were thrilled about. They also spoke of how they still were working one day a week in a local charity shop, and that they now attended a women's shed during the week, which provided them with a great social outlet. They spoke of how they had a busy day ahead, as they were finally at the stage of opening a bank account and were heading into town later to do this. They informed the inspector of the recent passing of their sibling, and of how they were later going to the grave to mark their first birthday since their passing. The other resident present was the most recent admission, and they were also finishing off a cuppa while on their ipad. They didnt engage very long with the inspector, but did greet her as staff informed them of who the inspector was, and why she was in their home. They had a walking aid that they used to get around the house, and staff reported that they were using this well when going from room to room. Both of these residents headed out together with staff later that morning, and were observed to have friendly banter between one another as they left the house. The third resident was resting on in bed, which was their normal routine. Since their recent discharge from hospital, they were taking a slower approach to their day, and staff were in and out to them very regularly to make sure they were okay. Later on when they were up, they sat in the sitting room on their ipad and looking through leaflets, which was similar to the activities they engaged in upon previous inspections. Staff said that the resident still loved to do this, and had a particular interest in looking at the leaflets about weekly offers in local supermarkets. Since the change in this residents' mobility status, wheelchair transport was secured for this centre. This was an interim arrangement, with the service expecting to have their own permanent wheelchair transport made available to them in the coming weeks. The staff on duty had worked with these residents for quite a period of time, and knew them and their assessed needs very well. Their interactions with these residents were observed by the inspector to be very respectful, warm, and attentive, and it was clear that these residents were very comfortable in their company, with plenty of friendly chat had between them all.

These residents liked to get out and about most days, and kept themselves busy going shopping, helping with groceries, they loved going for drives, visited family members, and some were involved in community groups and held part-time employment. They had meetings with staff each week, and used this to plan out the meals for the week ahead, and also voiced what activities they were interested in scheduling. At the time of this inspection, they were in the process of planning

holidays, and one was making progress on the final stages of their personal financial arrangements. The most recent admission had been made very welcome by staff and residents, was supported to purchase the final touches to dress their bedroom, and had also been provided with a key to their home. One resident who had experienced a recent bereavement, had been supported to attend bereavement counselling, along with receiving support with staff around this on a daily basis.

Due to the specific needs that these residents had, the provider recognised the importance of ensuring that this centre had a consistent staff team was in place. Following some recruitment, the service was operating at full staff capacity, and this was very much kept under regular review to ensure it was sustained. One resident mentioned this to the inspector, and said that they were enjoying getting to know more recently recruited staff, and that they had noticed that these staff were also becoming familiar with them. Staff who spoke with the inspector were found to be very knowledgeable of these residents' care and support needs, and as earlier stated, the care and time they gave to residents through their interactions with them, was very pleasant and well received by the residents.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

This was a well-resourced centre that ensured residents were receiving a safe and good quality of service. The person in charge and person participating in management were allocated with the responsibility for overseeing and running this centre, and had well-established governance and oversight systems available to them to enable them to do so.

The person in charge held a full-time administrative role, which meant they had the capacity to carry out their managerial functions. Along with meeting their staff team upon each visit to the house, they also held monthly staff team meetings, which provided staff with a platform to raise any concerns they had, along with allowing for general discussion and review of residents' care. They were in on-going contact with their line manager, and attended any management meetings scheduled. As this centre had not operated at maximum capacity for a number of years, the person in charge had put provisions in place to ensure the service adjusted to the recent increase in resident numbers, and had supported their staff team to make sure this transition was successful and smooth for both the residents and staff.

Staffing had improved greatly in recent months which was as a result of increased recruitment, which led to no staff vacancies at the time of this inspection. Day time staffing levels had recently increased to three staff, with a sleepover staff member in place at night. There were also good arrangements in place for staff training. The monitoring of the quality and safety of care was largely attributed to, the regular

presence of management at the centre, the centre's incident reporting system, and also through the various audits and six monthly provider-led visits. When improvements were identified as being needed, staff were made aware of this, and plans were put in place to have these addressed within a certain time frame.

Regulation 14: Persons in charge

The person in charge held a full-time role and visited the centre regularly each week to meet with their staff team and residents. They knew the assessed needs of the residents very well, and were also familiar with the operational needs of the service delivered to them. They did have responsibility for another designated centre operated by this provider, and current arrangements provided them with the capacity to fulfill their managerial duties.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that this centre's staffing arrangement was subject to on-going review to ensure a suitable number and skill-mix of staff were at all times on duty. In response to a recent admission, day time staffing levels were increased. Although rare in occurrence, when additional staffing resources were required, there were relief staff who were familiar with these residents, available to provide this cover. There was also a well-maintained staff roster in place, which clearly named all staff members, and their start and finish times worked.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was maintained under regular review, to ensure all staff had received training in areas such as, manual handling, safeguarding, infection prevention and control, medication management, and epilepsy. When refresher training was required, this was scheduled accordingly by the person in charge. Staff were also receiving regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that this centre was adequately resourced to meet the assessed needs of residents, and the operational needs of the service delivered to them. There were suitable persons appointed to manage and oversee the running of the centre, and they had an escalation pathway available to them, should they require the input from senior management around any issues. There were good internal communication structures in place, with regular staff meetings happening to allow for discussion around residents' care and support arrangements. The person in charge was also in frequent contact with their line manager, which also allowed for consistent review of operational matters.

Along with internal audits, the provider was also conducting their own six monthly provider visit of this service, with the most recent visit having occurred in 2026. This visit reviewed key aspects of this service, to include, health and safety, assessment and care planning, incident and risk management, staffing levels, and incorporated resident engagement. Where improvements were identified, there was a time bound put in place which the person in charge was in the process of working on.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system to ensure that all incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

Residents care and support needs were well-known to the staff team working in this centre. Very good practices were observed around social care, where residents preferences for how they wanted to spend their time was recognised and made possible by staff. Where changes to one resident's care and support status had occurred, staff were reactive to this, and adjusted routines so as to provide this resident with a routine that supported a slower pace of day, which they were responding well to. However, elements of fire safety did require the attention of the provider to address, along with aspects of risk and the premises.

Since the last inspection, the provider did put better arrangements in place for resident evacuation. Fire drills were occurring regularly, and since the most recent admission, a minimum staffing drill had been conducted which provided assurances that staff could support these residents to evacuate at night. The person in charge did recognise the requirement to complete a day-time staffing drill, to include the participation of the new resident, and was planning on doing so shortly after this inspection. While fire safety was subject to discussion quite alot in this centre, there were a number of areas that required the provider to review. For instance, the inspector noticed a number of fire doors not closing properly, one of which was the main fire door to contain fire from the kitchen and utility, from breaking out onto the main hallway. While the person in charge took action to immediately rectify, regular fire safety checks had failed to detect this significant fire containment issue that was impacting a number of fire doors. In addition, there were other areas of concern relating to an outside side gate that was impeding timely access to an escape route, emergency lighting needed review, and some documentation supporting fire evacuation arrangements needed better clarification.

While the house was well-maintained, there were some areas pertaining to the main bathroom that required the attention of the provider. In addition, the ease of use of portable ramps required review, along with some attention being needed to joinery work. Assessment and care planning was held to a high standard, with some residents' health care needs in the process of further review at the time of this inspection. Residents' identified risks were well-known and many of the risk assessments reviewed by the inspector in relation to these were very informative, and accurately reflected the current level of risk that staff were responding to. There were some that required better hazard identification, and the person in charge took note to review this following the inspection. There was a good incident reporting culture in this centre, and any incident that had occurred was responded to. As part of their role, the person in charge kept organisational risks under very regular review, to include, staffing, transition planning and oversight, medication management, fire safety, falls management, and manual handling. However, some revision of the risk register was required to ensure this system fully supported them in their on-going re-assessment and monitoring of these centre specific risks.

Regulation 13: General welfare and development

The provider had ensured that residents had regular opportunities for recreation, and that there was adequate staffing and transport arrangements in place to allow for this. Residents often went shopping, went for drives, had visits from family, and liked to plan their outings as part of their weekly meetings with staff. One resident held part-time employment, and was part of a women's shed, and was supported and encouraged to maintain these outlets. Residents were also supported to maintain strong links with family and friends.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of one bungalow house, that provided residents with a comfortable living environment. Where maintenance and repair works were required, the provider did have a system in place for this to be reported and addressed. However, during a walk-around of the centre, the inspector did observe some areas that required improvement:

- Storage arrangements within the main bathroom area required review, to ensure sufficient storage for all personal care items and equipment.

- Review of floor bathroom mats was required to ensure these do not pose either a falls or infection control risk within this area of the home

- Some rust build up was noted to the radiator in the main bathroom that required attention

- Hand towel arrangement in the main bathroom required review

- Shower door in the main bathroom was not closing properly and required attention

- Multiple gaps in joinery were noted throughout the house

- Following the replacement of some external doors, this resulted in some doors no longer being level with the exit path. The provision of portable ramps were made to mitigate against this; however, the ramp provided for one door required review as it was not easy for staff to use, and prevented the door from closing hindering access for those who were wheelchair users to easily get to the front of the centre from that side of the house.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Although there was a good response to risk when it was identified, there were some aspects of this process that required the attention of the provider:

- Should bed evacuation be required in this centre at night, this was being completed by one staff member. This bed was observed to be of substantial weight, and required pivoting so as to angle to allow exit from the rear of the centre to the fire assembly point. However, there was no manual handling risk assessment in place to support this manoeuvre by one staff member.

- The risk register for the centre required review to ensure it fully supported the person in charge in their ongoing oversight of specific risks relating to operations of this centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Although resident evacuation had improved since the last inspection, there were a number of improvements required in relation to other aspects of fire safety, to include:

- During a walk-around of the centre, a number of fire doors were found not to be closing properly. Although this was rectified before close of the inspection, fire safety checks had failed to identify this issue which required the attention of the provider to review.

- External emergency lighting arrangements required review, particularly to side exits routes

- Should a fire occur at night, one staff member was on duty to support residents to evacuate, to include, one bed evacuation. To the side of the house that this bed evacuation would be occurring from, a large gate was in place that lone staff members needed to open so as to gain access to the front fire assembly point. However, this side gate required significant review, as the bolt was considerably difficult to open, and the gate itself was also very difficult to manoeuvre. A member of staff and the inspector together failed to open and operate this gate upon this inspection. Although this was a well-known difficultly with this side gate, it had not been reported for maintenance, and was also not recorded as potentially hindering exit time as part of fire drills that had been completed.

- Both the fire procedure and residents' evacuation plans required updating so as to provide clearer guidance within these documents

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were assessed on a regular basis, and their identified needs were well-known to the staff who supported them. When any changes to their care and support arrangements occurred, this was quickly communicated to all staff. The person in charge maintained regular oversight of residents' assessments and care

plans, and residents were also supported to identify personal goals that they wanted to work towards.

Judgment: Compliant

Regulation 6: Health care

Where residents had identified health care needs, the provider was ensuring that they were getting the care and support that they required, particularly around diabetes, epilepsy, and skin integrity management. Residents had good access to allied health care professionals, and there was sufficient staff on duty to bring residents to medical appointments. There were care plans in place around residents' health care needs, with care plans and risk assessments relating to diabetes and epilepsy management in the process of further review at the time of this inspection. Furthermore, following a change to one resident's skin integrity since their recent discharge from hospital, the person in charge was in the early stages of having their pressure area care fully re-assessed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Although there was no resident requiring behavioural support in this centre, the provider did have arrangements in place, should this change. Where restrictive practices were in use, these were in response to residents' safety needs, and were subject to on-going multi-disciplinary review. Staff were aware of how to implement these in accordance with these reviews, to ensure the least restrictive practice was only ever used.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to ensure staff were supported to recognise, report, respond to, and monitor any concern relating to the safety and welfare of these residents. All staff had received up-to-date training in safeguarding, and this was a topic of discussion often had at both resident and staff meetings. At the time of this inspection, there were no active safeguarding concerns in this centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Living Area 4 OSV-0003749

Inspection ID: MON-0046293

Date of inspection: 30/06/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Person in Charge has reviewed the premises and developed an action plan to address all identified environmental and maintenance issues. Additional storage solutions will been installed within the main bathroom to ensure sufficient and appropriate storage of personal care items and equipment. Bathroom floor mats have been reviewed and removed. The rust identified on the bathroom radiator has been treated and repaired. Hand towel arrangements have been revised to ensure suitability and hygiene standards are maintained. The shower door has been repaired to ensure it closes correctly – Awaiting new bathroom unit all other tasks have been completed. A review of joinery throughout the house has been completed and remedial works will be undertaken to address identified gaps. The accessibility of exit routes has also been reviewed. An alternative ramp solution will been sourced to ensure safe and independent access for residents who use wheelchairs while allowing the external door to close fully when not in use. The Person in Charge will monitor completion of all works through the center maintenance system and ongoing governance arrangements.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Person in Charge will ensure that all identified risks are assessed, reviewed and managed appropriately. A manual handling risk assessment will be completed in	

consultation with relevant professionals regarding emergency bed evacuation arrangements during night-time hours. Any recommendations arising from this assessment will be implemented and communicated to staff. - Completed
The center risk register will be comprehensively reviewed and updated to ensure all operational and resident-related risks are clearly identified, assessed, monitored and assigned appropriate control measures. The Person in Charge will review the risk register on a regular basis and following any significant incident, environmental change or change in resident needs. - Completed
Staff will be made aware of any revised risk assessments and associated control measures through team meetings, supervision and communication systems. - Completed

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Person in Charge has undertaken a comprehensive review of fire safety arrangements within the designated center.
All fire doors have been inspected and adjusted to ensure they close correctly and provide effective fire containment. Enhanced fire safety checking arrangements have been introduced to ensure defects are identified promptly and escalated through the maintenance system - Completed
External emergency lighting arrangements, particularly alongside exit routes, will be reviewed by a competent contractor and any required remedial works completed to ensure adequate illumination of escape routes. - Completed
The side access gate forming part of the evacuation route has been repaired to ensure it can be opened quickly and safely during a fire evacuation. Following completion of works, evacuation drills will be repeated to confirm that residents and staff can safely evacuate within an appropriate timeframe. Learning from drills will be documented and actioned where required - Completed
The center fire procedure and all individual evacuation plans have been reviewed and updated to provide clear guidance for staff, including arrangements for day-time and night-time evacuation. Staff will be briefed on all revisions, and additional evacuation drills will be conducted, including drills that reflect the current resident profile and support needs. - Completed
The Person in Charge will oversee implementation of these actions and monitor compliance through routine fire safety audits and governance reviews.

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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/09/2026
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	07/08/2026
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment,	Not Compliant	Orange	07/08/2026

	means of escape, building fabric and building services.			
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	07/08/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	07/08/2026
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	07/08/2026