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:	Bright Avenues
Name of provider:	GALRO Unlimited Company
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	01 July 2026
Centre ID:	OSV-0005308
Fieldwork ID:	MON-0046773

About the designated centre

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

Bright Avenues is a designated centre operated by G.A.L.R.O Unlimited Company. This centre can provide residential care for up to three residents, who are over the age of 18 years, with an intellectual disability. The centre comprises of a two storey detached house within a town in County Laois, where each resident has their own bedroom and shared use of communal areas. Staff are on duty both day and night to support the residents who live in this centre.

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
Wednesday 1 July 2026	09:00hrs to 14:20hrs	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 person in charge, the residential service manager, and a member of staff from the compliance team were all present on the day of the inspection. The inspector had the opportunity to meet with one of the residents, and staff that were on duty. The last inspection in August 2024 of this centre identified that an external building to the main premises, had not been included by the provider as part of the overall footprint of the designated centre. Subsequent to that inspection, an application to vary was submitted by the provider to include this additional building. Overall, there were many positive aspects to this inspection, with the provider found to be in compliance with many of the regulations inspected against. However, an immediate action was issued in relation to fire safety, with more minor improvements found to be needed to aspects of medication and risk management. This will all be discussed in more detail later on in this report.

The centre comprised of one two-storey house located within a town in Co. Laois, situated close to shops, cafes, restaurants, and other local amenities. The service caters for up to three residents, with no vacancy at the time of this inspection. Each resident had their own bedroom, shared bathrooms, and communal use of a sitting room, kitchen, and dining area. There was also an additional sitting room that was primarily used by one resident who liked to spend alot of recreational time on their own. In this room they had comfortable seating, a television, and a swing chair. There was a well-maintained garden available to residents also, which contained a separate building that comprised of a storage room and another resident living area that was set up with couches, chairs, soft lighting, and a television. Due to the behavioural support needs of these residents who sometimes engaged in property damage, some rooms were minimally decorated, but yet continued to provide residents with a very comfortably furnished living environment. Following an incident that happened a few days before this inspection, some repair works were happening to the main door leading out from the dining area into the main hallway. As well as this, some upgrade works were underway to the stairs and landing. Local management also informed that a new kitchen had been ordered, and they were awaiting the date as to when this would be ready for installation. The person in charge also was in the process of preparing a minor works list for the house, to include, light decoration, cleaning regimes, and replacement and repair works, so as to inform a maintenance schedule for the centre over the coming months.

The three residents living in this centre had lived together for a number of years, and got on well as a peer group. These were the same three residents that the inspector met with on previous inspections, and they continued to need care and support in response to their assessed personal care needs, one required epilepsy management, another needed slight assistance at mealtimes, and two were non-verbal and required assistance to communicate their needs. The primary assessed need that all three had was in relation to behavioural support, displaying varying

levels of physical aggression, self-injurious behaviours, property damage, and some required safety interventions when travelling on transport. In response to this, there was significant emphasis placed on the regularity and overall effectiveness of behavioural support arrangements in this service, which had many positive outcomes for these residents. It led to consistent continuity of care through staffing, timely review of all behavioural incidents, and regular review and focus on proactive strategies, which had resulted in a decline over time in the severity of incidents that were previously encountered. All residents were presenting well at the time of this inspection, and were getting on with their daily routines.

Upon the inspector's arrival, they were greeted and welcomed by members of staff. One resident had already left for the day, with one being supported with their personal care, while the third was in the sitting room watching television before they had their breakfast. There was a pleasant and calm air in the centre, where staff were getting on with morning routines. One staff member brought the inspector in to meet the resident who was watching television, whom the inspector had met with on previous occasions. They were very content sitting and watching their chosen programme on television and due to their communication needs, they didn't engage with the inspector. Staff told the inspector that the resident was getting on very well, and had been out the day previous to the hairdresser to have a hair cut. After breakfast, they were planning to head out with staff to visit their grandmother, which was a visit that this resident often responded well to. Shortly after, the person in charge arrived and updated the inspector on the service since the last inspection. There had been no major changes in residents' assessed care and support needs, staffing levels had been sustained which had many positive outcomes for the residents and the service itself, and there were some long term plans in development to include transition for one of these residents to another centre.

Similar to the last inspection, residents continued to live active lifestyles, and liked to get out and about often. Two residents attended an education programme where various classes were available to them, with one having graduated a few weeks ago. Some went to meditation and massage twice a week, one often had overnight stays with family, while others had scheduled day-time visits with family members. Along with this, another was heavily involved in Special Olympics, took part in athletics, had multiple social nights out, loved to go to the pub to play pool and have a take-away on the way home, went bowling and swimming, played guitar, and often had day trips planned with staff. As a peer group, they got on very well together, with no negative interactions occurring between them. Due to their behavioural needs, staff and local management were well aware of the importance of sustaining this through strict adherence to supervision arrangements.

Since the last inspection, a residential manager was appointed to the service, who supported the managerial and oversight functions of the person in charge. Together, they both maintained staffing levels under very regular review, as both had a shared understanding of how important it was that continuity of care was sustained for these residents. Alot of staff working in this centre had supported these residents for a long time, and were very familiar with their care and support needs. There was

active senior management involvement in this centre, who were fully briefed regularly on the status of each resident, and about any issues arising in the service.

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-run and well-managed service that ensured residents were receiving a safe and good quality of service. Issues relating to governance and management from the last inspection were since rectified, and the provider had also sustained good practices in relation to staffing, training, and oversight and monitoring arrangements.

The person in charge held the overall responsibility for this service, and effective supports were in place to enable them to manage the centre. They made sure regular communication systems were maintained, by conducting regular staff team meetings, linked in regularly with the residential service manager, and also kept their own line manager up-to-date on what was going on in the centre. Staffing levels were stable, with minimal requirement for relief staff. From time to time, certain residents' activities did require additional staff to be rostered for duty, and this was at all times catered for.

There were clear arrangements in place to make sure that the care and support provided in this centre was subject to regular monitoring. Since the last inspection, the provider reviewed how they were carrying out their six monthly provider visits, with the report from the most recent visit demonstrating the positive impact this revised methodology had on identifying specific improvements. For example, ahead of this visit, consultation between the provider and the person in charge now occurs, which allows for specific lines of enquiry to be identified for the visit, derived from incidents that happened, changes in residents' needs, previous areas of non-compliance, and any related risk management matters. This resulted in a much more focused visit and development of better action plans, allowing for a better monitored and more responsive service.

Regulation 14: Persons in charge

The person in charge held a full-time administrative role and regularly visited the centre each week to meet with their staff team and residents. They knew the assessed needs of the residents very well, and were also very 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 staffing arrangement for this centre was subject to regular review, ensuring a suitable number and skill-mix of staff were at all times on duty to meet the assessed needs of these residents. When additional staffing resources were required from time to time, the provider did have suitable arrangements in place for this, that assured continuity of care for residents. There was a clear staff roster in place, which named each staff member in full, and their start and finish times worked.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge maintained regular oversight of staff training, ensuring all staff had received mandatory training, and any other training required so that they had the skills and knowledge to care for the specific needs of these residents. When refresher training was required, this was scheduled accordingly. 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 the residents. They had appointed suitable persons to oversee the management and running of the service, to include, the recent appointment of a residential service manager, who was based full time at the centre. Staff team meetings were often occurring, which gave local management and staff the opportunity to formally review and discuss resident care and support arrangements, along with any other business. The person in charge kept in regular contact with the residential service manager in between their visits to the centre, and were also in very frequent contact with their own line manager around operational matters.

The monitoring of the quality and safety of care was largely done through various internal audits, six monthly provider-led visits, and there was also a good

managerial presence which meant that on-going oversight of care delivery was happening. The last six monthly was done in March 2026, and prior to this, the provider revised the manner in which this was to be conducted. The report from this visit was reviewed by the inspector, and was found to concentrate more on areas of care that were relevant to what residents were receiving at the time it was carried out. This resulted in the provider being able to identify specific improvements that were needed to these particular areas, and put an action plan in place to address these.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

In this centre, there was a large focus on the quality and safety of residents' behavioural support needs, and also around the quality of social care that they received. These areas of service were subject to on-going monitoring, with feedback and input often sought from staff and residents, around any changes they felt would enhance these aspects of care. While this service performed very strong in these areas, elements of fire safety did require attention. In addition, areas relating to medication and risk management required more minor review.

Fire drills were often occurring, and records demonstrated that staff could support these residents to get out quickly and safely, with residents themselves having a certain level of understanding of the evacuation procedure. The fire procedure and evacuation plans had all been revised since the last inspection, and were more informative around the specifics of how staff were to respond, should the fire alarm sound. However, significant improvements were identified in relation to some fire doors and in how they were routinely checked. Some review of emergency lighting was also required, along with attention needed to some exit routes.

In general, there were good practices in relation to medication management. Prescription and administration records were legible and well-maintained, and protocols were in place for all as-required medicines. However, despite weekly

checking systems, errors were noted to the arrangements supporting blister packed medicines, which required review.

While much of these residents' assessed needs were in relation to behavioural support, there were some that had an assessed health care need. These were well-documented and known to staff, with very good involvement from various allied health care professionals, as and when needed. Staff supervision arrangements were stringently followed in this centre, which resulted in no negative peer to peer incidents, and also led to timely response when residents engaged in behavioural related incidents. Risk management was reviewed and spoken about alot with staff, and there was a clear understanding between them in relation to their roles and responsibilities for ensuring these residents were maintained safe from harm.

Regulation 13: General welfare and development

The provider had suitable arrangements in place to ensure these residents were able to get out and about to enjoy the activities that they liked doing, and that they responded well too. Adequate staffing and transport arrangements very much supported this, and this was maintained under constant review to ensure it was sustained. Residents were supported to go shopping, they liked swimming and bowling, one was very actively involved in Special Olympics, and had social nights out. They quite often went on day trips with staff, and all had regular visits with family. Residents with assessed sensory needs were provided with an environment that they responded well to, and had certain routines in place around watching television and listening to music that staff made sure was adhere to. Others preferred to spend alot of recreational time on their own, with a sitting room designated to them for this purpose.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of one house, which was designed and laid out in a manner so as to meet the assessed needs of these residents. When maintenance and repair works were required, there was a system in place for this to be reported and addressed. At the time of this inspection, new flooring was being laid in the hallway and landing, with the office floor having been done a while before. A new kitchen had also been ordered for the centre and local management were awaiting a date as to when this would be installed. The person in charge did recognise that further minor upkeep works were required to other areas of the house, and were preparing a list for maintenance staff to review and complete over the coming months.

Judgment: Compliant

Regulation 26: Risk management procedures

Due to the assessed needs of these residents, the majority of incidents occurring were in relation to behavioural management. These were routinely reviewed by local management, and trended to inform any new measures that might be required. Residents' individual risks were well-known by all staff, and there were clear measures in place that were routinely implemented so as to ensure no resident came to harm. While there were multiple risk assessments available in this centre, some of these did require review so as to provide clearer hazard identification, and revision of any duplication of risk assessment. The organisational risks associated with running and managing this service were well-known to local management, and primarily related to staffing, behavioural management, medication management, fire safety, and maintenance management. Although there was a risk register in place, it also did require review to ensure it better reflected and supported the on-going efforts of local management in overseeing and monitoring for these centre specific risks.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Although the provider had fire safety precautions in place, there were a number of areas that required attention:

- During a walk-around of the service, a number of fire doors on the ground floor were not closing properly. One of these was as a result of recent property damage, which the provider was aware about. However, issues with the other fire doors had not been identified. An immediate action was issued for the provider to address this, and was resolved by close of the inspection. However, despite regular checks of these fire doors being carried out by staff, these failed to detect this issue, requiring the attention of the provider to address.

- Review of external emergency lighting arrangements is required, particularly to side exit routes

- Better arrangements are required to ensure side pathways leading out to the fire assembly point area are kept clear and debris free

- Lock to side gate required maintenance, as current lock was very difficult to open to give access to the front assembly point

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

While there were some good practices around medication management, there were some areas that required review:

- During a routine check of blister packed medicines against prescription records by the person in charge and inspector, not all medicines could be clearly identified using the identifiable information available provided. The person in charge was able to provide assurances upon this inspection that the correct medicines were dispensed in accordance with prescription records. However, due to different medicine brands often being dispensed, medication identifiable information had not been expanded to include the variance in shape, trade markings, and colour of medicines that may be dispensed in blister packs. This required the attention of the provider, to ensure a better and more accurate system to identify all blister packed medicines was put in place.

- A review of how the provider was monitoring medication management was also required. For instance, this centre received a delivery of all blister packed medicines once a week, with each delivery requiring a full check to make sure all medicines were dispensed as prescribed. However, this check had been ineffective in identifying the aforementioned issue, and was also not detected through routine administrations that took place there after.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had a system in place that ensured residents' needs were regularly re-assessed for, that staff were made aware of any changes to their care and support arrangements, and that personal plans were developed and revised, as and when required. This was maintained under regular review by the person in charge to ensure a good standard of assessment and personal planning was sustained.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that suitable arrangements were in place for them, particularly those with a diagnosis of

epilepsy, and those requiring incontinence care. All residents had good access to allied health care professionals, as and when required, and staff were always available to bring residents to medical appointments. Residents' health care needs were well-known to staff, with some care plans in the process of updating at the time of this inspection. All residents were presenting well, requiring minimal health care intervention.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behavioural support was the fundamental aspect of care that all three residents required. There were very effective and clear arrangements in place surrounding this, with each of their assessed needs providing clear guidance as to what aspect of behavioural support they required on a day-to-day basis. Behavioural related incidents were well-recorded and subject to local management and behavioural support review. There was very good engagement between this service and the behaviour support specialist, who regularly reviewed recommended reactive and proactive strategies. Since the last inspection, alot of work was put into improving behaviour support plans, which were found to now provide very clear information around the specific behaviours each resident engaged in, how to respond to these, and also provided very clear guidance around the response to escalating behavioural incidents. The use of restrictive practices was required in this centre, some of which pertained to the use of chemical restraint. These were subject to on-going review, and staff were clear on how to use these so as to assure that the least restrictive practice was at all times used. While there were protocols around the use of these, minor review was required, which the person in charge was making provisions for, by close of the inspection.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that all staff knew how 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 it was a topic of discussion had at each staff team meeting. There was an appointed designated safeguarding officer for this centre, and at the time of this inspection, there were no active safeguarding plans required in this service.

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	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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 Bright Avenues OSV-0005308

Inspection ID: MON-0046773

Date of inspection: 01/07/2026

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All existing risk assessments have been reviewed in collaboration with the Positive Behaviour Support (PBS) Team to ensure hazards are clearly identified and accurately documented. Management has reviewed all risk assessments to identify and remove duplication, ensuring that each assessment is relevant, current and reflects the specific risks identified within the designated centre. Management, in collaboration with the PBS Team, has also reviewed the Centre Risk Register to ensure it accurately reflects the centre specific risks and the ongoing measures implemented to monitor, mitigate and oversee those risks. The Risk Register has been updated to ensure it remains current, comprehensive and supports effective risk management, governance and oversight within the designated centre.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: We have incorporated a Fire Door Inspection Checklist into the centre's daily safety checks. Each morning, the staff member(s) on duty will inspect every fire door throughout the designated centre to ensure each door opens, closes and latches correctly, and that there are no visible signs of damage, obstruction or defects. Any faults or concerns identified during these checks will be reported immediately to the Centre Management or Person Participating in Management (PPIM). The maintenance team will be notified without delay to ensure all repairs are completed promptly. The completed Fire Door Inspection Checklist will be signed by the staff member completing	

the inspection and retained with the centre's daily records for management oversight and audit.

Additional external emergency lighting has been ordered for the rear and side exit routes to enhance visibility and support the safe evacuation of residents, staff and visitors during an emergency.

The maintenance team has power washed and cleared the side pathway to ensure the emergency escape route remains free from debris and obstructions. Ongoing maintenance arrangements have been put in place to ensure this area is routinely monitored and maintained.

The side gate lock has been repaired to ensure it can be opened easily and safely during an emergency evacuation, providing unobstructed access to the designated assembly point.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Staff will collect all prescribed medications from the pharmacy each Thursday. On return to the designated centre, staff will verify that all prescribed medications have been received and record receipt of the medication in the Medication Book.

The Residential Manager (or Person in Charge) and one member of staff will jointly complete a comprehensive verification of each blister pack against the current prescription records and the medication identification templates held within the centre. The verification process will include confirmation of the medication name, strength, colour, shape, trade markings and any other distinguishing characteristics to ensure each medication can be positively identified.

Where any discrepancies or uncertainty are identified, including differences in the appearance of medications, staff will immediately contact the supplying pharmacy for clarification. No medication will be administered until the discrepancy has been resolved.

Where the pharmacy supplies a generic equivalent in place of a branded medication, the pharmacist will confirm the substitution and update/sign the medication verification documentation to confirm that the generic medication is the prescribed equivalent. The medication identification template will also be updated where required to reflect any changes in appearance.

The completed medication verification checklist will be retained with the weekly medication records and will be subject to routine management audit to ensure ongoing compliance with the centre's medication management procedures.

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 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	31/07/2026
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	01/07/2026
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	14/08/2026
Regulation 28(3)(a)	The registered provider shall	Not Compliant	Orange	01/07/2026

	make adequate arrangements for detecting, containing and extinguishing fires.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	02/07/2026