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:	Liffey 4
Name of provider:	St John of God Community Services CLG
Address of centre:	Dublin 24
Type of inspection:	Unannounced
Date of inspection:	22 July 2026
Centre ID:	OSV-0005781
Fieldwork ID:	MON-0050847

About the designated centre

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

Liffey 4 is a designated centre operated by St. John of God Community Services Company Limited by Guarantee. The designated centre is comprised of two detached community houses based in West Dublin. The service provides residential care and support for up to seven residents with intellectual disabilities. Support is based on identified needs and abilities through relevant assessments. The aim of Liffey 4 is to support residents to live as independently as possible and to enable them to plan for and achieve their goals they set in their lives. Each resident has their own bedroom in each residential unit that makes up the centre. Residents are supported by a staff team of social care workers and a social care leader who reports to the person in charge of the centre. Residents in Liffey 4 are supported to avail of meaningful day services. The day service the individual attends depends on the individuals' needs and preferences. The residents are supported to access the community and access work and education opportunities through these day services. Where a resident has chosen not to attend a day service, they are supported to avail of a meaningful day from their home through activities in the community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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 22 July 2026	09:45hrs to 16:30hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings from an unannounced risk-based inspection completed in this designated centre. The inspection was carried out to monitor the provider's compliance with the regulations. The inspection demonstrated high levels of compliance with the regulations, however, improvements were required in relation to Regulation 28: Fire Precautions.

The inspection found that the person in charge and staff team where promoting a person centre service while supporting residents to overcome barriers to accessibility and promoting independence while providing supports in line with residents wishes.

The designated centre comprised of two houses which are located close to Dublin City. House one has capacity to accommodate four residents and house two has the capacity for three residents. At the time of the inspection there was no vacancies in the centre.

The inspector used observations, in addition to a review of documentation, and conversations with staff and residents to form judgements on the residents' quality of life. At the time of this inspection the person in charge was on planned leave. The inspection was supported by the staff team which included two permanent staff and one regular agency staff.

During the course of the inspection, the inspector had the opportunity to meet with six residents, the inspector did not have the opportunity to meet with one resident who was attending work and had evening plans.

The inspector commenced the inspection in house one of the centre, the premises was found to be bright and spacious. Residents had access to a large garden which surrounded the house. Each resident's bedroom had been decorated with personal items, portraits and photographs of milestone achievements. The sitting room was decorated with pictures of past parties and residents graduation achievements.

As there was no residents present in house one, the inspector visited house two in the centre and had the opportunity to meet with two residents and completed a walk-through of the premises with support staff. This house was also found to be comfortable and accessible to residents needs.

One resident told the inspector that they like living in the local area. They discussed how they liked to get their jobs done with staff during the day. Staff discussed that the resident had retired from day service. The resident discussed that they liked to go out for lunch or to the cinema. They told the inspector that they loved music and liked to listen to their player and go to local shows. The resident discussed that they

had a stair lift fitted into their home which has been a great help and stopped them from worrying about using the stairs.

The inspector met with one resident on their return from work. The resident told the inspector that they worked three days a week and had a very busy social life. They regularly met with family and friends and kept in contact with loved ones by calling daily on the phone or meeting for a meal.

The resident had recently attended a rugby reunion for their former team in Limerick. They had gone to the tournament and incorporated a visit to a family member on their return. The resident discussed that their family was very important to them and that they visited each other regularly.

In the afternoon, the inspector returned to house one to meet with four residents who had come home from activities such as working in a charity shop and local day service.

One resident told the inspector that they felt very happy and safe in their home. They told the inspector that they had lived with two of the residents for a long time and that one resident moved in last year. The resident said this has gone really well and they liked to do things together as a home but also did a number of things separately.

The resident told the inspector that the staff were very helpful. They discussed that at times there might be an agency staff that had to work in the house. They noted that the agency staff was generally someone that they knew and that they did not worry about having to meet new staff. The resident discussed that if an agency staff or unfamiliar staff worked in the centre, the person in charge would look for feedback from the residents before looking for them to support residents for another day.

The inspector observed another resident relaxing in the living room on return to their home. The resident was watching an afternoon television show. The inspector sat with the resident smiled while peer members chatted and shook the inspectors hand on occasion.

The inspector spoke to another resident, who said that they liked their home and their local day service. The resident discussed that their previous service had closed a few years ago and that they liked the staff in the new day service.

One resident discussed their love for football, they discussed that football was a big connection with their family. The resident told the inspector that when they visited home they would watch football on the television or they would go to the local football club to watch a game or training.

Throughout the course of the inspection, the inspector observed warm and friendly interactions between residents and staff. The inspector observed the staff team responding to requests made by residents throughout the day or assisting residents to complete tasks through verbal support. For example, one resident had put the wrong pass code into their mobile phone. The resident discussed that this had

happened before and that they were trying to complete the steps as previously instructed. The inspector observed support staff available to support the resident as required.

From review of documentation and discussion with residents it was clear that each resident was availing of meaningful and choice driven activities. Residents were attending day services, with positive feedback of the service provided, three residents worked in local hotels and charity shops. Residents also discussed that at times when they wanted to just relax at home this was also facilitated by the staff team.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Overall, the inspection found that the person in charge and staff team were providing a person centred service to residents which promoted each residents independence both in their home and local community.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who were knowledgeable about the support needs of the residents living in the centre. The person in charge worked full-time and was supported in their role by a programme manager.

The inspector found that the person in charge had clear systems and reviews in place in order to promote a safe and quality service. On the day of the inspection, the person in charge was on planned leave. The inspector found that the systems in place as set out by the person in charge lead to easy access of documentation and guidelines for the support of each resident in the centre.

Six-monthly unannounced visits of the centre were taking place to review the quality and safety of care and support provided to residents. The reviews included an action plan to address any concerns regarding the standard of care and support provided.

Regulation 23: Governance and management

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

The inspector found that team meetings were occurring regularly in the designated centre and were chaired by the person in charge. Team meetings reviewed from January to June 2026, demonstrated an overview of the centre including residents supports, risk register, incident and accident trending, infection prevention and control (IPC) measures, changing needs and staff supports.

The person in charge had a suite of local levels audits in place in the designated centre. The inspector found from review of audits and team meetings that findings were actioned and discussed with staff. The results of audits were highlighted as a way to improve the services provided to residents with a culture of information sharing and education from the person in charge and the staff team.

Staff spoken with during the course of the inspection, discussed that the person in charge was present in the centre and provided strong support to residents and staff. This was further discussed by residents, who noted that if they had a concern in relation to any aspect of their care they would talk to the person in charge.

The provider was completing six-monthly unannounced reviews of the quality of care and support in the centre. The inspector reviewed the last three audits completed in February and August 2025 and February 2026. The inspector found that each audit had incorporated action plans for the centre which for the most part had been completed by the person in charge. Issues in relation to fire precautions remained outstanding on the day of the inspection, these will be discussed further under Regulation 28: fire precautions.

An annual review of the quality and safety of care had been completed for 2025, which consulted with residents, their families/representatives, and staff. The inspector found that the person in charge and staff team had identified feedback from families which included that their loved one would benefit from spending more time in their local community.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had prepared a written policy on the referral, admissions, transition and discharge of residents. The inspector was provided with evidence of how the provider had followed pre-admission procedures to be assured that the centre was suitable for meeting the assessed needs of all residents.

The inspector reviewed the file of one resident who had been admitted to the centre in June 2025. The inspector found that the resident had an up to date assessment in place which was evolving in line with their transition to the centre. The resident had an identified key worker in place who was supporting them to settle into their new home and community. Supports were in place to assist the individual in relation to what to do in the event of a fire and the procedures in place.

The inspector had the opportunity to meet with the resident during the course of the inspection. They discussed that at the beginning it was a big change to come and live in their new home. However, they had found a balance of going home to visit their family and finding their independence in the centre. The resident discussed that they liked who they lived with and that they were very happy. They discussed how they continued to go home and go to football with their family.

The inspector reviewed five contracts of care for residents in the designated centre and found that they were signed by residents or their representatives.

The contracts of care were written in plain language, and their terms and conditions were clear and transparent. The residents' rights with respect to visitors were clearly set out in the contracts, as were the fees and additional charges or contributions that residents made to the running of the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Office of the Chief Inspector (Chief Inspector) under the regulations were reviewed during this inspection.

Such notifications are important in order to provide information about the running of a designated centre and matters which could impact residents. All notifications had been submitted as required by the person in charge.

The inspector found that the person in charge and senior management were trending accidents and incidents occurring in the centre in order to identify if a notification was required or if additional supports were required for any resident in the designate centre.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for residents who live in the designated centre. Overall, the inspection found that the residents' rights and choices were at the forefront of service provision in the designated centre. However, improvements were required under Regulation 28: Fire Precautions.

The inspector acknowledges that the provider had taken a number of steps in order to come into compliance with Regulation 28, however, further actions were required in order to ensure the systems in place for review of fire equipment and fire containment were enhanced.

The inspector found that the centre provided a homely, pleasant and warm environment for residents. It was evident that the person in charge and the staff met with during the inspection were aware of each residents' assessed needs and had the relevant training and knowledge required to meet those support needs.

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were in receipt of person-centred care delivered by a stable team of suitably qualified staff.

Regulation 10: Communication

Residents had documented communication needs which had been assessed by relevant health and social care professionals. Staff demonstrated an in-depth knowledge of these needs and could describe in detail the supports that residents required. The registered provider had ensured that residents had access to media sources and technology.

Residents had access to mobile phones and electronic tablets. During the course of the inspection, the inspector sat with one resident who demonstrated a game they had downloaded onto their personal electronic tablet. The resident discussed that they preferred to have the games on their tablet and not on their mobile phone. The resident discussed that they kept in touch with family and friends through a number of ways on their mobile phone. They discussed that staff support them in staying safe on line or when using social media or messaging services.

The inspector reviewed a support plan in place for one resident while using their electronic tablet and making choices. Plans were in place for the resident and staff had received training from the providers' speech and language therapy department.

Staff discussed that electronic tablets were used in the centre to support residents while making meal choices during residents meetings.

While visiting one house in the designated centre, the inspector spoke to one resident on return from work. They showed the inspector their recent trip to America with a family member. The resident showed the inspector videos and a number of photographs they had taken. They discussed that their phone was very important to stay connected with family and friends. The resident informed the staff that their phone was not working properly on return home. Staff immediately identified the problem for the resident and fixed without delay.

Judgment: Compliant

Regulation 17: Premises

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated.

The centre had been adapted to meet the changing needs of residents. The provider had fitted a number of accessible items in order to ensure that residents could remain in their home when issues where identified. These items included a stair lift in one premises.

Each resident had their own bedroom which was decorated in line with their own interests and tastes. Each bedroom was accessible to the individual resident.

The provider had identified works to be completed in house two in the designated centre. The flooring of the main residents' bathroom required replacement. The measurements had been taken and a date for commencement had been identified for 12 August 2026.

In house one, resident had access to a large enclosed garden. In the garden, the inspector observed a large picnic table, sun bed chairs and a large umbrella for residents to relax under on warm days. During the course of the inspection, the inspector observed one resident walking in the garden.

In house two, residents had access to a garden to the front and the rear of the premises. One resident was grown a herb garden, the inspector could smell fresh basil which had been planted along with parsley and other herbs. The garden also had a storage shed which residents kept exercise equipment. One resident

discussed that they had recently lost some weight doing a number of different exercises.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents with assessed needs in feeding, eating, drinking, and swallowing (FEDS) had up-to-date FEDS care plans. The inspector reviewed one resident's FEDS care plan and found guidance regarding the resident's mealtime requirements, including the appropriate food consistency and their food likes and dislikes.

The inspector reviewed one residents file, they had clear guidance in place in relation to dietary supports for a specific condition. This diet ensured that the resident did not include high protein foods within their daily intake. The inspector found that the resident had been supported to have educational knowledge of their diet. A clear accessible menu plan was in place for the resident which demonstrated their weekly choice. There was a large variety of foods available in the centre for the resident to choose from including protein alternatives

In the afternoon, the inspector was met with the aroma of spices from dinner. Residents discussed that they enjoy the food prepared by staff. One resident discussed that they liked to help with the preparations and cooking. Staff discussed that the resident was a great cook and very quick to pick up new skills.

The inspector observed suitable facilities to store food hygienically, and adequate quantities of food and drinks were available in the centre. The fridge and storage presses were well stocked with a variety of different food items in both houses in the designated centre. There was also fresh fruit available to residents in containers within both kitchens.

Judgment: Compliant

Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection (IPC). All areas appeared clean and in a good state of repair. A cleaning schedule was in place and staff had attended appropriate training and were knowledgeable about infection control arrangements

There were systems in place for the auditing and review of IPC measures in the designated centre. The inspector found that audits completed in the centre

identified improvements when required and these were acted upon by the person in charge.

The inspector spoke to staff during the course of the inspection and found that they were knowledgeable of the providers' policy and local policies in place to support residents in maintaining a clean environment in their home.

The inspector reviewed the first aid practices in place in both houses in the designated centre and found that supplies were regularly reviewed and out of date items discarded appropriately.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that a number of works which had been identified during the previous inspection in September 2024 remained outstanding on the day of the inspection. In addition, the inspector identified a number of additional concerns which will be detailed within Regulation 28: Fire Precautions.

The inspector completed a walk-through of both houses that make up the designated centre and completed a manual check on all fire doors. During the walk-through of house one the inspector observed the following:

- the inspector found that while the provider had fitted door closers to the majority of the rooms in the home, door closer had not been fitted to the staff office. The staff office remained open during the course of inspection. When the inspector and a staff member attempted to fully close the office door it was found not to close fully. In order for the door to close and activate the intrumescent strips along the side of the door frame, staff would have to forcibly pull the door closed to a point. When staff managed to close the door, it was found that the door remained agar and not meeting the strips
- two bedroom doors where not closing fully with the automatic door closers
- residents bedroom on the first floor, noted breakdown of the fire door along the door handle on the inner bedroom side of the door
- the kitchen door did not close fully when released from the automatic closer and did not close fully when the fire alarm was activated
- the inspector noted gaps at the bottom of three residents' door frames measuring 1 inch to 0.8 inches. In addition, the drop seal to one bedroom fire door on the ground floor had come away from one side of the door near the closing
- a gap of 1 inch was found under the kitchen fire door frame
- laundry door 1 inch gap in fire door.

During a walk-through of house two, the inspector observed the following:

- inspector requested that the provider submit fire door certification for three residents bedrooms
- three residents bedrooms had large glass panels above the entry door. The inspector requested documentation to demonstrate that the glass panel in place offered resident fire protection.

The inspector discussed the concerns with senior management in relation to the fire containment measures identified in both houses in the centre. The person in a position of management for the provider informed the inspector that a fire review had been completed in the centre and that the review was currently in draft format and was subsequently submitted for review by the inspector. This review completed on 30 June 2026 highlighted a number of concerns in relation to the fire doors as highlighted in the report. The actions had been sent to the providers maintenance department but had not been completed on the day of inspection. The following day from the inspection, the provider had completed a number of the works highlighted above which included the fixing of the drop seal, closure to two bedroom doors now working on automatic release. The remaining work was escalated as priority works.

The inspector reviewed documentation in relation to the review of fire systems in both houses. In house one the inspector on review of fire checks including fire doors, fire corridors, emergency lighting, first aid bag, alarm systems, all signage, manual call points and fire extinguishers from 11 May to 06 July 2026, the inspector found a number of gaps where daily checks or identified weekly checks had not been completed.

Fire drills were occurring in both houses in the designated centre in line with the providers' policy. The inspector found that where barriers had been identified during the course of a fire drill action plans were put in place and the learning was shared with team members. For example, following a deep sleep fire drill in June 2025 additional items were added to the "go bag" for residents in the centre.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The inspector reviewed the positive behaviour support plans in place for two residents in the designated centre. The inspector found that both support plans were subject to regular review by an appropriately qualified person. In addition, the inspector found that both the individual resident and support staff were included in the development of the plan. The inspector found the positive behaviour support plans to be person centred with a clear focus on the individuals strengths.

One staff spoken to during the course of the inspection, spoke of the importance of not assigning the stigma of behaviours of concern to a resident. The staff discussed that a resident could go through poor mental health or over all low well being at any

period during their life. That this low mood did not define the resident and that the supports should be made readily available.

A second staff spoken to could detail the supports required for one resident and the early warning signs that the individual resident required additional supports. The inspector found that the resident had experienced a recent change in their presentation and that adequate supports had been put in place by the provider. These supports included a full review of the residents positive behaviour support plan, staff support and regular multidisciplinary review.

A number of restrictive practices were in place in the designated centre. The inspector found that these practices were subject to regular review by the person in charge and were the least restrictive measure identified. In addition, each restrictive practice had been reviewed by the providers restrictive practice committee.

Staff had received mandatory training and the inspector found that resident support plans and restrictive practices where a standing agenda on team meetings.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems, underpinned by written policies and procedures, to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

Safeguarding plans were reviewed regularly in line with organisational policy. Formal and interim safeguarding plans were implemented and were supported by risk assessments. The control measures to protect residents from abuse were seen to be proportionate, person-centred and mindful of the residents' rights and wishes.

On the day of the inspection the inspector reviewed two open safeguarding plans for the designated centre and found that they had appropriate control measures in place to meet the needs of residents. The inspector found that the person in charge and support staff were acutely aware of the needs of residents in the centre and could monitor residents for decline in overall health or well being and demonstrated a person centred response to residents safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff and there was evidence that residents were supported to choose their daily routines and engage in activities they liked and enjoyed. Residents had access to advocacy services if required, and were listened to with care and respect by staff.

The inspector found that staff spoken to throughout the course of the inspection had a clear focus on the rights of each individual in the designated centre. Supports and education was promoted for residents in order to fully enhance the lived experience of each resident.

Residents in the centre were supported to access employment and maintain meaningful relationships. The person in charge and staff team were identifying possible barriers to maintaining or increasing residents' independence. Barriers identified were promptly actioned and relevant supports in place. For example, one resident had identified a goal to travel independently to visit a family member. Supports were put in place to support the resident and staff to offer "shadow" support, after two visits supported by staff the resident was independently traveling. The resident told the inspector that this had significant meaning to them to travel to meet family. They said staff had told them how proud they were of them.

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 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Liffey 4 OSV-0005781

Inspection ID: MON-0050847

Date of inspection: 22/07/2026

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 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
House 1:

• Staff office door – door closure has been added. Intumescent strip fixed.
Door is now closing correctly.
• Two-bedroom doors were not closing fully with the automatic door closers – automatic door closers altered and now closely correctly.
• Resident's bedroom on the first floor, noted breakdown of the fire door along the door handle on the inner bedroom side of the door – this has been corrected by maintenance team – filler added and sanded.
• Kitchen door – automatic door closure amended. Kitchen door now closing correctly.
• Drop seal that was broken on the day of inspection is now fixed.
• Walkthrough completed by Health and Safety Officer regarding fire doors, including measurements of gaps at the bottom of doors, intumescent strips, door closures.
• All necessary drop seals added.

House 2:
• Fire doors in this house do not have fire certs. However, the doors have a fire rated sticker at the top of the door leaf, indicating their performance standard. In this case its FD 30, 30-minute Fire Door.

• A Senior Fire Safety Consultant reviewed the fire doors and glass above and has confirmed as the doors are fitted as a unit – the frames, doors and ironmongery, and that we can be assured the glass is also fire rated.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	17/08/2026
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	17/08/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	17/08/2026