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 34
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	15 October 2025
Centre ID:	OSV-0007802
Fieldwork ID:	MON-0040072

About the designated centre

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

Community Living Area 34 provides a residential home for three residents with an intellectual disability. The house is situated in a rural setting in Co. Kildare and comprises three residents' bedrooms, one of which is en-suite. There is also a main bathroom, a kitchen/dining area and sitting room, as well as a sensory/activity room. Transport is available to support residents to access their local community, should they so wish. Residents have day service supports from their location. The emphasis is on activities that reflect individuals' choices and preferences. Residents are supported 24 hours a day, seven days a week by a staff team consisting of a person in charge, nursing staff and care assistants.

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 15 October 2025	10:30hrs to 18:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet and speak with two of the three residents in this designated centre, as well as speak with their support staff team, and review documentary evidence of their personal, health and social care supports and how residents were consulted and involved in their support, as evidence to indicate the lived experience of people using this service. At the time of this inspection, the third resident had been admitted to hospital so was not met on this visit.

When the inspector arrived, one of the residents was out at a morning church service, and the second resident was chatting with staff at the breakfast table. Staff supported the resident to tell the inspector what their plans were for the day, including running errands and doing some personal shopping. Both residents had been advised that an inspection was taking place and were happy to speak briefly with the inspector before continuing with their day. All residents of this centre used wheelchairs to mobilise, and the centre was resourced with a large, modern vehicle which could comfortably accommodate the residents with their equipment and staff. Later, residents told the inspector what they had bought and got for lunch out. As the inspection was ending residents were satisfied and relaxed, having gone for a lie down or relaxing in a recliner armchair watching the evening news.

The inspector observed residents to be in good form and had a relaxed and pleasant rapport with staff, smiling and joking with them. One resident commented that they liked living in this house and felt safe, but knew they could "talk to the boss" if this changed and were confident that they would be listened to. Residents were supported to stay apprised of news and current events in the centre and in their community including through house meeting discussions. The inspector observed evidence that the residents' families were welcome to visit them in their home. One resident was planning a milestone birthday with a Wizard of Oz theme, with decorations and costumes of the characters being organised by staff.

Staff demonstrated their knowledge of the communication needs and preferences of residents, which reflected guidance in personal plans for communication engagement. For example, the plan for one resident prompted that they enjoyed meeting people who could speak Irish or had Irish names, and this resident appeared happy when staff named the inspector, and the staff and inspector chatted to the resident briefly in Irish. Staff also demonstrated respectful interactions with residents who were hearing-impaired to ensure they were included in conversation, speaking up and clearly, but not shouting.

Residents were observed to be active participants in their community. Residents were routinely supported to go to their local pubs, restaurants, hairdressers, women's sheds and shopping centres. This year the residents were supported to go to shows and concerts including Mamma Mia, Foster and Allen and Daniel O'Donnell, and travel around the country to visit castles and gardens. One of the residents had

completed a fundraiser for The Children's University Hospital, Temple Street and had a photo of them handing over the large presentation cheque. Residents were registered to vote in their community and their polling cards had arrived to their house, staff had discussed what their options were in the upcoming presidential election.

The residents' house was overall suitable for their needs, however some improvements were required to maximise their safety in the event of an evacuation, which will be described later in this report. The internal and external doors were level access with ramps at all exits to support safe navigation of the wheelchairs, and wet-room shower areas were available. Bedrooms were of a sufficient size to allow residents to retain their personal equipment in their room, and hoists were available for each person who required them. Hallways had low acrylic panels to reduce damage to wheelchairs and the walls. The house was decorated for Halloween.

The residents lived in a restraint-free environment with no cameras, locked doors or restricted access to areas of their home. Restrictive practices in effect related to protecting residents from posture injuries or accidental falls. Residents were supported to take positive risks and enjoyed new and varied opportunities in life. Since the last inspection the provider had made arrangements to mitigate the identified rights restriction of residents not having personal bank accounts, by ensuring they had supported an established routine of access to their finances. Work was still required to ensure the provider could support and protect one resident's finances to optimise their flexibility and ready access.

All three residents had provided answers in surveys issued by HIQA prior to this visit, in which they commented positively on staff, activities, privacy, meals and their satisfaction with the house. Resident feedback was also collected by the provider and used to inform the content of their annual report and quality audits. Residents used these means to express that while they understood that non-regular staff may need to step in occasionally, it was important to them that they were supported by staff with whom they were familiar and had built up a trusting relationship. The inspector observed that, in the main, this familiarity had been protected. Family members also expressed their satisfaction with the services, commenting that "staff are friendly and approachable", and that their loved ones received "excellent care, especially when medical attention is needed".

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

Capacity and capability

The purpose of this announced inspection was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support Regulations (2013), and to follow up on solicited and unsolicited information which had been submitted to the Chief Inspector of Social Services. In addition, findings from this inspection contributed to the decision-making process for the renewal of the centre's registration.

In the main, the inspector observed the designated centre to be resourced with a knowledgeable front-line team and person in charge, who demonstrated good examples of how they understood residents' support needs and advocated for their wellbeing. Where it was required to use contingency resources to fill shifts during absences and statutory leave, the provider had effectively mitigated the impact on continuity of resident support through the deployment of regular and familiar relief personnel. The inspector reviewed records used by the local management to monitor training, supervision and performance management systems for the staff who worked in the centre, including those personnel who were not directly supervised by the person in charge. The provider was in the process of formalising the means by which they were assured that night staff were aware of discussions in team meetings to be up to date on the latest events and changes to the centre and residents.

Regulation 14: Persons in charge

The person in charge worked full-time in a supernumerary capacity across two designated centres. The person in charge was suitably qualified and experienced as a clinical nurse manager. They maintained a physical presence routinely in their centres to ensure effective oversight of the centre operations and demonstrated a good knowledge of their role and responsibilities under the regulations.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed two months of worked rosters and found these to maintain a clear record of who was working in this house including personnel deployed here through the relief panel, agency and student placements. Where the provider utilised agency and relief personnel to cover annual leave and other absences, a small number of personnel were used on a regular basis. This mitigated the impact on continuity and quality of care to the residents during annual leave or other absences.

The registered provider had ensured the designated centre was adequately resourced with a staff team who had the appropriate skill mix to support the

assessed needs of the residents and provide the personnel resources described in the statement of purpose.

The inspector observed a relaxed atmosphere in the residents' home where positive interactions between the staff team and residents were also observed. The inspector observed residents to be comfortable in the company of staff with staff responding to residents' needs in an appropriate manner.

Personnel files containing information on staff required under Schedule 2 of the regulations were not reviewed on this inspection.

Judgment: Compliant

Regulation 22: Insurance

The provider had evidence of appropriate insurance cover in place, including cover against damage to property or injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed the report from a six-monthly inspection by the provider dated September 2025. This report was comprehensive and specific to the residents, staff, premises and procedures of this designated centre. The report highlighted areas in which the service was operating in accordance with the requirements of regulations, standards and provider policies, and where this was not the case, specific, measurable and time bound actions were set out to address issues raised. This audit also captured commentary and feedback from the residents, their representatives and front-line staff members which contributed to the inspection findings.

The inspector was also provided a copy of the centre’s annual report for 2024. This highlighted the achievements, challenges and lived experiences of the residents and what the priorities for the coming year were, for example overcoming the ongoing challenges of setting residents up with bank accounts of their own.

The person in charge did not directly supervise night staff who worked in the designated centre, who reported to a night manager. The provider was in the process of formalising the means by which the night and day management and supervision structures allowed for effective oversight of both complements. The night manager had attended recent staff team meetings, and night staff were required to sign that they had read and understood the minutes of discussion had in the day team's meetings. The person in charge had a means by which they could

track that individual performance management and mandatory training was occurring for the staff they did not directly supervise. The person in charge also demonstrated how they were assured that relief staff deployed to their centre were up to date on training required to effectively support the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose for this designated centre, and found that it included centre-specific information per the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed incidents and practices notified to the Chief Inspector for 2023 to 2025, and found that the provider had submitted notifications as required and within the relevant timeframes.

Judgment: Compliant

Quality and safety

In the main, the inspector observed examples of how residents were encouraged and facilitated to be active participants in their care and support, to stay busy and active in their community, and to make decisions relevant to their care and safety. Some gaps were identified in risk assessments related to fire safety and financial safeguards described later in this report, and while the inspector was verbally advised of solutions considered, they did not observe evidence of formal actions plans and timelines.

Residents were satisfied in the centre and felt safe and respected by staff. The inspector observed a respectful rapport and atmosphere in the house, and the staff team demonstrated a good knowledge of the residents' interests, hobbies, communication requirements and wishes for events and outings. The inspector observed evidence that residents were supported to enjoy a variety of meaningful trips, meals out, concerts, and personal shopping. Residents were supported to visit

family and to receive them as guests in their home. Residents had been involved in social clubs and fund raising activities in their community.

Residents had person-centred and evidence based personal plans which guided staff on the residents' support needs, including in eating and drinking, mobility and transfers, skin care and end of life wishes. While the frequency of incidents and adverse events in this service was low, where trends had emerged, they were used to inform ongoing review and revision of care plans and staff guidance.

Regulation 10: Communication

The inspector reviewed guidance and instructions which supported staff to understand how residents communicated and to effectively facilitate communication between the residents and others. This included information relevant to residents who required additional support related to their hearing, their sight, or their cognition. Care plans included the meaning behind gestures or words the resident may use. While communication support plans were not required to be reviewed by multi-disciplinary input for these residents, they had been informed by staff knowledge of the residents, and were written in a personal-centred and respectful manner. The inspector observed staff using their guidance during the inspection, for example in the use of Irish language and in appropriately speaking to people with hearing impairment.

Judgment: Compliant

Regulation 13: General welfare and development

The provider and person in charge were focused on ensuring residents in this centre were supported to actively participate in their home and community. From speaking with residents and reviewing diaries, photos and summaries of residents' events and outings, the inspector observed residents being encouraged and supported to keep active and engaged with meaningful activities and social events. Residents had enjoyed day trips down the country, concerts, and recreational clubs. They were also supported to enjoy regular day-to-day activities such as meals out and shopping trips. Staff demonstrated examples of how they could make activities interesting for residents to increase their participation and interest. Residents were supported to stay in contact with loved ones and to keep up to date on news and current events.

Judgment: Compliant

Regulation 17: Premises

In the main the premises was suitable in size and layout to support resident navigation in the corridors and rooms of the house. Ramps and level access floors supported effective navigation. The main bathroom was equipped with appropriate rails, low sinks and wet-room spaces to promote safe use by residents.

The premises was bright, clean, in a good state of repair, and had a homely aesthetic. General wear and tear was identified and being addressed, with protective features to reduce wall damage or resident injury when using wheelchairs. Residents had suitable space to store their personal belonging, clothes, and assistive equipment. Hoists were available as required and were kept in good service.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector observed the house to be sufficiently supplied with groceries, drinks and snacks. The fridge and cupboards were stocked and for items such as meat or milk, containers were noted for how long they had been open. Residents selected their meals together in meetings for the days ahead, and also enjoyed an occasional takeaway.

For residents at risk of choking or aspiration, the inspector observed up-to-date information and assessments from the speech and language therapist. This included clear information on safe posture when eating, modified diets and thickened fluids to ensure a safe dining experience. Fluid thickening material was appropriately stored. Some improvement was required on guidance to support residents at risk of malnutrition; this is referenced elsewhere in this report.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks related to the centre, the staff and the residents were kept under review and informed by adverse incidents and changing needs and circumstances. The inspector observed that risk analysis was taking place for each resident's support needs including risks associated with skin health, pressure wounds, choking risk, falls, use of oxygen or specialist equipment. In the main, identified risks were accompanied by clear risk control measures and staff guidance to reduce the risk to an acceptable level. In the sample reviewed, the inspector observed a high risk identified related to nutrition support which did not include clear guidance to staff

on how to keep the risk under control. For some other risks which had been identified there was limited evidence of actions or objectives to reduce the risk, for example where fire drills had identified long evacuation times and environmental features causing delay, and where the provider could not implement their risk controls related to finances.

Where trends in incidents or injury had been identified, they contributed to the relevant risk assessment and staff instruction. For example there had been a trend in injuries caused during manual handling procedures and use of a hoist, and person-specific guidance had been set out to reduce this risk, as well as to rule out injuries being caused by other sources. Other routine safety checks had been carried out including portable appliance testing for electrical equipment and safety checks on controlled drugs and oxygen tanks in the house.

Judgment: Substantially compliant

Regulation 28: Fire precautions

During a walk of the designated centre premises, the inspector observed the internal door sets for their ability to contain fire and smoke. Since the previous inspection, doors had been equipped with a mechanism to hold the door open and to close automatically if the fire alarm is triggered, to protect the evacuation route. The door leaf in internal door sets had been replaced with one which was rated for fire protection and equipped with a brush seal to contain smoke. However, it was not evident that the timber frame, architraves, or handles had been assessed and certified by a fire safety professional and found to meet the equivalent standard of a fire resistant door, in line with the Code of Practice for Fire Safety in Community Dwellings (2017). Some timber frames retained the holes from where the old hinges had been removed. In addition, some of the fire door surfaces had been damaged by screws in the door, or from wear and tear which had exposed the wood.

Each resident had readily available guidance on how to safely support them to escape the building in an emergency. The provider had conducted practice evacuation drills to determine how long it would take for staff and residents to safely evacuate the building, and had included night scenarios during which residents would require maximum support and staffing would be at a minimum. For night scenarios, it was identified that it would take over eight minutes to exit to a place of safety. It was also identified in drills that the space in the doorway was a repeated cause of delay in evacuating. The inspector was verbally advised of solutions which had been considered to mitigate risk related to the door frames and final exits, though there was no evidence available to how these risks had been escalated for time bound action planning.

The house was suitably equipped with fire fighting equipment, emergency lighting and maps, and thumb-turn locks to eliminate the need for keys to use emergency exits. Appropriate warning signage identified where oxygen tanks were stored in the

house and the risk related to oxygen was accounted for in the practice evacuation drills and staff guidance.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed a sample of assessments determining residents' capacity to manage their own medicines and how the provider determined the level of support required by each resident to do so. These assessments were revised regularly or as required due to changing needs.

For residents who were supported by staff, the inspector reviewed prescription sheets, administration records and storage solutions with a member of the front-line team. Staff were familiar with the purpose and protocols associated with medicines they were administering, and records of administration and current prescriptions were clearly maintained.

Judgment: Compliant

Regulation 6: Health care

The inspector observed evidence that residents were supported to enjoy the best possible health care. Residents had been provided information on medical conditions and support needs which were relevant to them, and had been provided information relevant to procedures such as medical or dental interventions and vaccinations so that they could make informed consent. Essential information was immediately apparent related to matters such as respiratory vulnerabilities, allergies, resuscitation orders and rescue medications.

Residents were accessing health and social care professionals in line with their assessed needs, and while residents were no longer eligible for the national screening service, the inspector observed evidence that routine health checks were being carried out to keep residents safe from possible health concerns.

Judgment: Compliant

Regulation 8: Protection

Staff were trained on how to respond to witnessed, suspected or alleged instances of resident abuse. Where injuries had been observed on residents these were

promptly investigated to rule out physical abuse, and residents were regularly reminded of how to stay safe and to report when they felt unsafe or disrespected. There had been no incidents or compatibility concerns identified in this house, and the residents indicated that they felt safe in the house and in each others presence.

The provider demonstrated to the inspector how they were assured that residents were protected from financial abuse through systems in place to account for income and expenditure. The provider had systems and audits in place to ensure that cash money in the house was safeguarded, and that residents' income was correctly deposited to financial accounts in their name. However, the provider could not carry out these protective checks for one resident for whom they did not have any records of how their income or expenditure were being protected. This lack of oversight had an additional effect of the resident being at risk of not having their money readily available when attempting to collect it or having it when on outings. This was a repeat finding from the previous inspection, and the inspector was verbally advised of risk control measures which had been considered to address this identified rights restriction.

Judgment: Not compliant

Regulation 9: Residents' rights

The inspector observed evidence of a service which was led by resident choice, in which the residents were informed and consulted with on decisions made in their home and support structures. Residents' commentary and feedback was routinely sought and there was evidence of this informing quality audits and improvement plans. Residents were observed to be treated with dignity, privacy and respect by staff. For example when supporting with transfers and vehicle strapping, staff were vigilant of avoiding discomfort and talking the resident through what was happening. Residents were supported to maintain their dignity with regard to personal hygiene and use of bathrooms. Residents were supported to make advance decisions regarding their personal, family and religious wishes for end of life. Residents were registered to vote, had their polling cards in the house, and had discussed the upcoming election and candidates with the person in charge.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area 34 OSV-0007802

Inspection ID: MON-0040072

Date of inspection: 15/10/2025

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: Regulation 26(2) Nutritional Assessment completed 07/11/25 by dietician for resident identifying as a high risk, a comprehensive report is available at the centre includes guidance and support to the resident and staff team. A review of all risks within the centre will be conducted with a plan to address and reduce those risks identified.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Regulation 28(3)(a) A review of fire precaution measures was conducted in the designated centre. The existing door frames will be removed and replaced with Fire Rated Door frames. Any gaps between the wall and frame will be fire sealed which will be covered by new architrave which will be painted. The existing fire doors will be re-used in the new frames which will be fitted with new hinges and handles that are fire rated. Regulation 28 (3) (d) The registered provider has requested a review with Organisations Fire safety and Prevention Officer of all fire safety documentation within the centre; to include reviewing emergency evacuation plans for residents to evaluate the order in which residents are evacuated to identify opportunities for streamlining procedures and reducing evacuation duration within the centre.	

Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Regulation 8 (2) The registered provider will arrange meeting with family to discuss options on how they can be assured of protection of resident finances and agreement on how financial oversight can be maintained by the provider.	

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	02/01/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	19/12/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	16/02/2026

Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	19/12/2025