

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Community Living Area A7
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	15 July 2025
Centre ID:	OSV-0008531
Fieldwork ID:	MON-0046908

About the designated centre

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

Community Living Area A7 is a designated centre operated by Muiríosa Foundation. The centre can provide residential care for up to five male and female residents, who are over the age of 18 years and who have an intellectual disability. It comprises of one large bungalow house. Each resident has their own bedroom, some of which are en-suite, there are shared bathrooms, a staff office, staff sleepover room, a sitting room, a utility and a large dining and kitchen area. An enclosed garden area was also available to the rear of the building for residents to enjoy. Staff are on duty both day and night to support the residents who avail of this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 15 July 2025	08:15hrs to 15:30hrs	Aonghus Hourihane	Lead
Tuesday 15 July 2025	08:15hrs to 15:30hrs	Maureen McMahon	Support

What residents told us and what inspectors observed

This was an unannounced inspection, carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, inspectors met with three residents who lived in the centre. Inspectors also met with the person in charge and three staff on duty, and viewed a range of documentation. From what residents told us and what inspectors observed, it was evident that residents living in this designated centre were receiving person-centered care and support. Overall, the inspection found good compliance with the regulations and standards. However, significant improvements were required in relation to the management of risk in the centre. Other areas of the service required some improvement and these are outlined in the body of the report.

Residents who lived in this centre had a good quality of life, had choice in their daily lives and, were involved in activities they enjoyed. Two residents attend a day service, while three residents are retired. As this was a home based service for retired residents, they had the flexibility to partake in activities in the centre and in the local community. Staff and transport resources were available to support residents in participating in individual activities of their choice. Residents told inspectors staff were always available. For example, one resident spoke about an upcoming beautician appointment that staff were supporting them to attend.

The centre was located in a residential area but was close to a busy town and this location gave residents good access to a wide range of facilities and amenities, such as beauticians, hairdressers, shops and restaurants. The designated centre was spacious, purpose built and wheelchair accessible throughout. The outside of the designated centre was well presented with well-maintained gardens and evidence that residents had completed various different projects. The provider was in the process of preparing groundwork for a glasshouse that was being constructed for one particular resident.

The centre was nicely furnished, with pictures of the residents on the walls. There was adequate communal space, allowing each resident to enjoy privacy or receive visitors as desired. Each resident was provided with their own bedroom, two of which included an en-suite bathroom. There was adequate storage for residents' clothes and lockable storage for personal belongings. Bedrooms were personalised to the residents' personal taste. One resident invited an inspector to see their bedroom. This room was beautifully decorated and had souvenirs from a recent holiday. They told the inspector that they were planning to update their bedroom and planned to buy some new bed linen. Inspectors saw throughout the house that residents had belongings they valued in the sitting room, such as personalised blankets, photobooks and framed pictures.

There was a small art and craft area in the corner of the sitting room that any resident could use as they desired. There was five large armchairs, one for each resident and they all had access to a small table to enjoy drinks and snacks.

Upon arrival to the centre, a resident came to welcome inspectors. Throughout the inspection, residents frequently engaged with inspectors, offering refreshments and sharing news about their day. Residents told us the centre is a good place to live. One resident told an inspector about their upcoming planning meeting and how they were preparing for it by getting cake and buns ready. Residents told an inspector they go to the shops to do the household shopping and that they enjoy it. House meetings are used to plan and agree menu choices. Residents also told inspectors they choose when they eat their meals in the centre. Breakfast time was observed to be a relaxed and pleasurable experience. Inspectors saw that residents were offered choice in line with dietary requirements and staff interacted with the residents in a friendly manner.

One resident told an inspector about a recent holiday to Disneyland Paris, proudly showing pictures from the trip and souvenirs they had brought home. Residents also shared their excitement about an upcoming break away in Ireland, as well as plans for a trip to Lourdes later in the year for other residents.

The person in charge described how residents maintain contact with family and are able to self-arrange visits with people important to them. Residents were actively supported and encouraged to maintain connections with families. Visiting to the centre was being facilitated in line with national guidance and there was adequate space for residents to meet visitors in private if they wished. Residents were supported to maintain contact and to regularly visit their families at home or meet up locally. Staff were in communication with families on a regular basis. The annual review of the quality and safety of the service included positive feedback from residents and family.

It was clear from speaking with residents that they had a good quality of life, had choices in their daily live's, and were supported by staff to engage in activities that they enjoyed. Residents had recently enjoyed a trip to the Japanese Gardens and Emo Court. One resident received a one-to-one day service, which was located in a nearby townland, this was staffed individually. The location of this service provided this resident with the opportunity to be an active member of the community where they have family connections.

Residents living in the centre appeared to be compatible in lifestyle. For example, residents had chosen to go on holiday together recently. Inspectors observed residents choosing to dine together and chatting throughout the day. One resident chose to engage in individualised activities and this was respected by their peers.

Overall the inspectors were satisfied that the residents in the centre appeared to enjoy a good quality of life. The interactions between the staff and residents were kind, caring and gentle. Inspectors observed multiple conversations between staff and multiple residents and the residents appeared at ease and content at all times.

Many members of the staff team had worked with the resident group for a sustained period of time and so they were well attuned to their needs.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

Based on the findings of this inspection, inspectors found that the governance and management arrangements which were implemented in this centre ensured that the quality and safety of care was generally maintained to a good standard and that residents' rights were actively promoted. The issues pertaining to risk management were recognised by the provider.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge. The person in charge worked full-time, and held responsibility for the day-to-day operations of the centre. It was clear the person in charge had a good rapport with each resident. Residents discussed their plans with the person in charge and they clearly indicated that they could go to the person in charge or staff if they had any concerns or complaints. There was on-call management arrangements in place to support staff to deal with emergencies outside of regular working hours.

The provider had ensured that the staff numbers and skill-mix were in line with the assessed needs of the residents and the size of the designated centre. Inspectors noted that there were adequate staff on duty to support residents consistently. The staff rosters reviewed for June 2025 indicated that a team of consistent staff was in place. The person in charge told inspectors no agency staff are currently employed in the centre. Training was provided to staff on an ongoing basis.

The provider had ensured that the centre was subject to ongoing auditing, including unannounced provider audits twice each year and an annual review. The current person in charge was only formally in position since January 2025 and prior to that there was a period of time when the person in charge was absent with cover arrangements in place. The most recent provider led audit from May 2025 was comprehensive in nature and did identify a number of areas for improvement. There was an active quality improvement plan in place and the person in charge was working through this. The audit did identify that there was a need within the service to evidence the work that was being completed with the residents, to update personal plans and to review risks within the centre.

An inspector read the annual review for 2024. There was in general positive feedback from residents and families and where concerns were raised about communication the management team had actively addressed these.

Residents' meetings were taking place weekly, and an inspector reviewed the records held for April, May and June 2025. These records were personalised with pictures and artwork. Meetings discussed topics such as health and wellbeing, upcoming plans, meal planning and complaints.

Regulation 14: Persons in charge

The provider had appointed a suitably qualified person in charge to manage the designated centre. The person in charge was employed on a full-time basis.

Throughout the inspection, the person in charge was knowledgeable regarding the individual needs of each resident who lived in the centre. The person in charge was aware of their regulatory responsibilities. It was clear that the person in charge was very involved in the running of the service and was well known to residents.

Judgment: Compliant

Regulation 15: Staffing

The staff complement and skill-mix was appropriate for the number and assessed needs of residents in the designated centre. An inspector viewed a sample of one month's planned and actual roster for June 2025. This indicated that consistent staff were being allocated to support residents. Residents told the inspector that there were always enough staff available to support them in going to appointments and engaging in activities.

Any vacant shifts were worked by regular relief staff. These staff members were therefore known to the person in charge and were familiar with residents, provider systems and policies and procedures. The team leader on the day confirmed no agency staff were currently employed. Staff files were not reviewed as part of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had arrangements in place to ensure all staff were provided with the training that they required to carry out their duties.

The training records indicated that mandatory training such as safeguarding, fire safety and responding to behaviour that challenged had been completed by staff.

There was some challenges confirming that all staff had mandatory training and the timings around when refresher training was due but this was the management system in place and is addressed as part of Regulation 23.

There were systems in place for the support and supervision of all staff. The person in charge had developed a 2025 plan outlining supervision meetings for all staff. An inspector viewed a sample of two supervision records which had been carried out as scheduled and appropriately recorded.

Copies of regulations, national standards and guidance documents were also available in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had management systems in place to support them in the governance and oversight of this centre, however, provider management systems pertaining to risk within the centre were not appropriate to residents' needs and were not effectively monitored.

An annual review of the quality and safety of care had been completed for 2024, which consulted with residents and their families. In addition to the annual review, the service was subject to ongoing audit and review. This included provider unannounced audit biannually, this was undertaken in May 2025. The provider had identified many areas for improvement and was in the process of addressing these areas. The provider had recently appointed a new person in charge. The person in charge had developed quality improvement plans to address the areas for improvement.

The system governing training records reviewed by an inspector was unclear and difficult to understand. The system did not easily assure the provider that all staff had the appropriate training and that it was in-date. The person in charge told inspectors they were in the process of being updated. The provider subsequently confirmed that mandatory training was up to date.

Regular team meetings were held, and a record was kept of the meeting and required actions. Standard agenda items were discussed at team meetings, such as health and safety, restrictive practices, audit outcomes, staff training and matters relating to residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was available to view in the centre and it was freely available to both residents and their representatives. An inspector read the statement of purpose and found that it met the requirements of the regulations and was being reviewed annually by the person in charge.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the provider had the arrangements in place that residents needed to avail of a safe and comfortable home. Staffing levels and arrangements meant that residents could be out and about in the local community in the evening and the weekends as well as avail of day services as required. The house was spacious and comfortable and generally well maintained. The provider had arrangements in place for ensuring staff had current and sufficient information available to them about the residents. However, this inspection did identify some gaps and scope for further improvement.

The provider ensured that residents received person-centred care that allowed them to enjoy activities and life choices in a way that suited their preferences. Person-centered planning was actively in place for all residents. Residents themselves were active participants in their plans and were familiar with key-worker meetings. Inspectors saw a comprehensive assessment of needs was completed and this included healthcare assessments. Staff who spoke with inspectors were familiar with residents' healthcare and support needs. However, improvement was required in the management of health care plans for residents.

Residents' rights were being well supported by staff. Throughout the inspection, inspectors found that residents' needs were supported by staff in a respectful person-centered way. Staff were observed to allow time and opportunity for residents to communicate and make choices throughout the day.

Residents chatted freely with staff about upcoming plans and personal preferences for the day. Weekly house meetings were held in the centre, providing an opportunity to discuss the day-to-day operation of the service and to plan leisure activities. These meetings also played a role in promoting residents' safety. For example, staff used role-play exercises to demonstrate effective hand hygiene techniques, helping residents adopt safe practices. A standing agenda item in house meetings was complaints and compliments. This allowed residents an opportunity to raise a concern should they wish to do so.

The oversight of risk in this centre required review by the provider, to ensure it was reflective of residents changing needs. The provider had identified this as an area for improvement.

Residents in this centre have lived together for many years. One resident spoke to an inspector regarding a strong friendship they have with a peer. The centre had no requirement for safeguarding plans to keep residents safe or promote welfare. Also, no restrictive practices were in place or deemed necessary in the centre.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted in communicating in line with their needs and wishes.

The residents inspectors met on inspection were observed to be effective verbal communicators. Inspectors saw that residents were supported to communicate their needs with staff. For example, inspectors observed residents communicating their morning routine preferences to staff. Staff were observed allowing sufficient time and enabling residents to be at the centre of decision-making.

Residents' individual communication preferences were documented in residents' personal files, and inspectors saw this reflected in engagements throughout the inspection. Some residents' were observed using their personal computer tablets whilst in the centre. Residents had access to Wi-Fi, television, radio and newspapers.

Judgment: Compliant

Regulation 11: Visits

The provider had arrangements in place for residents to receive visitors, in line with residents' wishes.

Residents had ongoing access to family as they wished. Given the design and layout of the centre, a suitable private space for receiving visitors could be facilitated. One resident was preparing to welcome family on the day after inspection to the centre for a meeting.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and development activities both within the centre and in the local community. Inspectors reviewed personal plans; these indicated that residents were supported with personal

interests such as shopping, going for coffee, visiting friends in a nursing home and accessing the local library. Two residents attended a day service outside of the centre, one of which was an individualised day service. This individualised day service allowed this resident to be very active in their community. For example, this resident was a member of the tidy towns committee.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and needs of residents. During a walk around the centre, inspectors saw the centre was well maintained, clean, comfortably decorated and personalised. The centre was purpose-built for the residents' current needs and designed to age with the residents. The centre was accessible to wheelchair users throughout, with wide doorways and spacious rooms.

Maintenance records were available to view and were up to date, for example a height adjustable bath was well serviced. Inspectors saw residents' meetings discussing matters relating to the premises and maintenance issues.

There were laundry facilities for residents to use and there was a refuse collection provided by a private contractor.

Judgment: Compliant

Regulation 18: Food and nutrition

Resident's nutritional needs were being supported appropriate to their assessed needs. Inspectors noted special diets were catered for in the centre and staff were knowledgeable on these requirements.

The centre had a well equipped kitchen. Inspectors observed supplies of fresh food in the centre. Inspectors observed staff preparing modified meals and fluids, these were the correct consistency. Meals were freshly prepared and appeared wholesome and nutritious.

Residents told inspectors they can choose to have meals when they want and the quality of food is good. Residents are supported to partake in shopping for the centre. Inspectors viewed personal plans and noted involvement where required from speech and language therapists.

Judgment: Compliant

Regulation 26: Risk management procedures

The providers risk management system needed to be considerably overhauled within the centre. The current system to identify, monitor and mitigate against identified risks was outdated and not fit for purpose. The individualised risks for some residents were 10 years old, some of the risks were no longer relevant to the care and welfare of the residents. One resident had an active risk assessment for accessing cooking equipment in the kitchen, this was not an active risk and had not been an issue for a number of years.

The provider needed to reassess all risks within the centre. The needs of the residents had changed as they have aged and areas such as falls risk were now pertinent to some of the residents.

The provider had identified that work needed to be completed on risk management at a centre level. However, the provider had not fully recognised the extent of the issues related to risk management. For example, the provider unannounced audit in May 2025 did not identify that the risk register was outdated and not in line with residents' current support needs.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider ensured that in general it had effective fire safety management systems in place.

The inspector saw that the house was fitted with fire safety measures that included a fire detection and alarm system, emergency lighting, fire-fighting equipment and doors with self-closing devices designed to contain fire and its smoke. Escape routes were clearly signposted and unobstructed on the day of inspection.

However, improvement was required to further protect residents from the risk of fire. Two fire doors were not operating as designed on the day of the inspection, the provider did not clearly indicate the time taken to evacuate residents on all fire drill records and one new staff member had not yet completed a fire drill while lone working.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal, and social care needs had been assessed, and care plans developed. Care plans were available to view on an online system. Staff spoken with were familiar with the assessed needs of residents.

Inspectors viewed a sample of two personal plans, which recorded how personal goals were being managed. Files and photographs reviewed showed that residents had been supported to achieve their chosen goals. For example, some residents had recently taken a holiday to Disneyland Paris. Inspectors spoke to residents who had plans for a holiday in Ireland in the coming months.

The person in charge had identified personal plans required review and had taken action to update them. A key-worker system was in place to maintain all residents' assessments and personal plans up-to-date.

Judgment: Compliant

Regulation 6: Health care

Residents had a variety healthcare needs. There were arrangements in place for consistently assessing these needs and ensuring residents maintained and enjoyed good health. Healthcare plans were in place in response to most identified needs. The person in charge and staff described the clinicians and services that residents had access to and records of referrals and reviews were maintained. This included consultations and reviews as needed by the general practitioner (GP) and other relevant allied health professionals.

There was evidence of national screening programmes being offered and availed of for residents who were eligible for such screening services.

The provider needed to clearly determine whether one resident had on-going issues with kidney disease or if this issue was no longer relevant. Another resident with a diagnosis of osteopenia, did not have a care plan in place to guide staff in the management of this condition.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had measures in place to safeguard residents from harm and abuse. These measures included an up-to-date safeguarding policy to guide staff and

intimate care plans for residents. Residents were consistently spoken with and inspectors noted the easy rapport with the person in charge and residents. An inspector viewed the residents' meetings records. Residents' meetings took place weekly and covered topics such as safety, complaints and measures to keep residents safe.

Inspectors spoke with residents about safety, one resident told an inspector they would report any concerns to staff or the person in charge.

Judgment: Compliant

Regulation 9: Residents' rights

From what was observed during this inspection, there were systems in place to support residents' human rights. Throughout the inspection, it was evident that residents' human rights were promoted and upheld. Residents had choice and control in their daily lives. For example, one resident told inspectors that they chose when to have breakfast whilst others chose what time to begin their day. The staffing levels and availability of transport allowed residents to take part in activities they wanted to do.

The management team and staff ensured that residents' civil rights were supported. For example, one resident was supported to submit a freedom of information (FOI) request to an organisation. Staff supported the resident in this process and the result was that the resident was able to obtain their records.

Training in human rights had commenced in the service. It was clear from observation that staff adapted a human right based approach. Staff and resident engagements were observed to be friendly and respectful. For example, residents and staff engaged naturally during the day about planning activities such as beauty and medical appointments.

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	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area A7 OSV-0008531

Inspection ID: MON-0046908

Date of inspection: 15/07/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Person in Charge has commenced a comprehensive risk management review in the centre. Further detail is provided under Reg 26 below. Date for Completion: 30/09/2025 • PIC will complete a review of staff training records and amend and update as necessary to ensure an accurate and up to date record of training is in place. Date for Completion: 31/08/2025	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: • The Person in Charge has commenced a comprehensive risk management review within the centre. This will be completed in consultation with the residents, staff team, circle of support where appropriate, Area Director and any other clinicians where input is required or appropriate. • Individual risk management plans which accurately reflect and address the current needs of each resident will be implemented. • General risk assessments pertaining to the centre will also be reviewed and updated as necessary. • Date for completion of Risk Management Review: 30/09/2025	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Issues identified with two self-closing doors were logged on maintenance system. Repairs completed on: 15/08/2025 • Documentation of fire evacuation drills was discussed at team meeting. Direction was provided on specific information that must be included for each drill to ensure the records provide an accurate reflection of the exercise. The exact time taken to evacuate all residents for every drill carried out must be recorded and explanation must be provided if there is a second staff present but not participating in a lone-working drill. Completed on: 31/07/2025 • Staff member who has not yet completed a lone working fire drill will do so. Completed on: 18/08/2025	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: • The Person in Charge has ensured that identified health care needs and conditions of all residents have a matching care plan to guide staff in the management of their conditions. Completion: 25/08/2025 • Clarification has been sought from residents doctor regarding kidney disease and the individuals care plan will be updated accordingly. Completion: 25/08/2025	

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2025
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.	Not Compliant	Orange	30/09/2025
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	15/08/2025

	maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	18/08/2025
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	25/08/2025