



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

Issued by the Chief Inspector

Name of designated centre:	Turlough Gardens
Name of provider:	Orchard Community Care Limited
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	05 September 2025
Centre ID:	OSV-0008831
Fieldwork ID:	MON-0046199

About the designated centre

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

Turlough Gardens can provide a residential service for up to three young people. The service can support individuals of mixed gender, with an intellectual disability and other co-morbidities. Turlough Gardens is a two-storey property located on the outskirts of a small village and close to Galway city. Transport is available for young people to access activities and local amenities. Young people are supported by a staff team of a person in charge, team leader, social care workers and health care assistants. Staff are available both day and night in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Friday 5 September 2025	09:30hrs to 15:50hrs	Jackie Warren	Lead
Friday 5 September 2025	09:30hrs to 15:50hrs	Maureen McMahon	Support

What residents told us and what inspectors observed

Young people living in this centre had a good quality of life, they took part in preferred activities, and were supported to attend school.

This inspection was completed on behalf of the Chief Inspector of Social Services to monitor the provider's compliance with the regulations. As part of this inspection, inspectors met briefly with one young person who lived in the centre and observed how they lived. Inspectors also met with the person in charge and two members of staff, and viewed a range of documentation and processes.

The centre is a two-storey property located on the outskirts of a small village and close to Galway city. This is a relatively new centre having commenced in April 2025. Inspectors found the design and layout of the house was suited to the assessed needs of young people living here. For example, the centre had separate living arrangements for each young person to support their individual needs. The centre was spacious, well-equipped and appropriately decorated to each young person's taste. Each young person had their own bedroom with en-suite bathroom facilities, which was decorated in line with their personal preferences. There was adequate storage for each young person's clothing and personal belongings in each bedroom. Inspectors found the centre had considered each person's assessed needs. For example, a projector was in place for one young person in their sitting room, enabling them to enjoy television on a large screen in a way that was safe and suitable for their needs.

Young people in the centre attended school during weekdays. The provider had identified the importance of a consistent school placement for one young person, who was being supported to travel a distance each day to continue to attend the school that she was familiar with. Inspectors had the opportunity to briefly meet with one young person when they returned to the centre after school. This young person did not wish to speak with inspectors about their life in the centre, or to remain in their company. Inspectors saw that they were happy using their mobile phone and appeared relaxed in the centre. This young person was observed to engage with staff and staff responded appropriately to their assessed needs. For example, staff identified this person needed space and time alone during the afternoon and supported this to take place. Staff then re-engaged when it was appropriate to do so. They later went to the garden with staff to use the swing. They clearly enjoyed this activity and were laughing and singing while on the swing.

Inspectors spoke to staff about the care and support needs of young people in the centre. Staff were knowledgeable on each young person's needs and described how they liked to spend their time. For example, they enjoyed going out visiting parks, swimming, to a local lake, visiting family and going to the beach. Activities that young people liked at home in the centre included painting, playing the piano, singing, using the trampoline and spending time on the swing. Inspectors saw records that one young person was progressing their goal to go to have something

to eat in restaurants, and staff had taken steps to support this by initially using a drive-through as a starting point. Staff told inspectors about the progression of this goal and the positive impact this was having on the young person.

In summary, based on what inspectors read, observed and discussed, this service was person-centered, with staff ensuring that the individuality and rights of each young people were respected and promoted. The person in charge told inspectors they are actively supporting a young person to get photo identification and to set up banking arrangements. The provider ensured that it had the necessary arrangements in place to ensure that the service was planned, delivered, managed and overseen to ensure a good quality service suited to each young person's specific needs. The provider had identified that improvements were required to fire evacuation and resolutions to this were explored, although at the time of inspection a suitable solution had not been finalised.

The next two sections of this report will discuss the governance and management arrangements of the designated centre and how these ensured and assured the quality and safety of the service provided for young people.

Capacity and capability

Based on these inspection findings, this centre was effectively managed and governed. There was a clearly defined management structure in place that operated as intended by the provider. The centre was adequately resourced.

The provider had implemented management systems to monitor the quality and safety of the service. The provider was aware of the requirement to carry out unannounced audits of the service at least once every six months, and the first of these had already taken place. The person in charge also carried out a range of audits each month. These included review of incidents, audits of medicines management practices, and frequent health and safety checks including checks of fire safety equipment. An inspector reviewed these audits on the provider's online system. These reviews found a high level of compliance and where an area for improvement was identified the person in charge was observed to respond promptly. For example, the audit had identified improvement was required in relation to an aspect of a healthcare diagnosis and the person in charge had taken steps to address this.

The day-to-day management and oversight of the service was the responsibility of the person in charge. The person in charge was a full time role with responsibility for this designated centre only. The person in charge was supported in their role by a team leader and they told inspectors they have access and support from their line manager. For example, documentation reviewed by inspectors demonstrated the person in charge was supported by their line manager during times of staffing issues.

From review of staffing rosters and what inspectors observed, there were sufficient staff with the required skills to meet the assessed needs of young people who lived in the centre. Inspectors spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the care and support needs of young people. For example, staff told inspectors about travelling to a local beach and the considerations for a young person upon arrival to ensure their enjoyment. Staff also demonstrated a clear understanding of the positive behaviour support techniques in place in the centre.

The person in charge described how all newly recruited staff completed a comprehensive induction into the centre. The person in charge also told an inspector they manage the rota to ensure staff are rotated in the centre, to ensure young people experience a variety of skills and approaches. An inspector reviewed records for a newly recruited staff in September 2025. These records demonstrated the person in charge had met the staff and had commenced their induction.

An inspector reviewed the staff training matrix and saw that mandatory, required and desired training was completed by all staff who worked in the centre. The person in charge had overall responsibility for the management of training and told inspectors they use an online system to manage training records.

Regulation 15: Staffing

Inspectors found staffing levels, skill-mix and staffing arrangements were planned and managed effectively so that they suited the number and needs of the young people in the centre. It was also found that staff had been suitably recruited.

An inspector reviewed the planned and actual rotas for July, August and September 2025. The rotas demonstrated good continuity and reflected the staffing levels, staffing arrangements and the skill-mixes observed and described. There were four staff members on duty each day along with the person in charge, and both a sleep-over and waking staff at night. In the centre young people availed of school during the day, and staff were allocated for duty in the centre during this time to carry out household chores and administration work. This meant that staff were available to fully support young people with their preferred activities upon their arrival home from school. Any vacant shifts were worked by members of the regular staff team or relief staff from other centres operated by the provider. Agency staff were not rostered to work during the periods viewed. An inspector reviewed a sample of two staff files using the provider online system. These staff files were found to contain all the information specified in schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre had received appropriate training to equip them to provide suitable care to young people.

There was a system in place to evaluate training needs and to ensure adequate training levels were maintained. The person in charge maintained a record of the training requirement of each staff member working in the centre. An inspector reviewed the staff training records which showed that staff had completed training in safeguarding of children, fire safety, positive behaviour support, medicines management, and infection prevention and control, and first aid. Additional training reflected the assessed needs of young people who lived there and included training in epilepsy management and autism awareness. There were systems in place for the support and supervision of all staff. This included regular planned meetings with staff and on-site support and supervision. An inspector viewed a sample of two supervision records and found these to be suitably recorded. Staff told an inspector that they regularly receive supervision from their line manager. The person in charge had a schedule of formal supervision meetings planned for 2025.

Judgment: Compliant

Regulation 23: Governance and management

Based on the findings of this inspection, inspectors found a service that was well planned, managed, delivered and overseen effectively. This was reflected in the good level of compliance found with the regulations. However, improvement was required to an aspect of emergency evacuation arrangements in the centre.

There was a clear management structure in place, and all staff were aware of this and their reporting relationships. The person in charge had responsibility for this designated centre only, they were supported in their role by a team leader, and there was an identified shift lead in the centre at all times. It was also evident that the staff team were continually supervised.

The provider had systems in place to maintain effective oversight of the of the service. The service was subject to ongoing audit and review. For example, the person in charge had prepared an overview of governance and management report each month, which was reviewed by senior management. An inspector reviewed a record of this meeting for September 2025. This discussed areas such as identified risks, complaints and notifiable events in the centre. The provider had carried out an unannounced audit of the centre in August 2025, just days before the inspection. An inspector reviewed this audit, and found that it had identified some areas for improvement, and the person in charge had developed quality improvement plans to address any areas where improvement was required. For example, fire safety was identified as an area for improvement, and options to address this were being

explored. Plans to redesign the garden to the rear of the centre were also being considered to provide separate garden space for both units in the centre.

Regular team meetings were being held and minutes were maintained from each meeting. An inspector reviewed records for June, July and August 2025. The records reviewed showed good attendance at staff meetings and that useful and meaningful discussions had taken place. Items for discussion included fire safety, staff training and any accidents or incidents. The person in charge told inspectors that staff could join remotely if unable to attend in person. The person in charge also showed an inspector records of management meetings that were made available in the centre to inform staff. A record reviewed from September 2025 provided updates to staff on safeguarding, identified risks and restrictive practices.

The centre was well-resourced to deliver care to young people. Inspectors saw that these resources included comfortable accommodation, access to Wi-Fi, adequate number of suitably trained staff and transport for each resident to use.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff. These policies were available in the centre and also on an online system, to which all staff had access. An inspector viewed these policies and found that they had been reviewed within the past three years as required by the regulations.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Inspectors found that young people's admissions to the centre were in line with the criteria set out in the statement of purpose.

Inspectors read the agreements for provision of services for the two young people who lived in the centre. These were detailed and included clear information about the service to be provided including where additional costs would be incurred for expenditures not covered by the service. Agreements of care were up-to-date and signed.

Judgment: Compliant

Quality and safety

Based on the findings of this inspection, there was a high level of compliance with regulations relating to the quality and safety of care delivered to young people who lived in the centre. Inspector found that young people were supported to attend schools, make choices in their daily lives, to take part in activities that they enjoyed, and that their rights were being supported. However, improvement was required to ensure that safe evacuation of the centre could be achieved in the event of an emergency, including fire.

The centre comprised one house, which included a separate self-contained apartment. This accommodation suited the needs of young people, and was clean, comfortable and well maintained. The house was spacious and all young people had their own bedrooms which were furnished and personalised to their liking. inspectors saw that the style of décor differed in each room, based on the preferences of the individual who occupied the room. Both the house and apartment had kitchens where young people could have their meals, and could become involved in food preparation at a level that suited their wishes. Laundry facilities were available in the centre for young people's use if they wished and there was a refuse collection service provided. There was a large well-kept garden, equipped with a trampoline, a swing and a pool, where young people could spend time outdoors and the person in charge discussed a plan to make changes to the garden layout to better suit the needs of the individuals in the centre. Young people used the centre's transport both to go to school, and to attend their preferred activities.

The provider had measures in place to safeguard young people from risks including risks associated with fire. These included availability of missing person profiles and intimate care plans, and maintaining a safe environment. Fire safety measures included staff training, servicing of fire safety equipment and provision of fire doors throughout the building to limit the spread of fire. However, fire evacuation drills could not consistently be carried out in a timely manner, and in some instances evacuations could not be successfully completed. Furthermore, personal evacuation plans did not provide comprehensive guidance of how evacuation would be achieved, particular at night when minimum staffing levels were in place.

Young people's human rights were being well supported by staff and by the provider's systems. Information was supplied through ongoing interaction with staff and the person in charge, and through easy-read documents. Young people and their representatives had access to a complaints process and advocacy service. Arrangements were also in place to ensure that young people could communicate their views and wishes to staff. Young people were also being supported to have meals that they enjoyed and they were being offered choices at mealtimes. They could also take part in food preparation if they liked to, but were also supported not to do this if it was their preference. As this was a new service which had been set up earlier in 2025, there had been extensive assessment and preparation carried out

before young people came to live in the centre, and agreements for the provision of service had been agreed with the young people's parents.

Comprehensive assessments of the health, personal and social care needs of each young person had been carried out and were recorded. Individualised personal plans had been developed for young people based on these assessments and personal goals had been agreed for each individual. Personal planning information and plans of care were detailed and informative. Arrangements were also in place to ensure that any required behaviour management needs of young people had been assessed and that the required support plans had been developed.

Regulation 10: Communication

The provider had systems in place to support and assist young people to communicate in accordance with their needs and wishes.

The young people who lived in the centre could communicate verbally but were assessed as requiring additional support with communication. There were various techniques and systems in place to support these needs. Inspectors viewed two young people's support processes, which included good guidance for staff. Some of the communication supports being used included the use of written words to communicate, visual schedules, and pictorial cues to support young people with making choices, such as meal choices. Pictorial cues were also in use in the kitchen, and an inspector saw that coloured pictures were displayed on the doors of kitchen presses to help a young person to know where food items were to be found. For example, presses had pictures of tea and coffee, spices, biscuits and treats, and cereals to indicate what was inside each one. This supported a young person to source food items that they wanted independently. Photos of staff who were on duty each day and night were displayed in the centre to keep young people informed. There was an up-to-date communication policy to guide practice.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of the young people who lived there. The centre comprised a large house which included a separate self-contained apartment. It was situated in a rural area close to a village with amenities such a gym and swimming pool, restaurants and cafes, a church and shops. During a walk around the centre, inspectors saw that the centre was spacious, that all parts were well maintained, clean and comfortably decorated, and that all young people had their own bedrooms, which were

decorated to each person's preference. There were gardens to the front and rear of the centre, and the person in charge discussed plans to develop separate back gardens for both the house and the apartment. There was a shared laundry room and a refuse collection service was provided by an external company.

Judgment: Compliant

Regulation 18: Food and nutrition

Nutritional needs were being well supported for the young people who lived in the centre.

The centre had kitchens in both the house and the apartment where food could be stored and prepared in hygienic conditions. These were equipped in line with the needs of the people who lived in each unit. For example, one kitchen was well equipped with equipment for food preparation and cooking, while the other kitchen was minimally equipped as this was the preference of the young person living there. Inspectors saw that a supply of fresh food and snacks were available in the main kitchen & that food stored in the apartment was in line with the assessed needs of the young person who lived there. Food choices for the evening meals were made in the morning before school, but staff confirmed that these arrangements were flexible and that alternatives were always available in the evenings. Main meals were freshly prepared in the centre and were served in line with each young person's preferences and assessed needs. Staff who spoke with inspectors were knowledgeable of these requirements.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There were good systems in place to support the admission of new residents to the centre.

Comprehensive transition planning had taken place prior to admission to the centre. An inspector viewed the transition and admission records for a young person who had moved to live in this centre. Records showed that young people and their family representatives had had the opportunity to visit the centre before admission. There were records of ongoing multidisciplinary team involvement and regular planning meetings throughout the process. Information had been supplied to the centre by other organisations that were involved in the young person's life, for example, their school and previous accommodation. Since admission, the person in charge had also developed a comprehensive and relevant information document for the young, which would be used to supply information to other agencies as required. For

example, this would be used in the event of a hospital admission. The person in charge was aware of the requirement to records any temporary absences of young people from the centre, but to date this had not been required.

Judgment: Compliant

Regulation 28: Fire precautions

While the provider had systems in place to protect residents, staff and visitors from the risk of fire, improvement to emergency evacuation plans was required. Improvement to fire containment had also be required on the day of inspection, but this had been addressed the following day.

During the inspection, inspectors saw that fire doors with self-closing mechanism linked to the alarm system, had been fitted throughout the house. While smoke seals had been fitted to most doors, there was no smoke seal on the fire door between the utility room and the kitchen on the day of inspection. The person in charge took immediate steps to address this and provided evidence to the Chief Inspector that this had been addressed shortly after the inspection. The person in charge also supplied certification that the smoke seals in use on fire doors are constructed with an integrated intumescent function for containment of heat and fire.

Fire drills were being carried out to establish if evacuations could be carried out effectively in the centre and records of drills indicated that this was not being consistently achieved. An inspector viewed fire drill records since the centre opened in April 2025. Some fire drills were being carried out in a timely manner, but in some instances residents did not cooperate with staff and the drills were abandoned. This had been identified in the provider's recent audit of the centre, but alternative evacuation processes or plans had not yet been put in place. This presented a significant risk to residents in the event of a fire in the centre. Personal emergency evacuation plans had been developed for each young person who lived in the centre, but these did not include sufficient information to guide staff throughout the full evacuation process. For example, there was no information to guide staff on how to maintain the safety of each young person after evacuation from the centre, particularly at times of minimum staffing levels.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each young person had been carried out, and individualised personal plans had been

developed for each individual based on their assessed needs. These were of good quality, were up to date, and were informative.

Inspectors viewed both young person's personal plans and found that these plans had been developed with input from the provider's multidisciplinary team, and incorporated information that had been supplied as part of the admission processes. This information informed personal plans which identified each young person's support needs and identified how these needs would be met. These plans of care were clear and were up to date. Residents' personal goals had been agreed and work to address these had commenced. Progress in achieving these goals was being reviewed and recorded. As this was a new service, the person in charge explained that the young people's needs were subject to ongoing review and change as they settled into their new home.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

Inspectors saw that there were procedures to support young people to manage behaviours of concern, which enabled them to live their lives as safely and comfortably as possible. Inspectors viewed the support plans that had been developed to support the young people to manage their behaviours. These plans were clear and were up to date. The provider's multidisciplinary team, which included behaviour support and psychology specialists, worked with and supported the young people as required. Where restrictive interventions had been introduced for the safety and wellbeing of young people, these were being appropriately managed, assessed and recorded, to ensure that these were the least restrictive options. The centre was adequately staffed to ensure that each young person had individualised support at all times. Staff who spoke with inspectors were very clear about the behavior management strategies that were in place to support each young person. There was an up-to-date policy to guide practice.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had measures in place to ensure that young people's rights were being supported.

Inspectors observed that staff had established and recorded young people's likes, dislikes and preferences, based on discussions with their families, assessments, observation, and further knowledge of each individual gained since admission. During the inspection, the young person who was present chose how they wished to spend their leisure time after their return from school and staff ensured that this was achieved. Comfortable accommodation was provided in the centre and this accommodation was laid out to provide separate living spaces for both of the young people who lived there. This arrangement suited their current assessed needs and preferences. Young people were also being supported to keep in contact with family and friends and to access the local community. All young people who lived in the centre had access to complaints and advocacy processes and this information was freely available in the centre to inform them. It was clear during the inspection that young people's rights to choose were being taken into consideration and were being supported.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Turlough Gardens OSV-0008831

Inspection ID: MON-0046199

Date of inspection: 05/09/2025

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The smoke seal has now been installed and certified. The PEEP has been amended to reflect safe evacuation of resident by ensuring all reasonable methods are used to ensure resident is evacuated. PEEP also amended to include that resident is to be brought to the vehicle with a staff and emergency evacuation protocol followed thereafter.	

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(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	08/09/2025
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	08/09/2025

Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	08/09/2025
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