



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

Issued by the Chief Inspector

Name of designated centre:	Hillfort
Name of provider:	Cheeverstown House CLG
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	08 July 2026
Centre ID:	OSV-0009089
Fieldwork ID:	MON-0048944

About the designated centre

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

The designated centre currently provides full-time residential services for up to four people with intellectual disabilities and complex needs relating to their physical and mental health. The centre comprises two bungalows in the same estate on the outskirts of a town in Co. Kildare. The houses are close to a variety of local amenities. In both houses there are open plan kitchen/dining/living areas, two bedrooms and one bathroom. Both houses have small well-maintained gardens. Each house has their own vehicle to assist residents attend appointments and social activities. As per the centre's statement of purpose residents are supported 24/7 by nursing and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Wednesday 8 July 2026	09:15hrs to 16:40hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This inspection was announced and completed by one inspector of social services over one day. Based on observations and what they were told, the inspector found that residents were in receipt of a good quality of care and support in this designated centre. This was the first inspection in this designated centre since it was registered in November 2025. Areas of good practice were identified in several areas, and most regulations were found compliant. However, areas for improvement were identified in relation to fire safety and these will be discussed later in the report.

Hillfort provides 24/7 residential care and support for up to four adults with intellectual disabilities. There were four residents living in the centre at the time of this inspection. The designated centre comprises two houses in the same estate in a town in County Kildare.

The inspector completed a walk around both premises with the person in charge. Each house has private and communal spaces for the residents to spend their time. The houses were laid out and decorated differently in line with people's likes and preferences.

The inspector observed both houses to be clean, homely and well-maintained. They both had a back garden which had been designed to meet the needs of people living there. Each house had access to a vehicle to support residents to attend appointments and to take part in their preferred activities. Support is provided by a staff team comprising nursing and care staff.

During the inspection, the inspector had the opportunity to meet and speak with a number of people about the quality and safety of care and support in the centre. This included meeting and speaking with the four residents living there, three residents' family members, the person in charge, a person participating in the management of the designated centre (PPIM) and the four staff on duty. Documentation was reviewed in residents' homes about how care and support is provided for residents and relating to how the provider ensures oversight and monitors the quality of care and support in this centre.

Over the course of the inspection, the inspector had an opportunity to spend time in the company of each resident and to observe them as they went about their day. Residents had a variety of communication support needs and were observed to choose what they wanted to do and where they wanted to spend their time. Some residents used words to tell the inspector what it was like to use this service, and the inspector used observations and discussions with staff and family members to determine other experiences of living in this centre.

Residents appeared very comfortable and content in the presence of the person in charge, PPIM and the staff supporting them. Staff spoke with the inspector about supporting residents to settle into their new homes and to explore their new community. Warm, kind and caring interactions were observed throughout the inspection. Staff were found to be very familiar with residents' care and support needs.

Residents had moved from a campus-based service and most of the staff team had moved with them. The inspector reviewed documentation and spoke with staff and residents' family members about the impact of moving from a large, congregated setting to smaller houses in the community. They described some of the positive aspects such as smaller number of people sharing their home, the increased availability of staff to support people to enjoy activities of their choice, improved mealtime experiences and reduced risks relating to the environment and safeguarding. These areas will be discussed further later in the report.

One resident spoke with staff and the inspector about their home and their plans for the day. They said they were going to the pub and looking forward to having a drink and some food. They said they liked their home but "its a bit stuffy sometimes". They spoke about how much they were looking forward to celebrating their birthday in their new home with their extended family.

Residents in each house spent the morning at home. They left just before lunchtime in line with their plans for the day. In one house both residents left with the two staff supporting them to go to the local library to borrow some books. After this they were planning to go for a meal in a local golf club. In the other house both residents left with the two staff supporting them to go to the zoo. Before they left, they sat around the kitchen table and chatted about what they needed to bring with them, which animals they were hoping to see and what they would like to buy in the shop at the zoo.

Later in the day, the inspector had an opportunity to meet each of the residents when they came back from their trips. They each appeared happy and staff reported they enjoyed their trips. In one house, residents showed the inspector some of their purchases including hats and souvenirs from their trip.

Based on a review of records and discussions with residents, staff and residents' family members, some of their preferred activities included, swimming, going to pet farms, going to parks, visiting local attractions, shopping, eating out, bowling, going to cinema and exercise classes. Each resident was being supported to spend time with their family and friends. This will be discussed further under Regulation 11: Visits.

As previously mentioned, the inspector had an opportunity to meet and speak with residents' family members. They had an opportunity to speak with one residents' family member on the phone and to meet three family members in person. They each spoke about how well their family members were settling into their new home. A number of them spoke about their worries and concerns prior to the move which had been alleviated now as they could now see how well the move had gone and

how happy their family members were. They spoke about how "lovely" the houses were, describing them as "homely", "a fabulous house in a lovely community", "very comfortable" and "a nice place to live". They were complimentary towards the staff team and spoke about how welcome they were when they visited. They spoke about how nice it was to see their family member get on so well with their housemates with one person saying "they get on great together and are suited to live together". One family member played a song they had written for and about their brother. They spoke about the process of putting it to music and recording it in a studio and their plans to share it with others in the future.

Four resident questionnaires were reviewed. These were completed by residents with the assistance of staff, as part of the provider's ongoing review of care and support in the centre. The feedback in these questionnaires was positive in relation to areas such as the house, residents' bedrooms, food and mealtimes, care and support, visiting arrangements and staff supports. Examples of comments included in these questionnaires were, "my home is comfortable and quiet and everyone is happy", "I love me new home", "there is a variety of meals and activities", and "I like my bedroom, sitting room and garden".

In summary, both houses appeared homely and comfortable. Residents appeared happy and content in their homes and in the presence of staff supporting them. They were busy exploring their new community and sampling activities to see which they enjoyed. They were supported by a staff team who they were familiar with and who were familiar with their likes, dislikes and preferences.

The next two sections of this report will 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 provided.

Capacity and capability

The findings of this announced inspection were that residents were in receipt of a good quality of care and support in this centre. For the most part, the provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews. However, the inspector identified that some improvements were required in relation to fire safety.

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge provided supervision and support to the staff team. The person in charge received supervision and support from a person participating in the management of the designated centre (PPIM). There was an on-call service available out-of-hours.

The centre was staffed in line with residents' assessed needs. There was one staffing vacancy at the time of this inspection but this was not found to be impacting on continuity of care and support for residents. Staff were in receipt of training and supervision to support them to carry out their roles and responsibilities to the best of their abilities.

Regulation 14: Persons in charge

The person in charge had the qualifications and experience to fulfill the role. They were full-time and had sole responsibility for the day-to-day operation of this designated centre.

During the inspection, the inspector reviewed the systems they had for oversight and monitoring and found that they were effective in identifying areas of good practice and areas where improvements were required in this centre.

Each resident was observed to be very familiar with them and appeared comfortable and content in their presence. Each staff member who spoke with the inspector were complimentary towards the support they provided to them.

The inspector found they were focused on quality improvement initiatives and implementing a human-rights based approach to care and support for residents. They were also motivated to ensure that both residents were happy, safe, engaging in activities they find meaningful and exploring their new community.

Judgment: Compliant

Regulation 15: Staffing

The provider was ensuring that there were enough staff to meet the assessed needs of residents.

The centre was not fully staffed at the time of this inspection. There was one staff vacancy at the time of this inspection and recruitment was ongoing to fill this vacancy. There were planned and actual rosters in place and they were well-maintained. Based on a review of a sample of rosters for two months, all the required shifts were covered. Available shifts because of the staff vacancy were covered by staff doing additional hours or regular relief staff. This demonstrated that the vacancy was not having an impact on continuity of care and support for residents.

Three staff files were reviewed. These contained the information required by Schedule 2 of the regulation.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the staff training matrix and sample of five training certificates demonstrated that staff had completed training listed as mandatory in the provider's policy. This included safeguarding, fire safety, the safe administration of medicines, manual handling, and infection prevention and control (IPC). In addition, they had completed several trainings in line with residents' assessed needs such as autism and neurodiversity training.

The supervision schedule and a sample of supervision and annual performance reviews demonstrated that these were being completed in line with the provider's policy. Formal supervision was completed at least twice a year and the person in charge was also maintaining a supervision book to record meetings and knowledge checks with staff. The agendas for supervision were varied and discussions were held on areas such as residents' wellbeing and goals, staff roles and responsibilities, incidents, safeguarding, complaints, risk management and training and development.

The four staff members who spoke with the inspector stated they were well supported. They were aware of who to raise any concerns they may have in relation to the day-to-day management of centre or residents' care and support. They spoke about the availability of the person in charge and PPIM should they require support. They also discussed the provider's out-of-hours supports.

The inspector reviewed minutes of the four staff meetings. These were well attended and agenda items included management updates, IPC, complaints, restrictive practices, staff support, audits, risk, finances, transport, activities and fire safety. A new meeting book was recently introduced. Between staff meetings, staff meet fortnightly to discuss topics such as health and safety, quality and compliance, wellbeing, staff training and support, success stories and achievements and the delegation of tasks to the staff team. Records are maintained of these meetings.

Overall, the inspector found that the staff team received support and supervision to ensure good practice in the centre.

Judgment: Compliant

Regulation 21: Records

Over the course of the inspection, the inspector found that records set out in the regulations were maintained and available.

Resident and staff records requested were readily available and well-maintained. They were found to be accurate and up-to-date.

Overall, the inspector found that the provider had effective systems and processes in place, including policies and procedures to ensure that documents were created, maintained, stored and destroyed in line with relevant legislation.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the provider's systems for oversight and monitoring were proving effective. This was a well-run centre where residents were in receipt of good quality and safe service.

The inspector found that the management structure was in line with the statement of purpose. From a review of documentation and discussions with staff, there were clearly identified lines of authority and accountability amongst the team. This meant that all staff were aware of their roles and responsibilities to deliver a safe and good quality service.

Both the person in charge and PPIM were present regularly and demonstrated good monitoring and oversight of the centre. For example, they were following up on the actions from audits and reviews and capturing this in the quality improvement plan (QIP) for this centre.

The inspector reviewed the first six-monthly review by the provider for this centre. An annual review was not yet due. The six-monthly review was comprehensive, and findings were similar to those of this inspection, apart from fire safety issues identified during this inspection. These will be discussed under Regulation 28: Fire Precautions.

The actions from these audits and reviews were tracked, marked when completed and leading to improvements in the environment and the oversight of procedures and documentation in the centre. This was captured in the QIP which was being regularly reviewed and updated.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector carried out a walk around the centre and a review of records and found that where required, notifications were submitted to the Chief Inspector of Social Services within the time frames specified in the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents had opportunities to take part in activities and were in the process of exploring their new community. They were spending time with their families and friends. Both houses were warm, clean, well maintained and homely. Some improvements were required in relation to fire safety. These will be discussed under Regulation 28: Fire Precautions.

The inspector reviewed residents' assessments and personal plans and found that these documents positively described their needs, likes, dislikes and preferences. They were accessing health and social care professionals in line with their assessed needs.

Residents, staff and visitors were protected by the safeguarding and risk management policies, procedures and practices in the centre. There were systems for responding to emergencies.

Residents' rights were promoted and upheld in a number of areas across the centre and these are discussed further under Regulation 9: Residents' Rights.

Regulation 11: Visits

The provider had visiting policies and procedures in place. Information relating to visiting arrangements was also available in the statement of purpose and residents' guide for this centre.

As previously mentioned, the inspector spoke with four relatives during the inspection. They each spoke about visiting and being visited by their family members. For example, the inspector spoke with one relative on the phone about how staff supported their relative to meet them and another family member every week. The inspector also met with two residents' family members during the inspection and they each said they were happy with visiting arrangements. One family member had dropped in unannounced and the other family members said they also drop in unannounced but have found that their relative is so busy and out and about so much that now usually ring before the come.

There were a number of communal spaces available to residents to meet their visitors. This included the open plan kitchen-living-dining room space. In addition, the offices had been designed with fold away desks and additional seating so they could be used as a visitors room, if needed.

Judgment: Compliant

Regulation 17: Premises

The inspector found that both premises were clean, warm and homely.

As previously mentioned, all four residents were observed to appear very comfortable in their homes. Both premises were new builds and works had been completed by the provider to ensure that the premises were designed and laid out to specifically meet the number and needs of residents living there. For example, ceiling track hoists were installed in bedroom and living areas.

Residents had access to a large open plan kitchen-dining-living area. They also had access to well-maintained back gardens with seating areas and parasols.

Each resident had their own bedroom which was decorated in line with their preferences. There was artwork and pictures of the residents and the important people in their lives on display. Work was ongoing to make sure that residents had access to sufficient storage in their home and bedrooms. For example, since the centre opened, sheds had been sourced for large equipment and storage solutions were being explored for residents' bedrooms. For example, one resident did not have sufficient space in their wardrobe and solutions were being explored.

There were systems to ensure that maintenance and repairs were completed in a timely manner.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre.

The provider has a risk management policy that met regulatory requirements.

The risk register, area-specific and resident risk assessments were reviewed. These were reflective of presenting risks. Residents' assessments and plans detailed the

control measures in place to reduce presenting risks. The risk register and risk assessments were regularly reviewed.

There was a system for recording incidents, and there were regular reviews of incidents completed. Incidents were also reviewed as part of the provider's audits and reviews and discussed at staff and management meetings.

Based on a review of incidents, there was a reduction in incidents relating to both safeguarding and behaviors of concern since residents moved to this designated centre. This was discussed with staff and they attributed this to resident compatibility and how happy residents were in their home and the supports in place.

Judgment: Compliant

Regulation 28: Fire precautions

As previously mentioned, action was required to improve fire safety in the centre.

The inspector carried out a walk around of both houses during the inspection. They observed the emergency lighting, smoke alarms, fire-fighting equipment and alarm systems in place. The inspector reviewed records for 2025 and 2026 which demonstrated that service and maintenance were completed on these fire systems and equipment.

There were fire doors with swing closers in place in both houses. However, in both houses each of the fire doors had significant gaps underneath them. Light could be seen coming from other rooms and the inspector could put a large notebook or their hand underneath to the other side of the doors. The inspector was not assured that sufficient containment was in place and that these doors could operate as intended to ensure a protected evacuation route and prevent the spread of fire and smoke. In addition, there was some damage to several doors at the side and bottom, and it was unclear if this damage was impacting the integrity of these doors.

A sample of four fire drill records were reviewed. These demonstrated that drills were occurring frequently, and records demonstrated that the provider was exploring if residents could evacuate in a safe and timely manner. Drills considered residents' support needs and a range of scenarios. However, a drill/simulated drill had not been completed to reflect overnight staffing levels. There was one staff on duty in each house at night and an additional staff was in place who moved between the two houses. A drill had not been completed to demonstrate how long it would take the second staff to move between the houses, if needed. The person in charge informed the inspector that they had recognised that an additional mobile phone was required for emergency situations for the staff who moved between the houses and that this was being sourced.

Personal emergency evacuation plans for each resident were reviewed. These were sufficiently detailed to guide staff practice to support them to evacuate safely. The

fire evacuation plan was on display and included the different routes for evacuations in both houses.

Judgment: Not compliant

Regulation 6: Health care

Based on a review of documentation and discussions with staff, residents were being supported to enjoy best possible health. Their health and wellbeing was being supported through diet, nutrition and recreation.

From a review of residents' plans, it was evident that, as required, they had access to a general practitioner (GP) and a range of health and social care professionals in line with their assessed needs. In line with presenting healthcare needs they were supported to access consultants. Where treatment and recommendations were made, these were implemented. Residents were supported to access national screening programmes in line with their preferences, age and healthcare conditions.

Staff had completed several additional training courses in line with residents' specific healthcare needs. For example, staff were trained in first aid, diabetes and the safe administration of medicines.

The inspector reviewed residents' assessments and personal plans and found that they were reflective of their healthcare needs. Their plans were sufficiently detailed to guide staff practice in relation to any supports they may require. A log of residents' appointments and follow ups was maintained.

Judgment: Compliant

Regulation 8: Protection

Based on a review of documentation and discussions with staff, the inspector found that residents were protected by the safeguarding policies, procedures and practices in this centre.

From a review of the staff training matrix, 100% of staff had completed adult safeguarding and protection training. The inspector spoke with the person in charge and staff on duty and found that they were all knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

The provider had a safeguarding policy which detailed each person's roles and responsibilities. There had been no safeguarding concerns notified to the Chief Inspector; however, the inspector reviewed documentation to demonstrate that

should there be, the systems were in place to ensure it would be reported and followed up on in line with the provider's and national policy.

Each resident had a detailed intimate care plan in place. They contained information on their support needs and how they communicate their choices, wishes and preferences.

The inspector reviewed the systems in place to ensure that residents' finances were safeguarded. Each resident had an account(s) in financial institutions in their own name. They each had ledgers to record their spending and receipts were maintained. Spending was reviewed against their receipts and statements of account. The person in charge was reviewing records regularly to ensure there were no discrepancies.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the staff team were focused on implementing a human-rights based approach to care and support for residents in this centre.

Staff had completed several trainings to ensure they were embedding a human-rights based approach and culture. These included four modules on applying a human-rights based approach in health and social care, training on the Assisted Decision-Making (Capacity) Act 2015, and Social Role Valorisation.

The inspector observed staff treat residents with dignity and respect throughout the inspection. Staff who spoke with the inspector discussed residents' strengths, talents and goals. They used person-first language and described how important it was to them that each resident was happy, safe and engaging in activities they find meaningful.

Resident meetings were being held monthly, and menu planning was completed weekly. From the sample of resident meetings reviewed, agenda items included areas such as, activities, the environment, shopping, social events, staff supports and visitors.

There was information available in an easy-read format on areas such as safeguarding, rights, complaints and how to access advocacy services.

As previously mentioned, throughout the inspection, residents appeared very comfortable in the presence of staff. They were observed to seek out staff support if they required it, and to spend time in shared areas of their home, or alone in their bedrooms.

Judgment: Compliant

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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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hillfort OSV-0009089

Inspection ID: MON-0048944

Date of inspection: 08/07/2026

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire doors in both locations in this centre which were identified by the inspector to have significant gaps underneath them was assessed by the main contractor from the housing body and actions have been taken to address this issue. All doors were fitted with the Applic Drop Down Seals (930mm Surface Mounted Drop Down Seal) to ensure effective containment, operate as intended and prevent the spread of fire and smoke in the event of a fire on the 05/08/26. Some damage noted to doors in this Centre have been assessed by the contractor in relation to the integrity and findings indicated the damage was not impacting the integrity of these doors. Paint work to affected doors will be completed 30/09/26 Night time fire drills/simulated drills have commenced to reflect overnight staffing levels and will demonstrate the supports and the length of time required for the safe evacuation of residents in this Centre. A scheduled has been devised for staff who routinely work night shifts to ensure that they participate and become familiar with the procedure for safe evacuation in the event of a fire.	

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)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2026