Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Balreask
Name of provider:	Praxis Care
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	02 July 2026
Centre ID:	OSV-0009258
Fieldwork ID:	MON-0050964

About the designated centre

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

Balreask is a three bedroom two-storey house located on the outskirts of a large town in County Meath. The centre is registered to support three adult residents. It is in close proximity to some amenities, however transport is also provided as residents attend a day service everyday and also like to go on activities other than in their local community. The property has four bedrooms, all of which have en-suite bathrooms and one of those is a staff sleepover room. One of the three bedrooms is contained in a single living apartment style area, which also contains a living room and separate small kitchen. There is adequate communal spaces that residents can avail of including a utility room, a kitchen dining area, and two small sitting rooms. There is also an office and storage areas upstairs in the property. The property has a large driveway to the front of the property and a large garden to the back of the property. The staff team comprises of direct support workers, some of whom are employed as team leaders. The person in charge is employed on a full-time basis and works directly in the centre from Monday to Friday. Residents have access to a range of health and social care professionals, doctors and a nurse. Some services and professionals can be accessed in the community, or privately which may incur additional charges for the resident.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Thursday 2 July 2026	10:55hrs to 18:20hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was conducted in response to a number of adverse incidents notified to the Chief Inspector of Social Services as required under the relevant regulations. The adverse incidents detailed allegations of abuse and some of these incidents related to staff members employed in the centre. The inspection found that the incidents had been managed in an appropriate manner. However, improvements around consistency of staffing was required.

Overall, the inspector found that the governance and management arrangements in the centre required improvements. There was an inconsistent staff team employed in the centre due to staff vacancies and unplanned leave which was impacting on the quality and safety of care to the residents. Improvements were also required in fire safety, risk management and staff training.

This centre was registered in March 2026 to provide residential care to three residents. A site inspection was conducted on 12 March 2026, to inform the decision to register the centre. The site inspection identified a number of areas that required improvement and the provider had submitted written assurances to the Chief Inspector detailing how the required improvements would be made to ensure compliance with relevant regulations.

As a result of the information contained in the adverse incidents notified to the Chief Inspector and the findings from the site inspection conducted, specific regulations were focused on at this inspection. They included, Regulation 15: Staffing, Regulation 16: Training, Regulation 8: Protection, Regulation 23: Governance and management, Regulation 28: Fire protection, Regulation 29: Medicines and pharmaceutical services and Regulation 26 Risk management.

Over the course of the inspection, the inspector met the two residents living here, two staff on duty, and the person in charge. The inspector also spoke to two family representatives over the phone, to get their views on the quality of care. The inspector also reviewed records that related to the governance and management arrangements in this centre.

On arrival at the centre, both residents were attending a day service and were not due to return till later in the afternoon. The centre was very clean, well-organised and decorated to a high standard. There were plenty of areas in the centre where the residents could spend time alone, which one resident was reported to really like. The two residents' bedrooms were spacious and had wardrobes to store their personal belongings. The property had four bedrooms, all of which have en-suite bathrooms and one of those is a staff sleepover room. One of the three bedrooms was located in a single living apartment style area, which also contained a living room and separate small kitchen. There were adequate communal spaces that

residents can avail of including a utility room, a kitchen dining area, and two small sitting rooms.

There was a large garden to the back of the property that had an area for residents to sit out. At the time of this inspection, the back garden still required some landscaping. This had been identified at the site inspection, and the registered provider had stated in their compliance plan that this would be addressed by the end of July 2026.

While walking around the centre, the inspector observed some improvements were required to fire safety. For example, the inspector saw that fire doors were wedged open. This meant that if the fire alarm went off the doors would not close properly.

The inspector met one resident briefly to say hello to, they were enjoying their dinner and were on their tablet device, when they returned from their day service. The staff informed the inspector that this resident generally liked to relax and take it easy on their return from the day services and informed the inspector that this routine was very important to the resident. However, at the weekends they enjoyed varied hobbies such as going to funfairs, water parks, theme parks and visiting family.

The other resident was finishing dinner when the inspector was introduced to them. The resident was observed helping to clean up after dinner, and the staff informed the inspector that this was something that the resident liked to do. Staff informed the inspector that the resident liked to be close by to staff at all times and liked helping with the garden and other household tasks. The resident appeared to be happy watching their tablet device and was later observed outside on their scooter.

The inspector spoke to family representatives over the phone. One family representative expressed that over the last number of months the inconsistent staffing arrangements have been impacting on their family members' quality and safety of care. They stated that they had noted changes in the levels of anxiety the resident was experiencing, and an increase in some behaviours of concern which the resident had not displayed for a number of years.

The second family member also spoke about being concerned about the staffing arrangements and the adverse incidents being reported in the centre. They also reported that that while the registered provider responded to concerns, they had raised previously, that the response to those concerns did not always occur in a timely manner.

The inspector found from reviewing records pertaining to the governance and management arrangements in the centre, that there had been no formal review of the staffing arrangements in place to assure consistent care to the residents, the staffing deficit was also not risk assessed. It was also not on the risk register for the centre, to provide assurances around how the registered provider was mitigating potential risks in the centre due to these staff shortages.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements affected the quality of care and support being provided to residents.

Capacity and capability

The governance and management systems were not assuring that all aspects of care and support were in line with the requirements of the regulations. There were a number of staff vacancies and unplanned leave for staff which resulted in an inconsistent staff team which was impacting on the quality of care and potential safety of the residents in the centre. Additionally, improvements were required in the oversight and auditing of the centre to ensure any improvements required to service provision were identified and assessed in an appropriate manner.

Overall, staff had been provided with training to meet the needs of the residents. However, some agency staff did not have training in a specific area of care and support which meant they did not have all the required skills to support the residents' accordingly.

Regulation 15: Staffing

Overall, the inspection findings indicated that residents were not in receipt of continuity of care due to the over reliance on agency and relief staff.

At the time of inspection there was 3.8 whole time equivalent staff vacancies within the centre with included 1.8 team leader vacancies. On review of the rosters it was found that there was one 'core' team leader (meaning working permanently in the centre) and five 'core' direct support workers.

As a result, shifts were being completed by agency staff, or relief staff. The agency employed were not always consistent staff members and the relief staff employed were sometimes assigned from different designated centres operated by the provider. This was impacting on the consistency of care provided to residents.

The staff numbers according to the person in charge were three staff on duty and a team leader each day when the two residents were present in the centre. The inspector observed from a review of rosters that there were some days when these staffing levels were not maintained as the shifts could not be filled. This meant that only two staff were on duty and one team leader. The person in charge informed the inspector that this was still in line with the safe staffing levels assigned to this centre by the registered provider. However, when the inspector asked for an assessment or process on how the provider determined the safe staffing levels in

the centre, while also assuring a safe quality service to the residents, this assessment/record was not available. This did not provide assurances to the inspector that these staffing levels were safe and in line with the needs of the residents.

On review of the residents' personal plans it was stated that consistent routines and staff who knew them well were required. This was not occurring at the time of the inspection. Residents had specific assessed needs in terms of aspects of their communication and it was reported that that staff not understanding what they were communicating could lead to incidents where a resident may engage in self-injurious behaviour. Given the number of staff employed in the centre, who did not know the residents well, this increased this risk to the residents.

The person in charge informed the inspector that the staffing situation in the centre was very challenging and reported that it was impacting on the residents' support needs. While they outlined some of the things they were trying to do to address this, such as trying to roster familiar agency and relief staff members, they acknowledged that this was not always possible. They also informed the inspector that two family representatives had made complaints the day before the inspection regarding the staffing arrangements and how this was impacting on their family members and about adverse incidents that had occurred recently concerning their family members. At the time of the inspection, the person in charge intended to meet both family members to discuss and address their concerns.

At the time of the site inspection, the registered provider had provided assurances to the Chief Inspector that all staff files would be reviewed to assure that they met the requirements of the regulations. At the site inspection, there had been gaps in the employment history for some staff. The inspector reviewed two staff personnel files and found that they now contained all of the required documents outlined under Schedule 2 of the regulations.

Judgment: Not compliant

Regulation 16: Training and staff development

Overall, the the inspector found from a review of the training matrix that staff had completed training in a number of area's that enabled them to provider care and support in line with residents' specific needs. However, agency staff had not completed all the required trainings.

For example the inspector saw that the following training had been completed.

- Children First
- Safeguarding of Vulnerable Persons
- Fire Safety
- Food Safety

- Moving and Handling (inanimate objects)
- First Aid
- Medication Management Theory and competency assessments
- Epilepsy management
- Basics of Infection & Prevention Control

The registered provider also had a system in place to ensure that agency staff had completed training in areas such as Safeguarding of Vulnerable Persons, Fire Safety and First Aid. However, due to the over reliance on agency staff in the centre, the person in charge had requested that agency staff complete training in 'personal safety' in line with the risk assessments for the residents. This according to the person in charge had been escalated to the registered provider. However, there was no feedback at the time of this inspection regarding how this was going to be addressed. This needed to be reviewed as referenced also under Regulation 23: Governance and management.

The inspector found that staff received supervision in line with the provider's policy and where new staff were employed they were completing or had completed a probationary review period in the first six months of employment.

The inspector spoke to one staff who demonstrated a good knowledge of the residents' needs and outlined some of the residents' healthcare needs, their hobbies and interests and specific routines that the residents liked to follow.

Judgment: Substantially compliant

Regulation 23: Governance and management

Given the findings of this inspection, the inspector was not assured that the governance and management arrangements in this centre were assuring a safe, quality service to the residents at all times. A number of improvements were required to assure that actions from audits were completed and to assure that audits and reviews of the service were identifying areas of concern in the centre.

At the site inspection conducted in March 2026, a number of improvements had been required to ensure compliance with this regulation. These included a review of the risk register for the centre, the garden to the back of the property needed to be landscaped, staff personnel files needed to be reviewed to ensure that all gaps in a staff members employment history were accounted for and; the registered provider needed to address fire safety compliance as one of the bedrooms in the centre was an inner bedroom which did not assure fire safety compliance in the centre. The inspector found that all of these actions had been addressed, with the exception of the back garden being landscaped which was due to be completed in July 2026.

At this inspection, the inspector found that Regulation 28: Fire Precautions was found not compliant, and Regulation 26: risk management still required improvements.

The registered provider had governance arrangements to include a person in charge who reported to a head of operations. To support the person in charge in their role to oversee the care and support of the centre, the registered provider had team leader posts in place. However, on the day of inspection only one team leader was employed on a full-time basis with the other posts being filled by relief staff. This did not assure consistency of care to the residents as some of these relief team leaders did not know the residents very well. This needed to be reviewed.

The inspector also found that the staffing arrangements in the centre, did not feature as a risk on the risk register for the centre, despite the ongoing issues in the centre with staff shortages. The registered provider had a business continuity plan stating that the minimum safe staffing levels in the house was three staff (including the team leader), however, there was no assessment or review to determine, how the provider was assured that this did not impact on the quality and safety of care being provided.

The inspector found that as well as the improvements required under a number of regulations, that actions from audits were not being addressed or picked up on as part of the governance arrangements in the centre. A fire risk assessment conducted on 13 May 2026 for example, made two specific recommendations to assure compliance with the regulations and these had not been addressed at the time of the inspection. These improvements had also not been identified at monthly reviews of the centre, or through fire safety checks conducted in the centre. For example, one of the recommendations included that a fire door needed to be fixed to ensure it closed. However, the inspector noted that the fire doors had been checked on 26 May 2026 and no actions were required from this, even though this door was not fixed on the day of the inspection.

The inspector also found that other audits were not identifying areas of improvement in the centre. For example, the inspector identified some infection prevention and control risks in the centre and training needs required by staff that had not been identified through the provider's own audits and reviews.

Overall, improvements were required in areas of oversight to ensure that area's of improvement were identified and rectified accordingly.

Judgment: Not compliant

Quality and safety

While residents were observed to have some positive experiences in this centre, and on the day of the inspection they appeared happy and relaxed in the centre, the shortage of staff was impacting on the quality and safety of care at the time of this inspection. There were significant improvements required under fire safety and some improvements under risk management. The registered provider, however, did have systems in place to report and respond to allegation of abuse in the centre and took timely actions to ensure the safety of the residents in the centre, when such incidents occurred in the centre.

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place outlining how risks should be managed. Incidents that occurred in the centre, were recorded and reviewed by the person in charge to see if any actions were needed to prevent the incident reoccurring. The inspector found that since the centre had opened 17 incidents had occurred in the centre, nine of which related to behaviours that residents could display when they were anxious. The inspector found that both residents had access to a behaviour specialist who reviewed these incidents, along with the residents behaviour support plans to assist and support the residents.

The registered provider had a risk register in place outlining the control measures they had in place to prevent or minimise risks in the centre. However, some of the controls listed were not in place. A risk management plan for the management of behaviours of concern, noted that all staff are required to have training in personal safety. However, as referenced under Regulation 23: Governance and management, this had not been provided to agency staff employed even though the person in charge had reported it as a training need to senior management. As well as this individual risk assessments for residents included that the risk of self-injurious behaviour increased for residents, if they could not communicate effectively or feel that staff cannot understand them and therefore needed a consistent staff team. These risk assessments needed to be reviewed because some of the control measures contained in them to mitigate the risks to residents were not in place at the time of this inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall, the inspector was not assured that the fire safety measures in place were in line with the requirements of the regulations.

There were several issues found on this inspection in relation to fire containment and access to fire assembly points. These included:

- Five doors were wedged open on the day of the inspection which meant that in the event of a fire the doors would not close and significantly compromised the fire containment measures within the centre. While the inspector acknowledges that the residents preferred to have the doors open, the system in place compromised the safety of the centre and required an immediate review.
- A risk assessment conducted in the centre in May 2026, found that there was incorrect information in relation the occupancy arrangements of the centre. The inspector was also not assured that recommendations from this audit had been completed as when the inspector followed up with two recommendations they had not been done. This included ensuring that a fire door upstairs in the centre closed properly, and adding a self-closure device to one of the bedroom doors.
- The registered provider had electric gates to the front of the property, which required a specific key to be used, if there was a fire and the electricity was not working. The inspector found that the location of this key would not be easily accessed in the event of a real fire as it was stored with other keys in a kitchen press.

Given these findings, the person in charge contacted the fire safety officer who agreed to visit the centre, the day after the inspection to address the concerns observed on this inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had a system in place to ensure that the medicines were stored safely in the centre. A staff member went through the practices in the centre, for administering medicines. The staff member was very familiar with these practices and knew the reason why the medicines were prescribed for residents. The staff knew when and how to administer emergency medicine should it be required in the centre. They were also familiar with some of the side effects of medicines.

The inspector reviewed the records pertaining to the reconciliation of medicine for the two residents living in the centre. For example; the staff team reconciled the number of medicines stored in the drug press against the number of times it was administered to assure that the residents had not received more medicines than required. The inspector found from reviewing two records pertaining to medicines that may cause increased drowsiness and found that the records were correct.

There was a low number of medicine errors occurring in the centre. A recent one had been investigated and reviewed and some of the actions taken had included refresher training.

All staff had completed training in the safe administration of medicines including a competency assessment following this training. The inspector found that when staff had not completed all of this training that they were not permitted to administer any medicines in the centre.

Judgment: Compliant

Regulation 8: Protection

Notwithstanding, the improvements identified under Regulation 23: Governance and Management and Regulation 15: Staffing which could impact on residents feeling safe in the centre, the inspector found that the person in charge and the registered provider took timely actions to respond to safeguarding concerns when they arose in the centre.

Since the centre had registered in March 2026, a number of adverse incidents had been reported to the Chief Inspector of Social Services, one of which related to negative interactions between residents and the rest related to staff issues. The inspector found that the registered provider had taken appropriate, timely actions to address those adverse incidents and had taken appropriate timely actions to safeguard the residents in the centre. They had also reported all the incidents to the relevant authorities and the person in charge had instigated an investigation following these adverse incidents or escalated it to the appropriate personnel in the organisation.

All of the staff employed including agency staff and relief support workers had completed training in safeguarding.

The staff who met with the inspector was aware of the different types of abuse and the reporting procedures in place should an incident occur.

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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Balreask OSV-0009258

Inspection ID: MON-0050964

Date of inspection: 02/07/2026

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Registered Provider has recruited for the vacant Team Leader and Support worker positions. Candidates have accepted these posts and are now going through pre-employment checks. To be completed by 30/09/2026 The Registered Provider has block booked agency staff, where possible, to ensure that vacancies are back filled by core agency staff. Commenced 16/07/2026 The Registered Provider has completed an assessment and staff guidance on safe staffing levels. Completed 28/07/2026 The Registered Provider has ensured in line with safe staffing guidance, there is a minimum of one core care staff on each shift. Commenced 16/07/2026	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Registered Provider has a contract with agency providers. The Registered Provider has formally contacted the agency to request formal assurance that personal safety training is being conducted with their employees. To be completed by 14/08/2026. The Registered Provider has received confirmation from The Agency to ensure that staff currently completing shifts in the registered center have completed training in personal safety and crisis prevention. Completed 17/07/2026 The Registered Provider has ensured that verification forms have been updated to reflect training completed. Completed 17/07/2026	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Registered Provider will ensure that the back garden is landscaped.
To be completed by the 17/08/2026.

The Registered Provider has recruited for the vacant Team Leader and Support worker positions. Candidates have accepted these posts and are now going through pre-employment checks. To be completed by 30/09/2026.

The Registered Provider has updated the risk register in relation to staff shortages and management of the impact of same. Completed 28/07/2026.

The Registered Provider has completed an assessment and staff guidance regarding safe staffing levels and has shared this with staff. Completed 28/07/2026.

The Registered Provider will ensure that the Head of Operations will review agency files in monthly monitoring visits. To Commence August 2026.

The Registered Provider will complete a work shop with staff in relation to completing fire safety checks and fire compliance. To be completed 31/08/2026

The Registered Provider will ensure all actions identified in the updated fire risk assessment on 17 July 2026 will be completed by the 14/08/2026.

The Registered Provider will ensure that the Head of Operations will review fire safety in monthly monitoring report and escalate any concerns accordingly. To commence August 2026.

The registered Provider will ensure that staff vacancies are monitored by Head of Operation in monthly monitoring visits with concerns escalated. Commenced July 2026.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The Registered Provider has recruited for the vacant Team Leader and Support worker positions. Candidates have accepted these posts and are now going through pre-employment checks. To be completed by 30/09/2026.

The Registered Provider has completed an assessment and staff guidance re safe staffing levels. Completed 28/07/2026.

The Registered Provider has updated the risk register in relation to staff shortages and

management of same. Completed 28/07/2026.

The Registered Provider has a contract with agency providers. The Registered Provider has formally contacted the agency to request formal assurance that personal safety training is being conducted with their employees. To be completed by 14/08/2026.

The Registered Provider will review residents risk assessment management plans and ensure that actions in place are up to date to mitigate risk. To be completed by 31/08/2026.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Registered Provider has ensured that doors are no longer wedged open. Completed 03/07/2026.

The Registered Provider has implemented a key box placed outside. This is located at the gate, and contains the key to manually open to gates in the event of an emergency. Completed 21/07/2026.

The Registered Provider has installed a fire alarm in the outside shed to comply with regulations. Completed 20/07/2026.

The Registered Provider will complete a work shop with staff in relation to completing fire safety checks and fire compliance. To be completed by 31/08/2026.

The Registered Provider's Head of Fire Safety carried out an updated fire risk assessment on 17 July 2026 identifying the following;
Front fire door to 'apartment' to be removed. Completed 21/07/2026.

Dorgard now fitted to ground floor rear `apartment'. Completed 21/07/2026.

Maglock to be fixed in apartment rear door- Scheduled to be completed by 14/08/2026.

Internal thumbscrew to be fitted to rear 'final exit' door. leading to rear garden Scheduled to be completed by 14/08/2026.

Check that in event of power failure that keypad system (doors, gates from rear garden etc) de-activate & unlock to allow exit to Assembly Point. Scheduled for 14/08/2026

Self-closing mechanism on 1st floor store room adjacent to stairway now adjusted so that it fully self-closes. Completed 17/07/2026.

Dorgard to be installed on 1st floor sleepover room fire door. Scheduled for completion by 14/08/2026.

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	30/09/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	14/08/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and	Not Compliant	Orange	30/09/2026

	support in accordance with the statement of purpose.			
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.	Not Compliant	Orange	30/09/2026
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/09/2026
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	31/08/2026