



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area J
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	03 March 2025
Centre ID:	OSV-0002722
Fieldwork ID:	MON-0046590

About the designated centre

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

Community Living Area J is a designated centre operated by Muiriosa Foundation, and can provide care for up to three male and female residents, who are over the age of 18 years, and who have an intellectual disability. The centre comprises of one bungalow house, situated on the outskirts of a town in Co.Laois, where each resident has their own bedroom, some of which are en-suite, shared bathrooms, and have communal use of a sitting room, living and dining area, kitchen, utility, staff bedrooms and office space. There is also a garden area to the front and rear of the property. The location of this centre is close to a range of amenities, to include, cafe's and restaurants, local parks, pub, and a hotel and leisure centre. Staff are on duty both day and night to support the residents who live in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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
Monday 3 March 2025	11:10hrs to 15:50hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor the provider's compliance with the regulations. The day was facilitated by the person in charge and later joined by the person participating in management. The inspector also got to meet with one of the residents that lived in this centre, and with the staff member supporting them. Before close of this inspection, the inspector briefly met with another staff member who was coming on shift for the evening. Overall, there were good practices observed in relation to residents' care and support arrangements. There were some improvements found to certain aspects of this service; however, the main findings of this inspection was in relation to the premises, which required significant attention by the provider to address. Each of these findings will be discussed in more detail later on in the report.

Three residents lived in this centre, and had done so for many years. They primarily required care and support in relation to their assessed manual handling needs, positive behavioural support, nutritional and social care. Previously, some safeguarding concerns were raised by the provider following reported negative peer-to-peer interactions, and this was being managed through on-going staff supervision, which was working well in preventing any further incidents of a similar nature occurring.

The centre comprised of one bungalow dwelling, located on the outskirts of a town in Co. Laois. Each resident had their own bedroom, some of which were en-suite, communal bathrooms, and shared access to a kitchen, dining and living area, a sitting room, utility, staff bedrooms and office. Since the last inspection, the provider had completed upgrade works to the kitchen, to include, new kitchen units, giving this room a fresh, bright and organised feel. The external aspect of the premises provided residents with a garden area, and there was also building on the grounds which was independent of the designated centre, and this was where one of these residents was provided their own individual day service. Overall, the centre was comfortably furnished, but certain aspects of it did require maintenance and repair works. In addition to this, due to the assessed mobility needs of one particular resident, the wheelchair accessibility of one exit door regularly used by this resident, required review to assess the suitability of this door to be utilised as an exit route for this resident.

Upon the inspector's arrival to the centre, one of the residents was being supported to have their day service in the comfort of their own home. They were having a cup of coffee in the living area and later headed out with their supporting staff for a drive to a nearby park. This resident had communication needs, and were unable to converse directly with the inspector about the care and support they received. Staff were observed to effectively engage with this resident, informing them of the purpose of the inspector's visit. They did use some words and phrases that the staff member was able to interpret, and interactions between this resident and staff member were friendly and warm. The other two residents were also at their day

service, one of whom, has theirs provided on the grounds of the designated centre, while the other attends a day service in the community. These residents all led active lifestyles and liked to get out and about. They enjoyed going to the cinema, heading shopping, liked to go bowling, to go for walks, and many had day visits home to meet with their families. Residents' preference around religious traditions were also respected and accommodated, with one resident having monthly visits from a vicar. Others liked to visit graves and in good weather, often prepared flower boxes in the back garden with staff to bring with them. The adequacy of this centre's staffing and transport arrangements made it possible for these residents to get out and about as much as they did, either in the company of their peers or independently with staff support.

Good continuity of care was maintained for these residents through consistent staffing levels. Many of the staff working in this centre had done so for a number of years and were very familiar with the assessed needs of these residents. The person in charge visited the centre regularly each week to meet with staff and residents, and there were good communication systems in place to ensure frequent opportunities to discuss resident care and support arrangements.

Overall, there was a very pleasant atmosphere in this centre, where residents' assessed needs were well-known, and their social care needs were accommodated based on their own preferences for how they wanted to spend their time. Staff were cognisant of previous negative peer-to-peer interactions, and ensured that sufficient supervision of residents was maintained, both in at the centre, and when residents went out together on social outings. As earlier stated, there were some improvements found upon this inspection, with the most pertinent being in relation to issues identified with the general maintenance of the centre, along with some concerns raised around the accessibility of access routes for residents. Prior to this inspection, the provider hadn't identified for themselves the particular improvements that were observed by the inspector in relation to the premises. However, of the improvements they were previously made aware of, there was an overall lack of urgency in getting these addressed, in line with the time frames that the provider had set out for themselves to have these works completed by.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

Since the last inspection of this centre, the provider had effectively implemented their compliance plan, resulting in improved fire evacuation arrangements. However, this inspection did find where improvements were required to how the provider was identifying, overseeing, and responding to improvements required to this premises.

The person in charge was responsible for the overall running and management of this service, and was visited regularly to meet with staff and residents. They knew

the residents very well, and held meetings with their staff team on a scheduled basis. They also kept in contact with their line manager about operational matters, as well as attending regular management meetings. There was good consistency in staffing arrangements, which the person in charge maintained oversight of, resulting in an adequate number of staff at all times on duty, in accordance with residents' assessed needs. Two staff were on duty during the day, with two staff also on sleepover each night. Given the assessed needs of these residents, when additional staffing resources were required, the person in charge ensured that only staff who were familiar with this service and with the needs of these three residents were allocated to provide this additional support.

The oversight of the quality and safety of this service was largely attributed to the regular presence of members of management at the centre. In addition to this, the provider conducted their six monthly provider-led visits to oversee certain aspects of this service. However, although this system was at times effective in identifying where specific improvements were required, the last visit didn't identify the issues raised upon this inspection, particularly in relation to the significant improvements works required to aspects of the premises. Furthermore, where maintenance and improvement works were raised with the provider to be addressed, these were not completed within the time frames that the provider had set out for themselves.

Regulation 14: Persons in charge

The person in charge held a full-time role and was supported by their line manager in the running and management of this centre. They were very knowledgeable about residents' assessed needs and of the operational needs of the service delivered to them. They did have responsibility for another designated centre operated by this provider, and current governance and management arrangements gave them the capacity to effectively manage this service.

Judgment: Compliant

Regulation 15: Staffing

This centre's staffing arrangements was subject to on-going review to ensure a suitable number and skill-mix of staff were at all times on duty. Where additional staff support was required from time to time, the provider had arrangements in place for this. There was also a well maintained roster at the centre, which clearly identified the full name of each staff member, and their start and finish times worked.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured all staff had received the training they required appropriate to their role. Where refresher training was required, the person in charge scheduled this accordingly. There were also arrangements in place to ensure each staff member received regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of equipment, staffing and transport. The person in charge held regular staff team meetings to discuss resident related care and support arrangements, and also attended scheduled management meetings. As well as this, they also maintained frequent contact with their line manager to review operational matters.

With regards to monitoring for the quality and safety of care in this centre, the provider was conducting their six monthly visits in accordance with the requirements of the regulations. The report from the most recent visit was read by the inspector, and although many areas of service were reviewed as part of this visit, the provider had not identified for themselves the specific improvements that were found upon this inspection. For example, upon review of the premises as part of their visit, the provider did identify that works were required to the heating system and also that some flooring required replacing. However, this visit had failed to identify the multiple other improvements that this inspection had identified. In addition, of the improvements that the provider had identified, they had not addressed all of these in line with their own time frames set out in their action plan from this visit. Furthermore, all areas relating to residents' personal planning and assessments which were also reviewed as part of this visit were found to be fully compliant by the provider, failing to identify the where multi-disciplinary input had not been sought in a resident's annual re-assessment of need in relation to their manual handling requirements, as was found upon this inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified to the Chief Inspector of Social Services, and and when required by the regulations.

Judgment: Compliant

Quality and safety

Residents enjoyed a good quality of social care in this centre, where they were supported by familiar staff to engage in a range of activities, as and when they wished. Effective staff supervision arrangements had resulted in a noted decline in previously occurring negative peer-to-peer interactions, resulting in a safer and more pleasant environment for these three residents to live together. Although good examples of care and support were found upon this inspection, as previously mentioned, aspects of this premises did require the attention of the provider to address.

Since the last inspection, the provider had taken appropriate action to address the length of time it was previously taking to evacuate residents from this centre, resulting in more timely evacuations, which the person in charge was maintaining robust oversight of. Although there were good fire safety precautions being practiced in this centre, one resident did require an assessment by a competent person, to ensure that the number of staff that the provider had identified to support this resident to evacuate at night, was in accordance with this resident's assessed manual handling needs.

Over the course of this inspection, the inspector in the company of the person in charge, had the opportunity to visit all bedrooms and communal areas of this centre. One of these residents was a full-time wheelchair user, and a number of markings were observed to skirting boards and doors, indicating some level of difficulty in the ease of access for this resident when going from room to room. Furthermore, one particular exit door was often used by this resident when leaving the centre. The position of this door was in the corner of the living room, with limited space to allow staff to clearly align the wheelchair with the door when exiting. This resulted in a pivot like motion often having to be used by staff, posing a potential injury risk to the staff support this resident to exit via this route. Upon raising this concern with the person in charge, the inspector was informed that no assessment by a competent person had been completed to review the wheelchair accessibility of this exit route. In addition to this, there were also number of upgrade and maintenance works required to this centre, much of which were minor repair works. However, multiple gaps between walls, floors and finishes were observed, which didn't add to the aesthetics of the premises, but also posed a potential threat to pest control measures that this provider already had in place in this centre, which the provider had not given due consideration to reviewing, in consultation with their competent persons in this area.

Risk management was maintained under on-going review, and where additional control measures were to be implemented by staff, these were quickly communicated with them. Although there were many risk assessments supporting risk management activities, some of these required additional review, to provide

better clarity on specific control measures that were put in place, and to provide better accuracy in the risk-rating of these risks. Similarly, although good practices were found in relation to the assessment and personal planning arrangements for all three residents, the annual re-assessment of residents' assessed needs, had not included multi-disciplinary input, giving due regard to some residents having assessed manual handling needs.

Regulation 13: General welfare and development

The provider had ensured each resident was afforded a good quality of social care that was considerate of their assessed needs, capacities, and personal interests. Day service arrangements were provided for each resident, some of whom, were provided this in the comfort of their own home. Suitable staffing and transport arrangements meant that these residents had the supports that they required to get out and about to do the things they enjoyed doing. Staff were cognisant of each residents preferred activities, and knew the activities that residents responded well to. Using this information, they supported residents to plan out their day and evening, and regular consultation and involvement with residents about this aspect of their care was at all times maintained.

Judgment: Compliant

Regulation 17: Premises

The designated comprised of one bungalow dwelling, which provided residents with a comfortable living environment. However, there were improvements required with regards to assessing for the accessibility of the some aspects of the house for those who were wheelchair users. In addition, a significant amount of maintenance works were also observed by the inspector which required addressing.

One resident who lived in this centre was a full-time wheelchair user, and required staff to assist them with manoeuvring around their home. One exit door leading out to the back garden was often used to enable this resident to access the centre's transport bus. However, the location of this exit door was surrounded by limited space, requiring staff to have to considerably pivot the resident's chair in order to exit. During the course of this inspection, the inspector observed a staff member doing so with difficulty, and the extensive markings to nearby skirting boards indicated that this was often a challenge for staff to support this resident to leave the centre via this particular exit door. Upon enquiry, the inspector was informed that no assessment by a competent person had been completed of this premises to assess the wheelchair accessibility of this door. In addition to this, similar markings and scuff marks were also observed to other doors and skirting boards around this centre. Although the person in charge had previously requested protective panels to

be made available to these doors, this had not yet been addressed by the provider.

The provider's last visit to this centre, identified where the replacement of a resident's bedroom flooring was required. Following this, the person in charge submitted a maintenance request for new flooring. Although this was initially planned for completion by the end of December 2024, this was still not completed, with no revised date afforded as to when it would be addressed. Upon the inspector's walk-around of the centre, considerable other maintenance and improvement works were observed. For instance, broken lighting was observed in a resident's bathroom, some radiator vents were broken, rust was beginning to appear on some radiators, and a unit in the living room along with drawers in a resident's bedroom also required repair works. In addition to this, there was multiple rooms that had extensive radiator covers to disguise piping, with many of these having considerable gaps. Similar gaps were also found between skirting boards, floors and finishes all of which required attention for aesthetic purposes, but also with due regard given to any negative impact these gaps may have on the provider's already existing pest control measures. The exterior of the premises also required some upkeep and attention to ensure it was maintenance to a better standard.

The inspector's walk-around also identified where additional storage may be of benefit to some resident's bedrooms. For example, some items of clothing and bedding were being stored in a box on the floor of one resident's bedroom, and some storage units within another resident's bedroom would also benefit from replacement. A number of cleaning items were also found to be kept stored on top of resident's storage units in their bathrooms, and also on window sills of the utility room, which was not a room that was routinely locked.

Although the provider did have a system for reporting of any maintenance and repair works, their response to these required improvement, particularly where outstanding works had not been completed in line with scheduled time frames. In addition, the provider's system for identifying improvement works to this premises required considerable review, to ensure that going forward, the provider for themselves would be able to effectively identify, and act upon, similar improvements as were identified upon this inspection.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had a system in place for the reporting, response and monitoring of all risk in this centre. Where risk was identified, it was quickly responded to, to ensure the safety and welfare of residents. Residents' risks were well-known and well-documented; however, some improvement was required to the assessment of risk.

There were risk assessments available at the centre pertaining to manual handling, skin integrity management, and specific nutritional care needs. However, some of

these required review to ensure better information was included within these assessments relating to the specific control measures that staff were routinely implementing each day to reduce the likelihood associated with these risks. Furthermore, a number of the risk-rating calculated also required revision, to ensure these better reflected the effectiveness of the measures put in place to mitigate against identified risks.

The oversight of organisational risks were overseen by the person in charge and although they had a risk register available to them, this also required review to ensure it better supported them in their on-going monitoring of specific risks relating to this centre in relation to staffing, pest control, oversight of assessment and personal planning arrangements, and maintenance of the premises.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, to include, detection and containment arrangements, emergency lighting was available throughout the centre, fire exits were kept clear, and regular fire safety checks were being carried out. Since the last inspection, the provider did take action to address previous issues found in relation to resident evacuation. Records of a number of fire drills that had been conducted were reviewed by the inspector, and these demonstrated a noticeable improvement to evacuation times.

Although there was a fire procedure available at the centre, this required review to ensure it better guided on the exact response that would be required from staff should a fire occur in this centre. In addition, the identified evacuation method for one resident at night was via the use of a ski-sheet, supported by one staff member, and had been included and successfully completed as part of simulated fire drills. However, an assessment by a competent person had not been carried out by the provider to assess, and assure that one staff member was adequate to support this resident to evacuate using this method.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had a system in place for the assessment and personal planning of residents' needs. Although there was clear evidence that their needs were routinely re-assessed for on an on-going basis, there was a lack of multi-disciplinary input in annual re-assessments, particularly where residents required specific care and support. For example, for one resident who had manual handling assessed needs,

relevant multi-disciplinary professionals had not reviewed these aspects of their care within the required 12 month period.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where residents required positive behavioural support, the provider had adequate arrangements in place for this. There were some restrictive practices prescribed in accordance with residents' assessed needs, primarily used to make residents' environments safer for them. These were subject to on-going review to ensure the least restrictive practice was at all times used.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to support staff to identify, report, respond and monitor any concerns relating to the safety and welfare of residents. Where previous safeguarding incidents had occurred, the provider had responded effectively to these, resulting in no similar incidents re-occurring. All staff had received up-to-date training in safeguarding, and at the time of this inspection there were no active safeguarding plans required for this centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Living Area J OSV-0002722

Inspection ID: MON-0046590

Date of inspection: 03/03/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Provider is implementing an alternative auditing system to improve the identification of improvements required within the designated centres. To be completed by 30/6/25 • The provider will ensure all Person's in Charge receive training in the new auditing system. To be completed by 30/6/25 • An Occupational Therapy assessment will be scheduled by the Person in Charge to assess the residents in this designated centre. Scheduled for 11/04/25. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The Person in charge and the Provider will complete a review/assessment of the premises to identify all remedial works required. To be completed by 11/4/25 • The Person in Charge has advised all staff that the front door of the house which has a ramped area at the extension of the house is the only door to be used for entering and exiting the building by the resident who uses a wheelchair. Implemented on 3/3/25 • The Person in Charge will submit a plan of works to the Head of Maintenance to be completed based on the findings of the review/assessment of the premises completed by the Person in Charge, Provider and findings of the OT Assessment. To be completed by 15/04/25 • The maintenance department will complete all works identified by 30/06/25 • The Person in Charge will identify areas requiring additional storage and organise same for the designated centre. To be completed by 30/5/25 	

<ul style="list-style-type: none"> • The Person in Charge has scheduled an Ergonomic Assessment of the designated centre to be completed by an Occupational Therapist, for the resident who uses a wheelchair on 11/4/25. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • The Person in Charge will complete a review of each individual's risk assessments • The Person in Charge will implement an action plan based on the outcome of the individual's risk assessments • The Person in Charge will update the location Risk Register based on the findings of the risk assessments completed. <p>To be completed by 30/4/25</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The Person in Charge and the Fire Officer will re-assess fire evacuations within this designated centre and complete risk assessments on fire evacuations based on the findings. To be implemented by 30/4/25. • The Person in Charge has contacted the Manual Handling Instructor to assess the residents manual handling needs for evacuation using a Ski mat. The assessment will include the number of staff required to use the Ski mat safely. To be completed by 30/4/25 • In the interim, the Person in Charge has advised all staff that while waiting on the Ski mat assessment the two staff will assist the individual to prepare to evacuate in his wheelchair safely and one staff will wheel him out of the building. The second staff will support the other two residents who are mobile to evacuate. • The Person in Charge has implemented an interim emergency evacuation plan. Completed on 30/3/25. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Person in Charge will schedule MDT assessments with appropriate therapists based on the findings and recommendations from these reviews. The findings will be included in the residents care plans and assessments. To be completed by 30/6/25</p>	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/06/2025
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is	Not Compliant	Orange	30/06/2025

	accessible to all.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/04/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/04/2025
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily	Substantially Compliant	Yellow	30/04/2025

	available as appropriate in the designated centre.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/06/2025