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

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| Name of designated centre: | Community Living Area 19 |
| Name of provider: | Muiríosa Foundation |
| Address of centre: | Laois |
| Type of inspection: | Unannounced |
| Date of inspection: | 19 January 2026 |
| Centre ID: | OSV-0002723 |
| Fieldwork ID: | MON-0043205 |

## About the designated centre

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

This centre is a spacious bungalow set within its own grounds. There is a self-contained apartment that can be assessed from inside the bungalow. The centre is in a rural town with easy access to all amenities that the town has to offer. A vehicle is available to all residents and access to larger nearby towns is easily achievable. The centre can accommodate five residents. In the main house there is a spacious communal sitting room and an additional smaller living room and, each resident has their own ensuite bedroom decorated to their personal style and preference. A kitchen and dining room are also provided. The apartment has a living and dining room, a separate kitchen, a bathroom and bedroom. The entry to the apartment is from the hallway in the bungalow. This centre provides supports to five residents with varying needs relating to their intellectual disability and who require a multidisciplinary approach to care. The centre is staffed 24 hours a day throughout the entire year without closure by a staff team comprising, social care workers, care assistants and a recreational facilitator.

**The following information outlines some additional data on this centre.**

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|---|---|
| Number of residents on the date of inspection: | 3 |

## 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 |
|---|---|---|---|
| Monday 19 January 2026 | 09:00hrs to 16:30hrs | Ivan Cormican | Lead |

## What residents told us and what inspectors observed

This was an unannounced inspection conducted to monitor the centre's compliance with the regulations. As part of the inspection process, the inspector met with the three residents who were availing of this residential service. The inspection was facilitated by the person in charge and also a person who participated in the management of the centre. The inspector met with the three staff on duty and spent a period of time discussing the delivery of care with one staff member. The inspector found that care was held to a good standard and that residents were well supported to enjoy a good quality of life. Some adjustments were required in regards to end of life care planning for one resident, the follow on from a falls risk assessment for another resident and an aspect of fire safety but overall, this centre was homely in nature and a pleasant place in which to live.

The centre was a large, detached single story building located on its own site in a moderate sized town in the midlands. The centre could accommodate up-to-five residents and there were two vacancies on the day of inspection. Each of the residents using the service had their own bedroom, and there was also a large single occupancy apartment which was vacant. The centre also had an ample number of shared and private bathrooms. There was a large sitting room in which residents could relax and as the inspection concluded, two of the residents were relaxing in the sitting room, reading magazines and watching the television.

The inspection commenced in the morning and all residents were in bed at the time. As the morning progressed the three residents got up when they were ready and the inspector observed there was a calm and pleasant atmosphere throughout the morning. As residents got up for the day ahead they were met warmly by the staff on duty who asked how they were and admired their fashion choice for the day. Two residents sat at the kitchen table together and when one resident said they weren't in the best of form the other resident gave them some space and time and then they both chatted freely after a few moments. It was clear that both residents got on well together and they were also relaxed in the company of staff. One resident needed some encouragement with their morning meal and staff took the time to sit and speak with them. The resident said they wanted to buy a magazine later and when staff indicated they would go whenever they resident wanted, they perked up, had the remainder of their breakfast and chatted with the inspector.

This resident said they were happy in their home and they liked the staff on duty. They frequently referred to a long standing member of staff for support when interacting with the inspector and it was clear they comfortable in their home and had no reservations in seeking out staff support. The second resident smiled and told the inspector about their favourite meals to have. This resident loved fashion, jewellery and getting their hair and nails done. They proudly showed the inspector

their favourite rings and they pointed out their nails which they had just painted and felt they were very nice.

The third resident who used this service also got up at a time of their choosing and they were assisted by one staff member at all times of the day. This resident did not use language to communicate and they had high support needs. They required support with many activities of daily living and an agency staff member was assigned to their care on the day of inspection. They met with the inspector on several occasions throughout the day as they assisted the resident, and their approach to care was patient and familiar in nature. They told the inspector that they had worked in the centre on several occasions and they knew the residents well. The resident was at ease in their presence and the staff member was observed to chat and interact with them throughout the day.

The centre had a very homely atmosphere and residents were relaxed throughout the inspection. In the morning, staff played a selection of music in the kitchen, as one of the residents had some sensory needs and they enjoyed all types of music. Later in the afternoon, one of the staff made brown bread with one of the residents and the smell baking was very pleasant. One of the residents told the inspector that were looking forward to having the bread when it cooled down and they would enjoy it with a cup of tea. From discussing care with staff, and reviewing records, it was clear that residents had a good social life and they were well supported to access their local community. One resident was also a member of a local active retirement group, in which they attend regular social events and an annual break away. A staff member informed the inspector that last year this resident had a great time away with this group, when they spent two nights in a hotel.

The inspector found that there was a culture of care and support in this centre and residents' wellbeing was actively promoted. As mentioned above, some regulations required minor adjustments, but overall residents had a good quality of life in this centre.

## Capacity and capability

The oversight of care was a priority within the centre and both local and provider lead oversight arrangements assisted in ensuring that residents were safe and enjoyed living in this centre.

The provider had employed a full-time person in charge who held responsibility for the day-to-day delivery and oversight of care. They were supported in their role by a senior manager and both individuals were found to have a good understanding of the service and the residents' collective needs.

The provider had arrangements in place for the monitoring of care and the person in charge outlined a schedule of internal audits which they, and the centre's

management team completed on a weekly and monthly basis. In addition, the provider had ensured that all required audits and reviews were completed as set out in the regulations. The inspector found that these arrangements assisted in ensuring that care was held to a good standard at all times.

The provider ensured that the centre was well resourced with a consistent staff team who knew the resident's individual needs well. The inspector observed pleasant interactions throughout the inspection and residents were comfortable and relaxed when assisted by staff. On the day of inspection, residents were assisted by a fulltime staff and a member of the relief panel. The third staff on duty was supplied by an agency. A review of the rota indicated that both the agency and relief staff had worked in the centre before and from observing care it was apparent that they knew the residents' needs well. The fulltime member of staff spoke with the inspector for a period of time and they had an indepth knowledge of the residents' needs and the operation of the centre. They had worked with the residents for a number of years and they had transferred with them from a congregated setting to this centre, which was their new home at the time. They outlined how this move had been a huge success and the benefits residents experienced from living in community.

Overall, the inspector found that the governance structure in this centre ensured that care was actively monitored and it was clear that the provider and staff team were committed to the welfare and wellbeing of the three residents. Some areas of care required further review, but overall the inspector found that care was generally held to a good standard.

## Regulation 14: Persons in charge

The person in charge was employed on a full time basis and the were appropriately qualified and experienced to to carry out the duties and functions of this role. The person in charge facilitated the inspection and they had a good understanding of the services offered by the designated centre.

The person in charge had a range of internal audits which they completed on a monthly basis and ensured that the care residents received was generally held to a good standard. The person in charge had also completed actions generated from the provider's internal reviews and audits which also promoted a good quality service.

Judgment: Compliant

## Regulation 15: Staffing

The provider ensured that residents were supported by a staff team who were familiar to them and also knew their needs well. The centre was resourced with a core staff team, but relief and agency staff member were required to cover both planned and unplanned gaps in the centre's rota. The inspector met with a relief staff and an agency staff member on the day of inspection and found that they had a good rapport with residents. Both individuals had covered several shifts previously and they each had a good understanding of the residents' collective needs.

The person in charge maintained an accurate rota which clearly identified the staff on duty both during day and nighttime hours. A staff who met with the inspector stated that they felt supported in their role and they would have no reservations in raising concerns with the person in charge or senior management of the centre. The person in charge also facilitated scheduled team meetings and individual supervision sessions which further promoted an open and transparent culture within the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

The provider had both a mandatory and refresher training programme in place which supported the delivery of care in this centre. A review of training records indicated that the majority of staff had received training in areas such as fire safety, the safe administration of medications, safeguarding and manual handling.

Management of the centre were confident that all staff were up to date with their training requirements; however, training records were incomplete for one staff member and the provider was unable to demonstrate that they had completed the required training in relation to safeguarding, modified diets and bespoke sensory support.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The delivery of care in this centre was held to a good standard. The provider had effectively implemented an action plan in response to the centre's last inspection that improved the quality of care which that residents received.

The provider had a schedule of monthly audits of care which the person in charge completed and ensured that areas such as safeguarding, medications and incidents were held to a good standard. The provider had also completed the required annual review and six monthly audits of care which assured the provider that care was generally held to a good standard.

The centre's annual reviews opening section gave an account of the service, life in the centre, how residents' rights and social access were promoted and recent changes in relation to one resident's general health. The annual review of care also highlighted the residents' satisfaction with the service they received and also how they were involved in decisions about their home and individual care. The closing remarks in this document also detailed residents' families satisfaction with the service and also outlined several areas of care which required some adjustments. An action plan was generated which the person in charge had completed, and it was clear the the purpose of this review was to promote continuous improvements in the quality and safety of care which residents received.

The centre's most recent six monthly audit targeted specific aspects of care and gave a good account of both positive aspects of care and also where improvements were required. Some actions were generated in relation to medication management, fire safety and learning from incidents which the person in charge had addressed.

Judgment: Compliant

## Regulation 31: Notification of incidents

A review of documents indicated that notifications had been submitted as required by the regulations.

Judgment: Compliant

## Quality and safety

The resources and arrangements which were implemented by the provider ensured that residents enjoyed living in this centre which they considered their home. They were well supported to stay in contact with their respective families and their wellbeing and welfare was promoted on a daily basis. Some adjustments were required to aspects of some of the regulations inspected, such as fire safety, healthcare and risk management, but overall the inspector found that this centre was a pleasant place in which to live.

Residents who used this service required support with their health, social and personal care needs. Two of the residents required a moderate level of assistance while the remaining resident had higher support needs and required additional supports in relation to maintaining a safe environment. The centre was well resourced in terms of staffing with three staff on duty during daytime hours, which promoted safety within the centre also a good level of social access. Residents

enjoyed daily access to their local town where they used shops and made appointments with their favourite hairdresser and beauty therapist.

The person in charge held responsibility for monitoring incidents, accidents and bear misses within the centre. In the past, there had been an increase in negative resident interactions, which the provider had taken seriously. Staff on duty were well aware of previous issues and also recent interactions which had the potential to impact upon safeguarding. The inspector found that safeguarding was well promoted in this centre and the staffing resources which were allocated by the provider had a positive effect on reducing the occurrence of safeguarding concerns.

Throughout the inspection, the inspector observed that residents were at ease and they enjoyed chatting with staff about their plans for the day. There was a pleasant and relaxed atmosphere in the centre and all interactions with residents were patent and respectful. Overall, the inspector found that care and support was held to a good standard, although some regulations required further attention, adjustments in these regulations would further build upon the many positive aspects of care which were found on this inspection.

## Regulation 12: Personal possessions

Residents were well supported with their personal possessions and finances. Each resident had ample storage in their respective bedroom for their clothes and personal items and detailed financial records were maintained for transactions completed on their behalf. Residents required assistance in regards to using their money and the person in charge outlined the arrangements for ensuring their finances were safeguarded. For example, an income and expenditure ledger was completed on behalf of residents each day and the person in charge completed a weekly audit of financial transitions to ensure that residents' money was used appropriately at all times. A review of spending records showed that residents were generally out each day in their local town. A financial record also highlighted where a resident had celebrated their birthday with family and friends.

Judgment: Compliant

## Regulation 17: Premises

The centre was well maintained both internally and externally. Residents had their own bedrooms which were warm, comfortably furnished and decorated in line with their own tastes and interests. There was ample room for residents to relax and engage in pastimes like knitting, reading magazines and watching television.

Communal areas of the centre were spacious and promoted ease of access for those with reduced mobility or occasionally required assistance with using their

environment. The centre also had a laundry room and residents could wash and dry their clothes here, if they so wished.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had arrangements in place to manage and respond to risks in this centre. The person in charge held responsibility for managing risks and detailed risk assessments were in place for work related issues such as slips, trips and falls, food handling, infection prevention and control, chemicals and manual handling.

A number of additional issues which had the potential to directly impact upon the resident and staff such as behaviours of concern, safeguarding and falls were also identified. Although risks in the centre were generally well managed, and a falls screening tool had previously determined that one resident did not require any additional follow up, a review of incidents and subsequent falls highlighted that this resident would, at the time of inspection, require a formal falls risk assessment and further follow up; however, this had not been identified by the provider.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The provider had taken fire safety seriously and fire safety systems such as fire doors, emergency lighting and a fire alarm were installed and a had an up to date service schedule in place. Fire precautions were also clearly displayed and the provider had arrangements in place for the evacuation of the centre during day and nightime hours.

Staff were completing scheduled fire safety checks and they had also completed fire safety training. A review of records indicated that both residents and staff could evacuate the centre across all shift patterns and the staff member on duty gave a clear account of how best to support the residents in the event of an emergency. Although fire safety was actively promoted, some fire doors were not functioning as required on the day of inspection and required further review.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

The provider had installed suitable storage for medicinal products which was securely locked on the day of inspection. The provider had medication prescription sheets which were issued by the resident's general practitioner and contained the correct information for the safe administration of medications. Associated medication administration recording documentation was also maintained and a review of both documents indicated that the resident's medications were administered as prescribed.

There were no trends in relation to medication administration errors and staff were completing scheduled medication stock takes which assisted in the identification of potential dispensing and medication administration errors. Overall, the inspector found that medications were well managed in this centre.

Judgment: Compliant

## Regulation 6: Health care

Residents were well supported with their health and wellbeing. Residents had access to their general practitioner for routine health check ups and also in times of illness. Residents were also supported to participate the national health screening programme and a range of allied health professionals were involved in the review and delivery of care in this centre. Known health conditions had an associated health care plan which promoted consistency of care and staff who met with the inspector could account for resident's individual health needs.

Although health and well being was well promoted in this centre, an end of life care plan which was reviewed, required some adjustments in relation to spirituality and supporting the resident with their financial affairs.

Judgment: Substantially compliant

## Regulation 8: Protection

There were eight safeguarding plans in place on the day of inspection; however, a number of these were no longer required due to a change in circumstances in the centre. The centre had previously experienced some negative peer interactions but the safeguards implemented by the provider and the staff team had ensured that these interactions were a rare occurrence. The inspector observed that one resident required one-to-one support during the day and the staff on duty indicated that this arrangement had a positive impact on care in the centre.

The provider had also appointed a person to manage safeguarding concerns and information in recognising and reporting safeguarding issues was clearly displayed.

The inspector met with one staff member who had a good understanding of safeguarding procedures and they also felt that residents were safe and enjoyed a good quality of life.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were well supported through the actions of the provider and staff team. The provider had displayed information in relation to rights and advocacy and scheduled residents' meetings were promoted by the person in charge and senior management of the centre. The inspector observed pleasant interactions between staff and residents and staff were kind and patient when chatting to and assisting residents throughout the day.

Resident's personal religious beliefs were respected and close relationships between residents and their families were encouraged through the actions of the staff team. Documentation reviewed on the day of inspection was written in a respectful manner and all correspondence and information relating to residents was securely stored.

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 | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| **Quality and safety** | |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 6: Health care | Substantially compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for Community Living Area 19 OSV-0002723

## Inspection ID: MON-0043205

## Date of inspection: 19/01/2026

**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 16: Training and staff development | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br>To address the finding that one staff member had incomplete training records for safeguarding, modified diets, and bespoke sensory support, the identified staff member has now completed all outstanding mandatory training. The Person in Charge (PIC) will implement a structured process to ensure all staff training records in the designated centre remain complete and up to date.<br>1. A quarterly review of the training matrix will be conducted and documented by the Person in Charge. Training expiry alerts will be issued one month prior to expiration, with follow-up reminders recorded.<br>2. All staff will have a full, accurate training file reflected in the training matrix.<br>3. Evidence of completion (certificates, attendance logs) will be maintained for all training.<br>improvements:<br>1. Outstanding training for the identified staff member: Completed.<br>2. Next quarterly training matrix audit: Within three months of the inspection date, and quarterly thereafter.<br>3. Training expiry notifications: Issued one month prior to training due dates, ongoing.<br>4. All training records brought fully up to date: Completed as of the date of this compliance plan. | |
| Regulation 26: Risk management procedures | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 26: Risk management procedures:<br>A gap was identified in the completion of a formal falls risk assessment for one resident. The Person in Charge (PIC) has now completed a full falls assessment tool for the resident and ensured appropriate follow-up measures are in place. The assessment has | |

been shared with all relevant staff and uploaded to the designated system.

Falls assessment tool completed: 1 resident.
Formal falls risk assessment completed and documented.
Confirmation that the assessment has been uploaded to the system and disseminated to all relevant staff.
Quarterly review of all incidents and associated risk assessments to ensure no missed follow-up.

| Regulation 28: Fire precautions | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: During inspection, some fire doors were found not to be functioning as required. The Person in Charge (PIC) immediately liaised with the designated Fire Safety Officer within the service to review all identified doors. All corrective actions required have now been completed, and fire doors are functioning in line with fire safety standards. Number of identified non-compliant fire doors: All reviewed and repaired. Confirmation received from the Fire Safety Officer that required actions have been completed. Monthly fire door checks will be recorded in the Fire Safety Log. The fire doors in the designated centre will be maintained in full working order.

| Regulation 6: Health care | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 6: Health care:
An end-of-life care plan required updates in the areas of spirituality and the resident's financial affairs. The Person in Charge (PIC) has now reviewed the care plan, consulted directly with the resident, and updated all relevant sections to ensure the plan fully reflects the resident's needs, preferences, and supports. The revised end-of-life care plan is now in place in the centre. A separate query relating to the resident's will remains under review and will be addressed in line with national and organisational policy. As part of this review, the Person in Charge will hold a focused consultation with the resident regarding their wishes in relation to making a will. This consultation will be carried out in a supportive and person-centred manner, consistent with the principles of the Assisted Decision-Making (Capacity) Act 2015, which requires presuming capacity and providing appropriate decision-making supports. The resident's expressed wishes and support needs around will-making will be documented, and appropriate follow-up actions will be initiated.

## 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 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 | 20/01/2026 |
| 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 | 09/02/2026 |
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, | Substantially Compliant | Yellow | 12/02/2026 |

| | | | | |
|---|---|---|---|---|
| | containing and extinguishing fires. | | | |
| Regulation 06(3) | The person in charge shall ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes. | Substantially Compliant | Yellow | 31/05/2026 |