



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

Issued by the Chief Inspector

Name of designated centre:	L'Arche Ireland - Dublin
Name of provider:	L'Arche Ireland
Address of centre:	Dublin 13
Type of inspection:	Announced
Date of inspection:	12 February 2025
Centre ID:	OSV-0003418
Fieldwork ID:	MON-0037761

About the designated centre

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

L'Arche Dublin is a community based service in Co. Dublin providing care and support for nine residents over 18 with an intellectual disability. The centre is located close to the centre of a seaside town. The centre comprises of three houses in close proximity of each other. The first house consists of 10 bedrooms, two of which are en suite. It also contains two offices, a living room, sun room, kitchen come dining room, living room, pantry, laundry room, visitor's room, two bathrooms with bath and shower facilities. There is a large front and back garden with two wooden structures used as an office and an art room/training room. The second house is close to the first and contains seven bedrooms, four bathrooms, a living room, kitchen/dining room, laundry and office. There is also a back garden with a building which is used for visitors. Both houses are close to a variety of local amenities such as shops, pubs and churches. The third house has three bedrooms, a bathroom, kitchen and sunroom. There are good local transport links close to the centre and residents have access to vehicles in the centre to support them to access activities and venues in line with their wishes. Residents are supported on a 24 hour basis by a staff team consisting of a person in charge, deputy team leaders, nursing staff, social care workers and volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 12 February 2025	09:00hrs to 17:30hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

From what residents told us and what the inspector observed, residents living in this designated centre were receiving person-centred care and support, and were enabled to access activities of their choosing. The inspection found high levels of compliance with the regulations. Some improvements were required in the notification of incidents, fire precautions and premises. These are outlined in the body of the report.

L'Arche Dublin is made up of three houses located in a coastal area in Dublin, and provides care and support to nine adults. The three houses are located on the same road, with two being next door to each other, and the third a short walk away. The houses are close to a local village which has a library, shops, a church and restaurants and good transport links. The first house is home to two residents. The house comprises a sitting room, an office, a kitchen and dining area, eight bedrooms and three bathrooms. The inspector had the opportunity to meet with one resident who lived in the house in the company of staff. The resident spoke to the inspector about where they were from and their interests. They showed the inspector one of their pets, and spoke about another. The resident showed the inspector their bedroom, which was decorated to reflect their life history and their interests. The resident had access to a sitting room and enjoyed being out the front of the house directing traffic. Staff reported that they were well known in their local community. The second resident was in a day service on the day of the inspection. Their bedroom was found to be sparse which was reported to be in line with their preferences. Staff had painted a mural on the wall of their favourite TV character.

The second house was next door to the first, and was accessed through a back garden. This house was also home to two residents. The inspector met with one resident who lived in the house in the company of their support staff. The second resident was at their day service. The resident showed the inspector around their home which has three bedrooms, one of which was also a staff office, a living room, a sun room and a bathroom. Their bedroom had a large amount of trinkets and flags which they had collected. They told the inspector about an upcoming trip for their birthday, and showed the inspector photographs of a trip to London which they had enjoyed last year. The resident told the inspector they liked living in the house, and later went with staff to a local shop. They showed the inspector how they now had access to their cigarettes as they wanted them, which had changed in the previous months. They were observed coming to the office and taking one independently.

The third house is a large bungalow located within walking distance of the other houses. It was home to five residents with a variety of support needs related to their intellectual and physical disabilities. The house comprises ten bedrooms, one of which was en-suite. The house has a medication room, an office, a large living room, kitchen and dining room, a laundry room and an number of toilets. One resident had an apartment attached to the house which was accessible via an

internal door. The resident showed the inspector their apartment which comprised a sitting room which had a kitchenette, a bedroom and a bathroom. There was a fire exit from the apartment which was accessible.

On arrival to the third house in the morning, the inspector met with three residents who were getting ready to attend their day service. Other residents were being supported with their morning routines. One resident showed the inspector their bedroom which they had decorated with items they liked relating to music. They proudly showed the inspector a shed out the back of the house which contained their DVDs. They had a desk and art supplies to use. They told the inspector about their day service, and a holiday abroad which they had last year. In the afternoon, the inspector met with residents on their return from day services. There were staff and volunteers present in the house and there was a friendly atmosphere, with joking and chat between residents, staff and volunteers. The inspector observed a resident being supported to have a drink by staff, who was seated beside them and supported them in a respectful manner. It was evident that residents were comfortable in their home. One resident showed the inspector their apartment and spoke about some of their current challenges, and areas they would like improved in the centre. The provider was aware of these issues and was working with the resident to address them. The resident accessed transport independently and went to the city centre. They spoke about a course which they had completed in a local university and their plans to get a job. The resident had an electronic tablet which supported them to access information. The doors in their apartment were in poor condition, and the wood was broken in places due to wear and tear from their wheelchair. This required review.

Resident meetings took place in each house on a weekly basis. The minutes of these meetings showed discussions about plans such as holidays, trips out and on occasion, residents enjoyed playing a game at the meetings. The provider had identified the need to include more items such as meal planning in these meetings, and for an improvement in documentation. This was due to commence in the weeks following the inspection.

The inspector received nine resident questionnaires which had been sent out to the centre prior to the inspection taking place. The questionnaires seek resident feedback on aspects of the service such as the staff, the premises, their ability to make choices and decisions, and meals. Four of these were completed with staff support, one was completed independently and three were completed by family members on residents' behalf. Feedback from family members was positive about residents' experiences. One family member stated that their relative was happy in their home and that *"staff and volunteers genuinely care about them"*. Another resident described the activities they enjoyed which included going to a local coffee shop and doing karaoke. Another said that they *"go for loads of trips all around the word"*. Another spoke about staff helping them to see their family when they were anxious. To gain further insight into residents' experiences, the inspector reviewed consultation which had occurred with residents as part of the provider's annual review. This also included positive feedback. For example, one resident said *"it's a place for residents to get together. You are not confined to the house, you can always go out for a walk"*. Other residents spoke about how they liked living in their

home and spoke positively about trips they had been on and staff support.

Some staff had completed training in human rights and there was evidence of staff supporting residents to make complaints, and advocating on behalf of residents with more complex needs. For one resident, it was evident that the provider took a rights-based approach to risk management, and that the resident was actively involved in their care. The inspector saw evidence of a staff member making a complaint on behalf of a resident, which demonstrated that they were taking a rights-based approach in their day-to-day work. This had been actioned by the provider to the complainants satisfaction.

In summary, residents in this centre were enjoying a good quality of life. They lived in houses which were located close to transport links and amenities and there were an adequate number of staff and volunteers to support them engage in activities outside of their homes. Each of the houses had a relaxed and friendly atmosphere, and residents appeared to be content and comfortable. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in the centre, and how these arrangements affected the quality and safety of residents' care and support.

Capacity and capability

This inspection was announced, and took place to monitor compliance with the regulations in order to inform a decision on the provider's application to renew the registration of the centre. Overall, good management practices were seen, the provider had adequately resourced and staffed the service, and it collected information in order to improve the quality of life of residents.

It was evident that both the person in charge and the person participating in management were utilising management systems to effectively monitor and oversee residents' care and support. This was evidenced by high levels of compliance with the regulations on this inspection.

Residents were found to be supported by a team of staff with the help of volunteers. There was an adequate number of staff who had the required skills and qualifications for their roles. The provider had measures in place to ensure that both staff and volunteers received training and supervision to equip them to deliver safe person-centred care and support to residents.

The provider had submitted required information to apply for renewal of the registration of the centre, which included a statement of purpose and a contract of insurance. While the inspector found that the provider had notified the Chief Inspector of Social Services of the majority of incidents in line with regulatory requirements, one incident had not been notified which related to a resident.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed information submitted by the provider to the Chief Inspector of Social Services with their application for renewal of registration of the centre. All required information was submitted in line with regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information which was submitted in relation to the person in charge. This demonstrated that the person in charge had the required knowledge and experience to fulfil the duties of their role, as required by the regulations. The person in charge was on site five days a week, and demonstrated good knowledge of the residents and the staff.

Judgment: Compliant

Regulation 15: Staffing

The inspector viewed the staff rosters for the six weeks prior to the inspection taking place. These were well maintained and demonstrated that residents were enjoying good continuity of care. The provider employed a small number of relief staff who were reported to be familiar with each of the houses. The inspector noted that that was an appropriate number of staff who had the required skills and qualifications to support residents. The team comprised of staff nurses, health care workers and live-in assistants who were rostered for 30 hours each week.

A sample of three staff files, and three volunteer files were reviewed by the inspector. These contained all of the information required under this regulation.

Judgment: Compliant

Regulation 16: Training and staff development

From a review of the staff training matrix, the inspector found that staff had completed training in areas such as fire safety, safeguarding, food safety, manual handling and a range of modules relating to infection prevention and control. Volunteers were also recorded on this matrix and had completed the same courses

as staff members. The provider had a system to identify staff members who required refresher training.

The inspector viewed a sample of supervision records for three staff members which had been carried out in line with the provider's policy. These records showed that items such as training and development, roles and responsibilities and support were covered. There was evidence that where a staff member required additional supervision following an incident, that this was provided to ensure ongoing quality and safety in the service.

Staff meetings occurred regularly. The inspector viewed minutes from the previous three staff meetings and found that these covered updates relating to residents, ensuring that information and learning was shared across the team to enable safe and consistent practices. The inspector noted that the provider's annual review also included staff and volunteers in their consultation. It was notable that the majority of staff spoke about having a strong team and good supports in each of the houses.

Judgment: Compliant

Regulation 22: Insurance

The inspector reviewed the provider's contract of insurance which was submitted as part of their application to renew the registration for the centre. This ensured that injury and risks in the centre were covered for residents, staff and volunteers.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the provider had good governance and management arrangements in place to monitor and oversee residents' care and support. There was a clear management structure in place which outlined roles and responsibilities and lines of reporting. The person in charge reported to the person participating in management, who was acting as an interim Chief Executive Officer. They were supported in their roles by team leaders in each house. The management team were on site five days a week and they demonstrated good knowledge of all of the residents and their care and support needs. There was an on-call roster in place to ensure that support was available for staff out of hour

Management presence on site ensured that communication with residents, staff and volunteers was occurring on a daily basis. This information sharing was complemented by weekly meetings which had a set agenda in place. There were a number of audits and checks which were carried out on areas such as finances, care

plans, and audits on other key aspects of the service such as health and safety, infection prevention and control, medication management and reviewing incidents. A sample of audits were reviewed, and it was noted that these were being utilised effectively to identify areas requiring improvement, and to implement actions in a timely manner.

The provider had completed an annual review and six-monthly unannounced provider visits which met regulatory requirements. Similarly to the audits viewed, where actions were identified, an action plan was put in place and reviewed regularly to ensure that it progressed.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the provider's Statement of Purpose for the centre. This contained all of the information required in Schedule 1 of the regulations. It was found to accurately reflect the services and facilities which the inspector observed on this inspection.

Judgment: Compliant

Regulation 30: Volunteers

The inspector reviewed files for three of the live-in assistants or volunteers. Volunteers in the centre had all information required under Schedule 2 such as Garda vetting and a copy of their qualifications. Volunteers were inducted into the centre, and provided with the same level of training as staff members. Their roles and responsibilities were documented, and they were rostered for a number of hours each week.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a record of incidents and accidents which had occurred in the centre. Where incidents were notifiable to the Office of the Chief Inspector, the majority of these had been submitted within time lines specified in the regulations. However, the inspector found one incident which had impacted upon residents which was not notified. This was submitted following the inspection.

Judgment: Not compliant

Quality and safety

The inspector found good levels of compliance with regulations relating to quality and safety of the service. Residents were found to be receiving person-centred care which promoted their human rights, and to engage in activities they enjoyed. This meant that residents' wellbeing was promoted at all times, that independence and community engagement was encouraged, and that residents were kept safe. Some improvements were required in the premises, and in fire precautions which are detailed below.

Residents had access to health and social care professionals which they required. There were health care plans in place for each assessed need, and staff demonstrated they were familiar with aspects of these plans. Where residents required behaviour support plans, these were in place. Restrictive practices which were in place were regularly reviewed, and one practice had recently been removed. There were safeguarding measures in place to protect residents from abuse, which included systems to monitor and oversee finances, and having clear personal and intimate care plans in place.

As outlined at the beginning of the report, residents living in the centre were supported to lead active lives of their choosing. They were supported to engage in a range of activities including travel within Ireland, and abroad. Residents were supported to maintain relationships with family members, and there was evidence of regular engagement with family members with the service.

The premises had been upgraded in a number of areas in line with the provider's compliance plan following an inspection in July 2022. There remained some areas which required attention and these are detailed below. The inspector found that while the provider had good fire management systems in place to protect residents, staff and visitors from a fire, fire drills required review.

Regulation 13: General welfare and development

From speaking with residents, volunteers and staff, and from a review of residents' care plans, it was evident that residents were leading busy and active lives in their community. Residents were provided with opportunities to engage in meaningful activities in line with their interests. For example, residents were facilitated to attend day services, host parties, go on trips abroad and within Ireland. Some residents played music locally, while others attended their local library. One resident was seeking employment and had completed a course in university.

The service engaged with family members as appropriate, and residents were well supported to maintain relationships with those who were important in their life.

Judgment: Compliant

Regulation 17: Premises

The inspector visited all three houses on the day of the inspection with the person in charge. They found that the premises were laid out to meet the aims and objectives of the service. Residents' rooms were reflective of their unique interests and life stories, and communal areas were found to be homely and nicely decorated. A number of refurbishments had occurred in the centre since the last inspection in 2022. This included putting in new floors, repainting of communal areas, widening of doors and refurbishing of bathrooms.

The provider had engaged with an energy consultant to improve the efficiency in each house. The inspector viewed a report which was completed, and applications for grants were underway. As outlined in the opening section of the report, wear and tear was evident on door frames in one apartment, and some windows needed replacement. The provider had identified these and had a plan in place to address these once funding had been secured.

Judgment: Substantially compliant

Regulation 20: Information for residents

The inspector reviewed the residents' guide which had been submitted by the provider prior to the inspection. This guide contained information required under this regulation such as information about the services and facilities provided, the terms and conditions relating to their residency and arrangements for visits and participation in the running of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that the provider had robust systems in place for the identification, assessment and management of risks in the centre, including a system of responding to emergencies.

The inspector viewed the centre's risk register, a sample of risk assessments relating

to six residents, and a record of incidents and accidents. Combined, these demonstrated that risks were identified and rated in a proportionate manner. It was evident that the provider was endeavouring to balance residents' rights to make 'unwise' decisions against presenting risks for areas such as dietary management, online safety and managing finances.

Adverse incidents were reported in line with the provider's policy, and it was evident that the provider responded in a timely manner where required. A quarterly review of incidents took place to enable the provider to identify any trends, and to put additional measures in place where they were required. Additional measures had been put in place in recent months in relation to medication management. Learning from incidents was an agenda item for staff meetings. This was important to ensure that future risks were mitigated by staff.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector did a walk around each house with the person in charge and found that houses had detection and containment measures in place such as smoke alarms and fire doors. There was fire-fighting equipment in each house and emergency lighting. Fire orders were on display and there was evidence that servicing and maintenance were carried out on all equipment. Regular checks of equipment was carried out by staff at defined intervals as part of health and safety audits.

Each resident had a personal emergency evacuation plan which outlined procedures for day and night time evacuation. While fire drills were taking place, documentation and oversight arrangements required review. For example, in one house the inspector viewed two drills which had occurred. Documentation did not have detail relating to possible fire scenarios, and were undertaken with the day-time staffing complement. Where an issue had arisen such as a fire door not closing, the inspector was unable to see evidence that this was followed up by the provider. In another house, the inspector viewed records from three drills which were undertaken in 2024. One of these drills took five minutes with a ratio of two staff to each resident. It was unclear why this was the case, and whether the provider had deemed this time to be a reasonable time for evacuation. In another house, evacuation times were not documented on a record of a drill. There was a need for the provider to assure themselves that safe evacuation of residents was achievable within the minimum staffing complement.

Judgment: Substantially compliant

Regulation 6: Health care

From a review of six residents' care plans, it was evident that residents had access to a general practitioner. Residents were found to have access to a range of health and social care professionals such as physiotherapists, occupational therapists, speech and language therapists. They had access to medical consultants which they required including neurologists, psychiatry and ophthalmology. Residents had health passports in place so that in the event of an acute medical emergency, their important information was readily available.

Residents who were eligible for National Screening Programmes such as BreastCheck and BowelScreen were supported to access these services. Some residents had an end-of-life care plan in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

For residents who required positive behaviour support plans, the inspector found that these were in place. The plans which the inspector viewed had proactive and reactive strategies

There were a small number of restrictive practices in place in the centre such as keypads on some doors, restricted access to sharps in one house and a child lock on the car. Other measures were in place in line with residents' assessed needs such as lap belts on wheelchairs. These restrictive practices were recorded on the centre's restrictive practice register, and reviewed on a quarterly basis by the management team. There was evidence that one restrictive practice had been recently removed following review from the provider.

Judgment: Compliant

Regulation 8: Protection

The provider had policies and procedures in place to ensure that residents were safeguarded from abuse. This included policies on managing personal possessions including finances, and safeguarding vulnerable adults. All staff and volunteers had completed training in safeguarding.

The inspector viewed a sample of six personal care plans and found that these contained details which enabled both staff and volunteers deliver care and support in line with the residents' assessed needs and preferences in order to uphold their rights to dignity and privacy.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for L'Arche Ireland - Dublin OSV-0003418

Inspection ID: MON-0037761

Date of inspection: 12/02/2025

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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>There are several measures that have - and will be taken over the next number of weeks and continue to be held in place moving forward.</p> <p>1) Mr. Peter Shiels (Interim CEO / DO / PPIM) will return to on-site status from 05/05/2025. This measure will assist in a more robust and vigilant response and proactive approach in Notification of Incidents and Safeguarding in the community.</p> <p>2) Mrs. Niamh Kelly (Nurse) completed her training as a Designated Officer in Q4 2024. Mrs. Kelly is currently on extended leave and is scheduled to return on 01/04/2025. This measure will assist in a more robust and vigilant response and proactive approach in Notification of Incidents and Safeguarding in the community by having two Designated Officers on-site.</p> <p>3) The Community will, through training, refresher training, and through the practice of highlighting at the Team Meetings the need for vigilance in this area and reporting same to the Dos and / or Line Management.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Regulation 17(1)(b)</p> <p>Three quotes have been sourced for the painting / repairing of the windows in the Seolta house. This work will be completed by 30/06/2025.</p> <p>Regulation 17(1)(c)</p> <p>On 26th February 2025, we were visited by Amazon Community Outreach projects, North</p>	

County Dublin, they had asked for a wish list of projects to be done in L'Arche Dublin. Following a viewing of our property and review of the wish list, they have chosen to assist us by completing the work of extending the bedroom doors, repainting and updating the small kitchen area in the resident's apartment. The work will be completed by 30th of September 2025. Note: access to the main Sitting Room / Kitchen area was widened recently to allow the particular resident to move more freely.

Prior to the regulators' visit, we received two of three quotes for the replacement of both the front and back doors and windows throughout Seolta (the large bungalow). We are awaiting a third quote and will apply for a grant to assist in, in cost of same. This work will also be completed by 30th of September 2025

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Fire Drills in all three houses have been reviewed. Fire scenarios are now more detailed, stating where the 'imaginary' fire is, and setting the circumstances as a nighttime shift - i.e., with only 1 staff member overnight and using the number of Assistants (Volunteers onsite) available at night. This measure represents the lowest compliment of able bodies to assist an evacuation in the event of a fire on the premises.

Staff and Assistants have practiced and timed the evacuations of each core member individually, using ski sheets and ski pads as per each personal evacuation plan and involving core members. This has helped to ensure that all Staff, Assistants, and Residents are fully informed on what to do and has led to improved timings on the evacuations.

These drills will be completed 2/3 times (mid Q1 2025 and Q2 2025) until we are satisfied that all staff members are clear in the drill. Each scenario will outline a different location of the 'imagined' fire to highlight different escape routes and different times of day and night to cover all eventualities.

If any fault / maintenance is required following a fire drill, the report of work completed will now be placed in the folder behind the drill to show that faults identified have been actioned and fixed.

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.	Substantially Compliant	Yellow	30/06/2025
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/09/2025
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are	Substantially Compliant	Yellow	14/03/2025

	aware of the procedure to be followed in the case of fire.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	14/02/2025