



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

Issued by the Chief Inspector

Name of designated centre:	An Sli
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	20 November 2025
Centre ID:	OSV-0003618
Fieldwork ID:	MON-0048467

About the designated centre

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

This is a residential service providing full-time residential services to eight adults (both male and female) with disabilities. The centre is in Co. Louth and near a number of large towns and small villages. The centre comprises a large detached bungalow, and each resident has their own bedroom (some ensuite) decorated to their individual style and preference. Communal facilities include a large, fully equipped kitchen, a separate utility room, two fully furnished sitting rooms, a number of communal bathroom/showering facilities, and a staff office. There is also a large separate activation area (with two bathrooms and a kitchen facility) where residents can relax and engage in learning activities, hobbies of interest, or watch TV. The centre also has a large courtyard which is accessible to the residents. Transport is provided so as residents can avail of holiday breaks and social outings to shops, cinemas, shopping centres, hotels, restaurants, pubs, and beauticians. The service is staffed on a twenty-four-hour basis by a team of staff nurses, social care workers, and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 20 November 2025	10:00hrs to 17:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was conducted without prior notice and focused on assessing the quality of care and support provided to residents. The person in charge was not present for this inspection, however, the inspection was facilitated by a person who had previously held the role.

The Inspection process identified that residents were well cared for. Many of the residents were advanced in age and were receiving support tailored to their varying needs. The inspector found that the health and social needs of the residents were being met. The service was nurse-led, and for some residents, there was evidence of significant efforts being made to promote their health and improve their quality of life.

While the inspector found that the care and support being provided to the residents was appropriate, the inspection process did identify some areas that need improvement.

The inspector reviewed 12 regulations:

3 regulations were found to be non-compliant:

- Regulation 28: Fire precautions
- Regulation 17: Premises
- Regulation 23: Governance and management.

2 regulations were deemed to be substantially compliant:

- Regulation 16: Training and development
- Regulation 26: Risk management procedures.

The actions under Regulations 23, 28, 26 and 17 relate to inadequate response on behalf of the provider regarding identified problems. The provider, through their own audits, had identified issues relating to fire evacuation procedures particularly the length of time it was taking to evacuate residents under night time circumstances and also issues with the premises, including flooring needing to be replaced throughout the residents' home and painting required in a number of areas.

When reviewing the service's quality improvement plan, the inspector noted that the actions related to Regulations 28 and 17 had been outstanding since 2023. This demonstrated the provider's inadequate response to issues raised within the centre. Of particular concern was the provider's limited response to the concerns raised under regulation 28, as the issue had been identified as a significant risk by the provider, but, at the time of the inspection, they had failed to address this matter

appropriately.

Regarding Regulation 16, the inspector found that several staff members had not completed refresher training in infection prevention and control practices. The previous inspection completed in 2023 had identified the same issue. This indicated that learning from the last inspection had not been addressed.

The inspector will discuss the impact of these findings later in the report, but the findings identified significant delays in the provider responding to issues their own audits had highlighted.

Throughout the course of the day, the inspector had the opportunity to interact with all eight residents. The atmosphere in the residents' home was warm and welcoming. Five staff were rostered each day, an activity coordinator was also on duty Monday to Friday. During the course of the day, residents were engaged in a number of activities, including using a new sensory projector that had recently been purchased. They were also observed listening to music and watching television in the activity area of their home.

The residents also participated in arts and crafts. One of the residents, with the support of a staff member, explained to the inspector that they were making items for a Christmas craft fair, which was due to be held in their home in the next month. The residents appeared proud of the work they were doing and excited about the prospect of the fair, which was scheduled to take place over two days, with a party planned for one of the days.

In the evening, the residents moved from the activity area of their home to the larger kitchen area and were observed chatting among themselves and with staff in what was a natural, homelike environment. The residents again appeared happy in their home. Some of the residents also engaged in iPad training with an external facilitator, and they appeared to enjoy this. The inspector observed warm and friendly interactions between residents and staff members throughout the inspection. The residents were heard laughing and singing at various times during the day.

As stated above, the residents were advanced in age, and some had challenging health conditions that had led to deterioration in their mobility. All residents now mobilised using wheelchairs with the support of staff members. The review of residents' information identified that they were receiving support from various members of the provider's multidisciplinary team and that their changing needs were being responded to proactively.

The inspector found that the residents were active in their local community. For example, on the day of the inspection, two residents went out for a drink with staff support. There were other examples of residents engaging in activities such as attending concerts, going to the cinema, and attending different social events.

The residents' home was a large, purpose-built premises. Each resident had their own room, and the provider and staff team had taken steps to promote a homely environment. The premises was found to be clean; however, as stated above, some

issues detracted from its appearance. Flooring throughout the house needed to be replaced, and this had been identified as an issue in 2023 but had yet to be addressed.

The following two sections of this report present the inspection findings regarding governance and management in the centre, and how they affect the quality and safety of the service being delivered.

Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found that improvements were required to ensure compliance with the regulations.

As referenced earlier in this report, the review of fire safety information identified significant concerns. The provider had assessed the inability of staff to evacuate residents within an appropriate timeframe during night-time conditions as a high-risk issue. However, at the time of inspection, the provider had not implemented sufficient measures to mitigate this risk.

The inspector was not assured that the arrangements in place were adequate to safeguard residents in the event of an emergency at night. The inspector escalated these concerns to the provider and requested additional assurances regarding the immediate and planned actions to address the delays in evacuation under night-time scenarios. The steps taken by the provider will be outlined in full detail under regulation 28

In relation to regulation 17, the inspector found that the provider had not addressed outstanding actions relating to flooring throughout the premises.

The delay in responding to issues highlighted in the provider's own audits did not demonstrate robust governance and management practices. Furthermore, the concerns under Regulation 28 posed a significant risk to residents and staff members supporting them.

In summary the inspection identified that there was a need for the provider to review and improve their governance and management arrangements.

Regulation 15: Staffing

The inspector reviewed staffing arrangements and found them to be appropriate. The provider had ensured that:

- the skill mix of the staff team was suitable for meeting the needs of residents
- safe staffing levels were maintained
- a consistent staff team was in place, ensuring continuity of care for residents.

This judgment was based on a review of a sample of staff rosters, including the roster for the week of the inspection, the previous week's roster, and rosters from March and July of this year. The staff team consisted of staff nurses, social care workers, and care assistants. During the day, five staff members were scheduled to support the residents, while at night, two staff members worked live night shifts.

The inspector noted that there had been an increase in the use of consistent on-call staff in recent weeks to maintain safe staffing levels. The inspector was informed that this change was necessary because two staff members had recently left the team, and the provider was in the process of a recruitment drive.

While, concerns were raised regarding staffing levels at night, this issue will be addressed under Regulation 23 and Regulation 28.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector requested confirmation that the staff team had access to and had completed the necessary training. Upon reviewing the training records, they discovered gaps in training focused on upskilling staff members in infection prevention and control practices. The inspector noted that four staff members had failed to complete refresher training, despite this being identified previously as an area needing attention by the service's management team. This issue was also highlighted during the 2023 inspection of the service, indicating that effective learning had not occurred since the last inspection.

Staff members had completed training in various areas, including:

- fire safety and evacuation
- Safeguarding vulnerable adults
- Dysphagia
- Epilepsy and buccal midazolam (rescue medication)
- First aid
- safe administration of medication
- Children first
- Basic life support
- Manual handling
- Positive behaviour support
- Dementia.

The inspector found that the training which had been completed by the staff

members was focused on ensuring they had the appropriate skills to support the residents but improvements were required to ensure that all staff were completing training when required.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector reviewed the provider's governance and management arrangements and found that improvements were needed in how senior management addressed identified issues. These issues included delays in resolving problems related to fire evacuation procedures and ensuring that all aspects of the residents' homes were well maintained and presented.

The inspector confirmed that the provider had completed all required regulatory visits and reports. The most recent unannounced visit reports from May and September of this year focused on the safety and quality of care and support in the centre. Upon review of both reports, the inspector noted ongoing issues in two key areas, as mentioned earlier.

Regarding fire safety, the inspector found that concerns about the length of time required to safely evacuate residents at night were raised by the provider's audit team in October 2023. This concern had been repeatedly highlighted during subsequent audits.

The inspector was informed that efforts had been made to mitigate this risk, including submitting business cases to increase staffing levels at night and upgrading fire doors. However, during the inspection, it was noted that staffing levels had not been increased, and the evacuation time for residents at night remained a concern as it was taking up to 15 minutes to evacuate residents which posed a risk. The full impact of this issue will be discussed in detail under Regulation 28.

When reviewing action plans, the inspector found that issues related to the premises had been raised following audits in April 2023. The concerns included the need to replace damaged flooring throughout the premises due to wear and tear. The inspector conducted a walkthrough of the premises and found that these actions had not yet been addressed, despite being raised over two years ago.

At the local management level, appropriate arrangements were in place, with the current and previous person in charge identifying areas for improvement and addressing issues they could in a timely manner. As stated in the opening section of the report, the inspection process revealed positive findings regarding the care and support provided to residents, particularly in relation to their health needs.

Additionally, the inspector found instances of local management effectively managing staff performance, identifying areas requiring improvement, and taking

steps to ensure that the skill mix of staff was appropriate to support the residents.

In summary, it was found that the provider had not adequately responded to concerns raised by their own audits. The delayed response highlighted deficiencies in the provider's governance and management arrangements, particularly regarding fire evacuation measures and premises.

Judgment: Not compliant

Quality and safety

As outlined in the report, the inspector identified concerns regarding the provider's response to fire evacuation, issues with the premises, and risk management procedures. While these findings raised some concerns, they primarily highlighted the provider's inadequate response. These issues will be discussed in more detail under regulations 17, 26, and 28.

On a positive note, the inspection process revealed that the services management team and staff were ensuring that residents received a good standard of service.

Examples of good practice included successfully meeting residents' health and social needs. The residents appeared happy in their homes and were supported in engaging in meaningful activities that they enjoyed. Additionally, the care plans were found to be person-centered, regularly reviewed, and reflective of the current needs of the residents.

Regulation 10: Communication

During the inspection, the inspector examined residents' information and found that the staff team had created communication passports. The inspector looked at two of these passports and found that the staff had made efforts to document how the residents communicated, as well as outlining the steps that support staff should take to assist with this communication. The provider's quality team later reviewed these documents and identified the necessity for the residents to undergo evaluations by a qualified professional in order to further improve the communication supports available to them.

The inspector noted that the provider's speech and language therapist had commenced communication assessments for all residents, and reports were in the process of being developed. This indicated that the provider was effectively responding to its own audits on this occasion and that the communication needs of the residents were being properly assessed.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector found that suitable arrangements were in place to support residents with their finances. All residents were receiving full support in this area. Money was stored on the premises, with some residents choosing to keep their money in their rooms, while others preferred to have it stored securely in the office.

The inspector reviewed the financial records of two residents and confirmed that they had been supported to establish bank and savings accounts in their own names. The service's management team regularly reviewed bank statements to ensure that spending matched receipts.

On a daily basis, two staff members carried out checks on the money residents kept in their home. In addition, a system was in place for quarterly checks of residents' finances.

Overall, the inspector found that residents had access to funds when required and that robust systems were in place to safeguard them from financial abuse.

Judgment: Compliant

Regulation 13: General welfare and development

During the inspection, the inspector reviewed aspects of four residents' information. Evidence indicated that residents were receiving a good standard of care and were supported to identify and engage in activities they enjoyed.

A review of three residents' social goals and two residents' daily notes for the previous ten days showed that residents were socially active both within and outside their home. Examples included attending concerts, dining out, and going to shows.

Throughout the inspection, the inspector observed that residents appeared happy in their home and in their interactions with staff. Residents were engaged in arts and crafts as part of preparations for an upcoming Christmas market, as well as participating in a variety of other activities inside and outside the home.

Overall, the inspector found that the care and support provided were promoting positive outcomes for residents.

Judgment: Compliant

Regulation 17: Premises

As mentioned in earlier sections of the report, the inspection revealed that the provider had failed to address longstanding issues related to the residents' home. A review of the action plans developed by the provider's own quality team indicated that the screed and flooring throughout the main corridors, communal areas, and storage room needed to be replaced due to damage from general wear and tear. This issue was identified on April 6, 2023, but by the time of the inspection, it had yet to be resolved, highlighting the provider's failure to respond appropriately.

The inspector also found that several areas throughout the large premises needed painting, with much of the deterioration attributed to wear and tear. The issues surrounding the flooring and the required painting detracted from the overall appearance of the residents' home.

The provider is responsible for maintaining the residents' home in a good state of repair, but this was not the case during the inspection. The provider's lack of response to the identified issues raised further concerns.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had self identified a significant risk related to the time it took two staff members to evacuate eight residents during nighttime fire drills. This issue was categorised as a red risk and documented as such in the centre, and risk assessments were developed to address the potential harm to both residents and staff.

Although the provider identified and assessed the risk, the control measures implemented prior to the inspection were insufficient in mitigating the identified risk. As a result, residents and support staff remained at a heightened risk in the event of a fire or an emergency at night. This concern will be discussed further under regulation 28.

The inspector found that, in other areas, risk management practices were appropriate. Risks were identified, assessed, and the control measures in place were deemed suitable to maintain safety. For instance, the inspector reviewed risk assessments for three of the eight residents. These assessments were linked to the residents' care and support plans, reflected their changing needs, and the control measures were proportionate to the level of risk, effectively maintaining safety for residents and their support staff.

Additionally, the inspector examined a record of adverse incidents that occurred this year. It was found that incidents were being reviewed by the service's management

team and included in the monthly statistical reports reviewed by the provider's senior management. The inspector noted that, when possible, lessons learned from these reviews were being identified to promote learning and reduce risks.

Judgment: Substantially compliant

Regulation 28: Fire precautions

During discussions with the person facilitating the inspection, ongoing concerns regarding fire evacuation procedures were highlighted. The inspector found that the provider's own audits had consistently identified issues related to the time taken to evacuate residents since 2023.

For example, when reviewing fire evacuation records, the inspector found a nighttime evacuation drill in which the staff team took over 15 minutes to safely evacuate the residents. Two staff members were on the night shift and responsible for evacuating eight residents, each of whom required assistance from two people to ensure safe evacuation under nighttime conditions. Five residents were evacuated using ski sheets, two used a standing aid, and one was assisted by two staff members into a wheelchair.

The provider had identified the length of time it took to evacuate residents at nighttime as a significant risk and had submitted two business cases to their funder requesting an additional third staff member to be on duty at night, once in late 2023 and again in June of this year.

The inspector reviewed recent nighttime evacuation drills, including one conducted on September 10, 2025, which simulated an all-out evacuation exercise. This drill took over 13 minutes to evacuate the residents, further raising questions about the arrangements in place to safely evacuate the residents. The inspector was informed that the provider had recently updated its fire containment measures and installed new fire containment doors, with plans for a progressive horizontal evacuation approach to be utilized.

A subsequent nighttime simulated fire evacuation drill was conducted on November 13, 2025, using the progressive horizontal evacuation strategy. This drill was performed by two staff members, but no residents were involved; instead, the beds of the residents were evacuated from their bedrooms. Only six of the eight required bedrooms were evacuated during this drill, and the recorded time to evacuate these six rooms was 11 minutes and 48 seconds.

Although the provider and the staff team altered their approach to fire evacuation, the fire drill available for review at the time of the inspection, which utilized the new evacuation strategy, did not demonstrate an adequate response.

The inspector sought additional assurances that the provider could evacuate residents under nighttime circumstances within a suitable timeframe. A member of

the provider's senior management arranged for an external fire expert to conduct a fire drill with the staff team the day following the inspection, and it was agreed that the outcome of the drill would be submitted for review the following day.

The findings from the inspection were reviewed following the inspection and an urgent action was issued to the provider seeking additional information regarding the nighttime evacuation strategy, and steps taken since the inspection.

The provider submitted the requested details. A fire consultant attended the designated centre on the morning of November 21, 2025, to provide training and observe staff conducting a simulated nighttime fire drill using progressive horizontal evacuation.

A simulated nighttime fire evacuation was conducted, utilising a mannequin that weighed 70 kg. The provider reported that the evacuation took 8 minutes and 20 seconds to move all residents to a safe location. The provider also reported that the fire consultants had set the recommended evacuation time at 9 minutes and 30 seconds. Following this drill the provider stated that they were satisfied that staff on duty could bring the residents to a place of safety within the recommended time frame.

While it is positive to find that training was provided to the staff team and that the most recent fire evacuation drill showed a more acceptable time for evacuating the residents, the inspector still has concerns about the time it took for the provider to sufficiently address the actions.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed information for three residents and found that the person in charge and the staff team had ensured that the health and social needs of the residents were comprehensively assessed. The review confirmed that appropriate arrangements were in place to meet the needs of each resident.

The inspector examined two residents' personal plans (care and support plans) and found that they were well written, regularly reviewed, and provided sufficient detail to guide staff in supporting the residents effectively.

During the inspection, the inspector observed residents being supported appropriately by the staff team, with clear efforts made to promote social engagement both within the home and in the wider community.

Conclusion: The inspector found that adequate arrangements were in place to assess and address the needs of the group of residents.

Judgment: Compliant

Regulation 6: Health care

The inspector was informed that the health needs of some residents had increased in recent months. To assess this, the inspector reviewed information for two residents regarding how they were being supported to maintain their health and found that strong systems were in place.

The residents' health needs had been assessed, and these assessments included their medical history and the measures being taken to support them. Following the assessments, detailed health action care plans were developed, outlining how best to meet the residents' needs. The inspector noted that these plans were regularly updated to reflect any changes in the residents' health status.

Where required, residents were receiving support from members of the provider's multidisciplinary team and from other allied healthcare professionals, such as their general practitioner and neurology specialists. In some cases, residents had been prepared for and successfully undergone surgery to address specific health issues. There were also examples of positive outcomes resulting from these measures; for instance, one resident experienced a reduction in seizure activity following the completion of a planned medical procedure.

Conclusion: The inspector found that the health needs of the residents were being adequately met.

Judgment: Compliant

Regulation 9: Residents' rights

As discussed earlier, the inspector reviewed samples of information from four residents throughout the inspection day. During this review and while observing practices in the residents' home, the inspector found that the rights of the residents were being promoted and respected by those supporting them.

The inspector examined minutes from resident meetings, including the three most recent meetings. It was evident that residents were being kept informed about matters relating to the running of the designated centre and were encouraged to express their opinions and make decisions about their daily routines and preferred activities.

Residents were offered opportunities to engage in a range of activities both within the home and in the community. Where residents chose not to participate in

community activities, this decision was respected by the staff team.

Conclusion: Overall, the inspection findings identified that the rights of the residents were being upheld.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for An Sli OSV-0003618

Inspection ID: MON-0048467

Date of inspection: 20/11/2025

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Four staff members identified, have completed all outstanding refresher training.</p> <p>The provider has identified an issue with staff members accessing HSE land training due to an inbuilt authentication process and are creating a local operating procedure to guide staff members.</p> <p>The PIC has undertaken a review of staff training in the DC with upcoming training needs identified and booked as appropriate.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider has reviewed works required across the organisation and prioritised works that are identified in audit reports.</p> <p>All outstanding works relating to fire have been completed.</p> <p>Residents evacuation plans have been reviewed and updated following a fire drill using progressive horizontal evacuation, observed by Fire Consultant.</p> <p>The use of progressive horizontal evacuation, has significantly reduced evacuation times, these times have been deemed safe by Fire Consultant.</p> <p>Staff in the Designated Centre are familiar with the updated emergency plan and the use of progressive horizontal evacuation. Additional training in progressive horizontal evacuation by a Fire Consultant, will take place early in 2026.</p> <p>Local Fire Evacuation Procedure has been reviewed and updated.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The outstanding works to replace the flooring throughout the centre has been approved for funding and will be completed by the end of quarter one 2026. Painting and touch ups resulting from the upgrade of fire doors will be completed following the installation of new flooring.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>All outstanding works relating to fire have been completed. Residents evacuation plans have been reviewed and updated following a fire drill using progressive horizontal evacuation, observed by Fire Consultant. The use of progressive horizontal evacuation, has significantly reduced evacuation times, these times have been deemed safe by Fire Consultant. Staff in the Designated Centre are familiar with the updated emergency plan and the process of horizontal evacuation. Additional training has been scheduled to be completed by a fire consultant in the new year. Local Fire Evacuation Procedure has been reviewed and updated. Risk Assessments have been reviewed and updated.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All outstanding works relating to fire have been completed. Residents evacuation plans have been reviewed and updated following a fire drill using progressive horizontal evacuation, observed by Fire Consultant. The use of progressive horizontal evacuation, has significantly reduced evacuation times, these times have been deemed safe by Fire Consultant. Staff in the Designated Centre are familiar with the updated emergency plan and the process of horizontal evacuation. Additional training has been scheduled to be completed by a fire consultant in the new year. Local Fire Evacuation Procedure has been reviewed and updated. Risk Assessments have been reviewed and updated.</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 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	31/01/2026
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	31/03/2026
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	Not Compliant	Orange	31/01/2026

	safe, appropriate to residents' needs, consistent and effectively monitored.			
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	31/01/2026
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.	Not Compliant	Orange	31/01/2026