



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

Issued by the Chief Inspector

Name of designated centre:	OCS-SM
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	21 January 2026
Centre ID:	OSV-0004030
Fieldwork ID:	MON-0040066

About the designated centre

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

The centre provides respite/short breaks for up to four young people, both male and female with moderate to profound intellectual disability, with range of support needs, aged 5-18 years. The number of children availing of a respite break at any time can vary depending on young people's assessed needs. Crisis care is also provided in the centre in line with the centres' admission procedures. Currently following two emergency admissions to the centre, two young people are staying full time in the centre. The centre comprises a single story premises located on the grounds of a large campus in an urban area in Dublin. There are four bedrooms, a large combined sitting/dining room, a sensory room and a smaller sitting room at the other end of the house. There is a large secure back garden with some items for young people to play with. It has access to amenities such as good local transport links, and local access to public parks and shops. Young people availing of respite also have access to the campus facilities including a playing field, playground, sensory garden and swimming pool. The aim of the centre is to provide a warm, clean, fun and safe environment for young people accessing the service for their respite break. Children are supported on a 24 hour basis by a person in charge, staff nurses, care staff and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Wednesday 21 January 2026	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the young people who were availing of respite in this centre received person centred and quality care. However, at the time of inspection there had been two emergency admissions to the centre who had been staying there over a prolonged period with no defined time-line for discharge. One of these young people had been residing in the centre for more than five months while the other resident had been living in the centre for a significant but shorter period. A planner had been put in place and arrangements made to ensure that the other respite users continued to receive their allocated respite stays during this period. However, while recognising that crisis care was being provided in line with the centres' admission procedures there were a number of negative implications. These included the potential that: respite breaks being provided would be negatively impacted or curtailed, reduced availability of respite beds for other young people on the respite waiting list and possible compatibility issues or unintended peer impact and related risks between longer term residents and shorter stay respite users. Ultimately, the provider was not wholly providing the specific care and support needs and respite service as set out in the centre's statement of purpose and as agreed by the chief inspector at the time of registration.

The centre comprises a four bedroom bungalow and was registered to accommodate up to four young people between the age of 5 and 18 years, for overnight intermittent short breaks. On the day of inspection, there were four young people staying in the centre, the two emergency admissions as referred to above and two respite users. There were no confirmed plans for the transition or discharge of the two long stay residents or to restore the full registered respite service.

In general, young people attended for respite based on assessed need, compatibility with others, level of support required, individual risk assessment and requests from family. It was reported by management, that in order to ensure equal access for families accessing the service that a maximum of two nights in respite a month were being offered, with longer breaks needing to be sanctioned by the provider's short-breaks committee. In total 29 children were listed to avail of respite in the centre. It was noted in the preceding five month period, a young person who routinely attended for respite on their own, based on their individual assessed needs and risks, had been facilitated to receive their scheduled respite breaks with alternative arrangements made for the two emergency admissions during their stay. The interim person in charge reported that respite users and their families had been informed of the two emergency admissions and were generally happy with the number of respite breaks being provided. There was also a waiting list for the service.

The inspector met briefly with each of the four young people staying in the centre on the day of this inspection. One of the young people had a day off school and was

met with on the morning of the inspection before taking public transport with staff for a cinema visit in a local shopping centre. A number of the young people were unable to verbally tell the inspector their views of the service but appeared happy and comfortable in the company of staff. An activity schedule was in place and it was evident the young people engaged in a range of fun activities during their stays. Some art work completed by a number of the respite users was on display. A young person met with on the evening of the inspection showed the inspector a comic book which they had created and it was evident that they were very proud of. This young person told the inspector that staff were 'good' and 'kind' to them and that they enjoyed their stays in the centre. Staff members were observed to engage with the young people in a caring and respectful manner.

The centre was found to be comfortable and homely. Residents availing of respite each had their own bedroom which they could personalise to their own taste for the duration of their visit. Each of the bedrooms had a sink in the room and adequate wardrobe storage space. This promoted the young people's independence and dignity, and recognised their individuality and personal preferences. A desk and chair had been established in the bedroom for each of the longer stay young people. There were a number of relaxing areas in the centre. These included a sensory room, a television room, a chill out room and a large sitting come dining room. The centre was located within a campus based setting beside a number of other designated centres for residents with disabilities. It was within walking distance of a public park and a number of local amenities and transport links. There was a good sized, accessible and well maintained garden for the respite users' use. A colourful mural had been painted on the wall surrounding the back garden. The garden included a ground trampoline and a table with benches for outdoor dining.

There was evidence that the young people availing of respite and their representatives were consulted and communicated with, about decisions regarding the individual young person's care during their stay. Records were maintained of contact with families prior to their stay to ascertain any changes to health and social care needs prior to their visit. Thereafter, there were daily one-to-one conversations with the young people's family in relation to their needs, preferences and choices regarding activities and meal choices. The inspector did not have an opportunity to meet formally with the relatives of young people availing of respite or the longer stay residents, but it was reported that they were happy with the care and support that the young people received. The provider had completed a survey with relatives as part of their annual review which indicated that they were happy with the care and support being provided for their loved ones during respite stays.

Young people availing of respite and on longer stays in the centre were supported to engage in meaningful activities during their stay. Each of the young people on the day were engaged in a school placement. A significant number of the young people attended a school placement which was based on the same campus as this designated centre. Others attended school placements nearer to their own homes. Examples of activities that the young people engaged in included, walks to local public park, bowling, cinema, shopping trips, meals out, drives, arts and crafts, board games, listening to music and jigsaws. The centre had access to a vehicle which required to be pre booked and could be used by staff to support children to

avail of activities within the community. There was a swimming pool, accessible communal gardens and an adapted playground within the campus grounds, which the young people could use.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the young people availing of respite needs. However, at the time of this inspection, the provider was not wholly providing the specific care and support needs and services, as set out in its statement of purpose, and agreed with the Chief Inspector of Social Services at the time of registration. While the centre statement of purpose facilitated crisis or emergency admissions in unforeseeable situations to provide crisis supports, two young people had continued living in the centre for a prolonged period and there was no defined time-line for their discharge.

The centre was managed by a suitably qualified and experienced person who was on extended leave at the time of this inspection with an expected return date in the coming period. An interim person in charge had been appointed who held the position of Clinical nurse manager 3 (CNM 3) and would previously have been the direct reporting line for the person in charge. This inspection was facilitated by the interim person in charge / CNM 3, who had more than 20 years management experience and was suitably qualified. The interim person in charge was found to have a good knowledge of the assessed needs and support requirements for the young people availing of respite in the centre and of the requirements of the Regulations. They were in a full time position and had protected time allocated for their interim role as person in charge. There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge had protected management hours. Their role was generally supported by a clinical nurse manager, grade 1 (CNM1). However, this position had recently become vacant. Recruitment for this position was in the final stages.

The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six-monthly basis as required by the regulations with the last one being in September 2025. A number of other audits and checks were also completed on a regular basis. Examples of these included, quality and safety checks, fire safety, medication and infection control. There was evidence that actions were taken to address issues identified in these audits and checks. It was noted that staff completed a safety

pause on all shifts. There were regular staff meetings and separate management meetings with evidence of communication of shared learning at these meetings.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted all of the necessary documentation required to apply to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. They were on extended leave at the time of this inspection and an interim person in charge had been appointed. A review of Schedule 2 documentation indicated that the person in charge and the interim person in charge were suitably qualified and experienced for the role, in line with the requirements of the regulations. The interim person in charge was met with on the day of inspection and demonstrated a sound knowledge of the respite users care and support needs. The interim person in charge also held the position of clinical nurse manager 3 within the wider service but had been allocated some protected hours for their interim role.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of young people availing of respite. At the time of inspection there was one whole time equivalent staff vacancy and two staff were out on long term leave. Recruitment was underway for these positions. A small number of regular relief and agency staff members were being used to cover these vacancies. This provided consistency of care for respite users. The actual and planned duty rosters were found to be maintained to a satisfactory level. One to one staffing was allocated for all young people during the day. The inspector noted that the young people's needs and preferences were well known to a staff member met with, and the interim person in charge on the day of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for children availing of respite. Staff had attended all mandatory training. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place. The inspector reviewed a sample of supervision records for four staff members and found that these staff were receiving suitable supervision in line with the frequency proposed in the providers supervision policy. The inspector reviewed minutes of staff meetings which occurred on a regular basis and included discussions on respite users rights, incidents and accidents and changes to policies and procedures.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. However, the provider had failed to provide the specific care and support needs and services as set out in its statement of purpose, as agreed with the Chief Inspector at the time of registration. Any changes to the specific care and support needs and services should have been agreed in advance with the Chief Inspector. This meant that the Chief inspector could not be assured that the provider had at all times the necessary services and facilities to comprehensively assure the health, personal and social well being of respite users in this centre.

At the time of inspection there had been two emergency admissions to the centre who had been staying there over a prolonged period with no defined time-line for discharge. Suitable alternative full-time residential placements had not been secured. One of the young people had been residing in the centre since August 2025 while the other young person had been living in the centre since October 2025. A planner had been put in place and arrangements made to ensure that the other respite users continued to receive their allocated respite stays during this period. It was noted that a young person who routinely attended for respite on their own, based on their individual assessed needs and risks, had been facilitated to continue to receive their scheduled respite breaks with alternative arrangements made for the two emergency admissions during their stay. However, while recognising that crisis care had been provided in line with the centres' admission procedures there were a number of negative implications. These included the potential that: the respite breaks being provided would be negatively impacted or curtailed, likely reduced availability of respite beds for other young people on the respite waiting list and possible compatibility issues or unintended peer impact and

related risks between longer term residents and shorter stay respite users. There were no confirmed plans for the transition or discharge of the two long stay residents or to restore the full registered respite service.

The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations. There was evidence that actions were taken to address any issues identified. The inspector reviewed a schedule of audits completed. These ensured the ongoing monitoring of the service in relation to health and safety, medication safety, finances and that tasks assigned to staff member were completed. There were clear management and reporting structures in place which ensured clear lines of responsibility.

Judgment: Not compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Chief Inspector in line with the requirements of the regulations. The inspector reviewed a sample of all incidents and near misses which had occurred in the preceding six month period and found that they had been appropriately reported to the Chief Inspector where required.

Judgment: Compliant

Quality and safety

The respite users' well-being, protection, rights and welfare was maintained by a good standard of evidence-based care and support. However, at the time of this inspection there were two emergency and crisis admissions to the centre and these two young people were residing in the centre for an extended period. Some maintenance was required in a small number of areas.

A personal support plan reflected the assessed needs of the individual young people attending for stays and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices.

The majority of young people availing of respite in this centre required high levels of support and supervision to complete activities of daily living. The young people who attended for respite together were considered to be compatible and to get along

well together. Compatibility assessments had been completed for those attending respite together.

The health and safety of respite users, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments for children availing of respite. These outlined appropriate measures in place to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving children availing of respite. This promoted opportunities for learning to improve services and prevent incidences.

Regulation 17: Premises

The centre was found to be homely, suitably decorated and generally in a good state of repair. However, there were some small areas of worn paint on walls and woodwork.

The design and layout of the premises and the gardens was accessible for all identified respite users. The centre was spacious with a number of communal areas including a chill-out room, a TV room, a sensory room and a large sitting come dining room. Each of the young people availing had their own bedroom for the duration of their stay.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of young people availing of respite, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had been recently reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the young people.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. However, although some fire drills involving young people availing of respite had been undertaken at regular intervals suitable records were not available to show if all of those availing of respite

had attended a fire drill in the preceding period. A tracker schedule was in place to track when young people attended a fire drill. However, records were not adequately maintained and records reviewed indicated that a number of young people and a number of staff had not attended a fire drill in an extended period and in some cases there were no records available on file to show if some young people had ever attended a fire drill.

There was documentary evidence that the fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape and a fire assembly point was identified in an area to the front of the house. A procedure for the safe evacuation of the individual residents in the event of fire was prominently displayed. Personal emergency evacuation plans which adequately accounted for the mobility and cognitive understanding of each individual young person availing of respite were in place. Records reviewed showed that staff had attended fire safety training.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The well being and welfare of young people availing of respite in the centre was maintained by a good standard of evidence-based care and support. However, the assessment of needs for the two emergency admissions was not comprehensive in terms of assessing the longer term needs of the individual young person to maximise their care and support in accordance with their individual health, personal and social care needs and choices. Specific and measurable goals for these young people in terms of their education, stability, independence and emotional support were not in place. The inspector considered that the placement of both these young people living on a longer term basis in a respite centre was not in their best interest as the service was not designed to meet their long term needs. Furthermore, there was a potential negative impact for young people availing of short respite stays in the centre as the model of care had been partly changed to a long stay living environment.

Records were maintained of contact with families prior to the young people's stay to ascertain any changes to health and social care needs prior to their visit. Thereafter, there were daily one-to-one conversations with the children and families as required in relation to their needs, preferences and choices regarding activities and meal choices.

Judgment: Not compliant

Regulation 6: Health care

The provider ensured that the young people's healthcare needs were met by the care provided in the centre. This was a staff nurse led service with a staff nurse on duty at all times including a waking staff nurse on night duty. Health plans were in place for young people identified to require same. Each of the young people had their own GP and health information and updates were shared with the centre as required. A hospital passport and emergency transfer sheet was on file and had recently been reviewed for a sample of young people files reviewed by the inspector. These were found to contain sufficient detail to guide staff should a child require emergency transfer to hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

The young people were provided with appropriate emotional and behavioural support. A number of young people could present with behaviours of concern which could be difficult for staff to manage in a group living environment. The inspector noted that behaviour support plans were on file to guide staff in supporting individual young people's needs. From a sample of files reviewed, it was found that behavioural incidents had been supported and well managed. It was noted in the preceding five month period, that a young person who routinely attended for respite on their own, based on their individual assessed needs and behavioural risks, had been facilitated to receive their scheduled respite breaks with alternative arrangements made for the two emergency admissions during their stay.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect the young people from being harmed or suffering from abuse. Allegations or suspicions of abuse had been appropriately responded to, in line with the provider's policy. The provider had a safeguarding policy in place. Intimate care plans were in place for the young people which provided sufficient detail to guide staff in meeting their intimate care needs. There were no formal safeguarding plans in place at the time this inspection.

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 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for OCS-SM OSV-0004030

Inspection ID: MON-0040066

Date of inspection: 21/01/2026

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 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 commits to ensuring Chief Inspector is informed of any changes to the Statement of Purpose.</p> <p>Crisis admission of young people is currently under review. 1 Adult residential placement and 1 short term residential placement is currently being sought.</p> <p>Assessments have been completed by 3 external providers for adult placement and 2 external providers for short term residential placement.</p> <p>Once residential placements are secured the designated Centre will return to full respite service. Assessments are being undertaken at present to ensure that additional children/young people eligible can avail of respite as soon as possible.</p> <p>Young persons and their families are involved at all stages of these transitions.</p> <p>The progression of residential placements is actively underway in consultation with Avista and HSE.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Maintenance schedule is reviewed monthly by Person in Charge and submitted for completion.</p> <p>Painting of worn paint on walls and woodwork is scheduled for completion.</p>	

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Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A schedule of Fire evacuation drills is in place for 2026 These are scheduled monthly. A tracker for each child/young person is in place to record attendance at fire drill evacuation. A tracker is in place for each staff member to record attendance at fire drill evacuation. Person in Charge will monitor the respite planner and the tracker to ensure all children/young person's receive an opportunity to attend fire drill during 2026. This is included in bimonthly audit.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Personal plans are currently being reviewed and updated to ensure a comprehensive assessment of need. Individual personal plan will be updated to reflect identified needs and specific goals for the young person to be achieved. Multidisciplinary input is ongoing in preparation for transition to residential placement. Communication with schools attended by young people is daily during handover between school and respite service staff. Communication with family is maintained and shared at all stages of transition to residential placement. Written communication commenced between young person's school and respite service. Individual Preference Needs Assessment has been updated for young people awaiting residential placement.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/05/2026
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 safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/08/2026
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Substantially Compliant	Yellow	31/12/2026

	that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/08/2026