



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area D
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	24 April 2025
Centre ID:	OSV-0004086
Fieldwork ID:	MON-0046944

About the designated centre

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

This designated centre is run by Muiriosa Foundation and can provide residential care for up to ten male and female adults, who are over the age of 18 years and who have a disability. The centre comprises of two houses located a short distance from each other in a town in Co. Laois and both houses can each accommodate five residents. One of the houses comprises of two small semi-detached bungalows converted into a single dwelling, providing individual bedrooms, shared bathrooms, a large kitchen dining room, a conservatory, sitting room and staff office. The other house is a large bungalow with individual bedrooms, kitchen, dining room, and large sitting room. Both houses have outdoor garden spaces for residents to use as they wish. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Thursday 24 April 2025	09:00hrs to 15:00hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's compliance with the regulations, and to follow-up on the findings of the last inspection which was carried out in April 2024. In the absence of the person in charge, this inspection was facilitated by another person in charge that worked within the organisation, and was later attended by the person participating in management. Over the course of the day, the inspector visited both houses, and had the chance to meet with six staff members, all eight of the residents, and there was also a family member in attendance that the inspector briefly greeted.

Following on from the last inspection, the provider submitted a compliance plan to the Chief Inspector of Social Services, giving assurances around how they planned to come back into compliance with the regulations. This inspection found that this plan had been implemented, with better arrangements found in relation to the staffing. Overall, this was a very positive inspection where many good examples of care and support were found, particularly in relation to residents' re-assessment of need, safeguarding, general welfare and development and residents' rights. The inspector did get to speak with a lot of the residents, and all spoke very positively about the centre, and enjoyed living with their peers. The provider was found to be in compliance with many of the regulations they were inspected against; however, this inspection did find some improvements required to aspects of medication, fire safety and risk management, all of which will be discussed later on in the report.

This designated centre comprised of two separate bungalow houses that were located a few kilometres from each other within the same town in Co. Laois. One house was home to five residents, while the second house was home to three residents, which had two vacancies, one of which resulted from the very recent transition of a resident to another designated centre. All eight residents were present on the day of this inspection, having all lived together for quite a long time, and all got on very well. A number of them were of an aging profile, and they each required varying levels of support from staff with their assessed needs and many of them were very actively involved in the planning of their own care. Some required support with their personal and intimate care, others had specific manual handling requirements, some required falls prevention measures, others had assessed health care needs, some required support at mealtimes, regular supervision was required by some to maintain their safety, and each required a certain level of staff support so as to be able to get out and about in the community. Some of these residents attended day service a couple of days a week, some were being provided with their day service in the comfort of their home, while others had retired from this service.

Upon the inspector's arrival to the first house, two staff were on duty to support the five residents in that house. Each resident had their own bedroom, there were two shared bathrooms, a hallway, sitting room, kitchen and dining area, a staff office and sleepover area, and a small rear conservatory. The house was very clean, well-maintained and was comfortably furnished. There was a very calm and relaxed

atmosphere in this house when the inspector arrived, and this continued well into the afternoon as the inspector left. One of these residents was already up and having their breakfast and left soon after to go to their day service. Another resident was relaxing in their bedroom on their recliner chair, watching television while they waited for a family member to arrive and attend an appointment with them. The other three residents were all having a lie on in bed, and each got up at their leisure at various times. Staff supported them to have a shower, to get dressed if they needed help, and all three gathered together at the table to have their breakfast and chat among themselves. The inspector took some time to speak with them, with all saying they felt safe in their home, were well looked after, and were very happy to all live together. They spoke about the recent passing of Pope Francis, and were hoping to be able to watch the funeral celebrations on television over the coming days. They also mentioned how they were looking forward to planning short trips away to Co. Kerry, which staff were supporting them with. One of these residents had previously won various achievements in sport and later brought the inspector to their bedroom to show off their display of medals and photographs relating to this. In the last number of months, this resident had changed bedrooms, and was very happy with where they were now situated in the house. Another one of these residents had a keen interest in knitting and table top activities and welcomed the inspector into their bedroom after they had finished their breakfast. They proudly showed off their storage arrangements for all of their activities and books, and told the inspector they were able to reach everything and keep everything tidy and secure. They told the inspector they had strong religious faith and had visited Lourdes in the past, and had various religious keep-sakes in their bedroom. Another one of these residents who took time to speak with the inspector, spoke of how they had a number of falls over the past few months. They told of how staff had taken this seriously, and of the specific falls prevention measures that were now in place to keep them safe. For instance, they had a bell that they rang to alert staff when they wanted them, and for the moment, were using a wheelchair to get around and were doing exercises under the guidance of the physiotherapist, to strengthen their lower body. They informed the inspector that these measures were precautionary and temporary, until they attended an appointment for review in the weeks after this inspection. This resident also took responsibility for their own medicines, and told the inspector about how this was working well for them, that they were delighted to have this independence and responsibility, and spoke of how staff had made provisions for a locked drawer in their bedroom so they could securely store their medicines.

All five of these residents liked to live very active lifestyles and had many interests to include, going out to have their hair and nails professionally done, loved to go shopping, heading to concerts, going out for lunch and coffee, visiting pet farms, going for walks, had the tradition of a group take-away each Sunday night, and each had their own pension day where they went down the town with staff to do their own personal errands. As earlier mentioned, since the last inspection, the provider had improved staffing arrangements, which had resulted in increased staffing at night. The provider also had arrangements for additional staff cover when social outings and activities were planned in advance. Following this inspection, the provider had plans to again review weekend staffing levels in this house to ensure

the adequacy of staffing resources was subject to on-going monitoring.

The second house visited by the inspector was found to be equally in a good state of repair, very spacious and bright, well-maintained and comfortably furnished. When the inspector arrived, staff were outside with one of these residents doing some gardening, while the other two residents were resting and relaxing after dinner. Some of the residents in this house required a lot of staff support in relation to their manual handling, personal and intimate care, and with their assessed health care needs. There was one resident who had significant visual impairment, and staff knew how to support this resident so as to help them to safely get around both at home and when out in the community. The third resident required minimal support from staff, and often went down the town on their own to go to a local hotel for their lunch and to do their own errands. This resident spoke for a while with the inspector and informed her that they were a member of the Residential Form for the organisation. They often visited their family who were overseas and had many social interests that they were able to frequently engage in. Staff who were on duty took time to speak with the inspector and were found to be very knowledgeable around the specific care and support needs that all three of these residents had. Similar to the other house, night-time staffing levels had increased in this house, with a waking and sleepover arrangement now in place. This was a welcomed change, as given the high support needs of some of these residents, the additional staff support had proved positive in providing safer care during these hours. The last inspection of this centre did identify where there was some increase in the time it was taking to safely evacuate all residents from this particular house. Although regular fire drills were actively being carried out since then, the outcome of some of these did warrant some consideration to be given by the provider, to explore if additional evacuation methods for residents with assessed manual handling needs may need to be identified, should it be required. Again, this will be discussed more later on in the report.

Residents in both houses were supported by well-established staff teams, many of whom had cared for these residents for quite a period of time. As mentioned, the inspector got to meet with many of them that were on duty, and each were found to be very knowledgeable on the assessed needs of all residents, and spoke very respectfully about them. There was a noticeable homely feel within each house, with friendly and warm interactions between staff and residents observed over the course of this inspection, which warrants particular mention in this report. Many of the residents who met with the inspector, said that they were very happy with the staff that worked in their homes, and felt comfortable in approaching them about anything that they wanted to discuss. Both residents and staff said that the person in charge visited each house very frequently, and they felt supported by their efforts to guide and maintain high standards of care in the centre.

Overall, this was a positive inspection that showed the provider had taken action to address the previous issues that were raised. Although many of the areas reviewed by the inspector were found to be well-managed and effectively overseen, there were some aspects of the service that did require the attention of the provider to review.

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

of this report.

Capacity and capability

The provider had ensured suitable persons were appointed to oversee and manage this centre, with clear lines of accountability in place. The person in charge had the capacity to visit each house frequently, and residents who met with the inspector, said that they liked the fact that there was regular management presence in their home. There was also good oversight maintained of staff training needs and supervision arrangements.

As earlier mentioned, following on from the last inspection, the provider did effectively implement their own compliance plan, which resulted in better staffing arrangements at night in each house. This was reported to be working well, and had ensured that additional staff were available during these hours to support residents who required this increased level of support.

The person in charge had ensured that good continuity of care was provided, with familiar staff at all times on duty to support these residents. There were also clear internal communication systems that were working well in ensuring residents' care and support arrangements were often discussed, as well as, ensuring staff were kept up-to-date about any operational changes that were happening. Six monthly provider-led visits were occurring, and action plans were put in place to address where improvements were identified. At the time of this inspection, the methodology of this visit was being reviewed by the provider, so as to allow for it to focus more on relevant aspects of care, specific to the assessed needs of the residents, and operational needs of this service.

Regulation 15: Staffing

There was good consistency of care maintained through this centre's staffing arrangement, which was subject to on-going review. There was also a clear staff roster, which was well-maintained and fully named each staff member and their start and finish times worked.

Since the last inspection, the provider had reviewed and increased the night-time staffing levels in both houses. This had made a positive impact on ensuring residents' safety, and with also ensuring their care and support needs were adequately met during these hours. In addition, the provider had plans to review the weekend staffing levels in one of these houses after this inspection, to ensure that the number of staff rostered for duty at weekends in this house, was adequate to support the social care needs of these residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured all staff received the training that they required to carry out their role. Where refresher training was required, this was scheduled accordingly by the person in charge. All staff were also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was well-managed and governed to ensure residents received a high standard of care in accordance with their assessed needs. The person in charge regularly visited both houses, which greatly impacted the oversight of direct care. They also met regularly with their staff team to discuss residents' care and support arrangements, along with other matters. There was also regular contact maintained between the person in charge and their line manager about operational issues.

Six monthly provider-led visits were occurring in line with the requirements of the regulations. The last inspection of this centre identified that improvements were required to this process to ensure it was more focused on reviewing specific areas relevant to the care that was delivered to these residents. The provider had made these revisions and was in the process of rolling out this new system, with the next scheduled visit for this centre planned for May 2025.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured all incidents were notified to the Chief Inspector, as required by the regulations.

Judgment: Compliant

Quality and safety

This was very much a resident focused service that was cognisant of the assessed needs of residents, and their preference and wishes for their own care and support. There was a clear emphasis placed on involving residents in decisions around their care, with many efforts made to ensure they got to engage in the activities that were meaningful to them.

Fire safety was often discussed with these residents, and regular fire drills were carried out with them to ensure they could evacuate the centre in a timely manner. Some of the residents who spoke with the inspector were very clear on what they were to do should the fire alarm sound, and knew where all the available fire exits were in their home. In recent months, fire drills in one house had resulted in an increase in evacuation times, which the provider had responded to and addressed, and this was being maintained under regular review. However, there were some areas relating to fire safety that did require the provider to review, relation to fire detection, potential fire hazards and consideration of additional evacuation methods for residents with assessed mobility needs.

Residents' assessed needs were well-known by staff in this centre, and were regularly re-assessed for with the input of multi-disciplinary teams, when required. There was also a good response to risk in this centre, which was particularly found in relation to falls management. Following a number of falls which had occurred, the provider had put in place very clear additional control measures, which were being adhere to, resulting in no further falls re-occurring. Although the practice in this area was found to be held to a high standard, the risk assessments supporting some of the provider's risk management activities, did require review to ensure these clearly identified these specific control measures. This was also found in relation to the risk register for this centre, which was utilised to respond to, and monitor organisational risk. Although it was clear that this document had been reviewed following the outcome of the previous inspection, it did required further review to better support the provider in their on-going monitoring of specific organisational risks.

Where residents wished to take responsibility for their own medicines, the provider completed a risk assessment for this, and ensured supports were put in place to allow residents to safely do so. One resident who did engage in this, spoke of how happy they were to have this responsibility and knew to report to staff, should they encounter any issues. Although medication management practices were often subject to review, this inspection did identify where some improvements were required to the protocols supporting the administration of emergency medicines, to the system for identifying medicines dispensed using blister pack systems, and also to the prescribing of some as-required medicines.

Although this inspection did identify where some area of the service did required additional review, it is important to note that residents who met with the inspector spoke of how content they were in their home. They were very satisfied with being supported by staff who were familiar to them, and in how often they were asked about their thoughts on the care and support that they received. Furthermore, at

the time of this inspection, there were no safeguarding concerns in this centre.

Regulation 13: General welfare and development

The provider had ensured all residents were supported to have a good quality of social care, in accordance with their assessed needs, age, interests and capabilities. Each staff member knew each residents' preferred routines and activities, and ensured that these residents were supported by them to do so. Some residents attended day services in the community, others were facilitated by day service staff in the comfort of their home, while others had retired from this service. The provider also ensured each resident was supported to maintain personal relationships and to keep in contact with family and friends, and the wider community.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to have wholesome and nutritious meals, and that they were offered a choice at every mealtime as to what they wanted. There were fully fitted kitchens in each house, and staff primarily took responsibility for preparing resident' meals for them; however, residents were welcome to assist them and to get refreshments and snacks as they wished throughout the day. Where residents had assessed nutritional needs, staff were well aware of this and ensured these residents were consistently provided in accordance with their dietary needs.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had risk management systems in place, and ensured all incidents that occurred were reported and reviewed by local management.

The last inspection of this centre identified that some improvement was required to aspects of risk assessments. Although it was found that some improvement had been made to this area, it still required further review. For example, following a number of falls that occurred in this centre, there were very specific and robust interim measures being put in place to mitigate against this. These were well-known by staff and also by the resident in which they were intended for, and there was also full adherence to these additional control measures, which had resulted in no further falls occurring since their introduction. However, the risk assessment in place

supporting this, required updating to give clarity on these specific risk management arrangements.

A review of the risk register was also found to be required, particularly in relation to areas that were subject to on-going monitoring by the person in charge. Although since the last inspection, it was evident that some improvement was made to the risk register to include more relevant areas pertaining to this service, some of the risk assessments relating to these areas would benefit from better clarity on the specific control and monitoring arrangements in place. This was primarily observed on the risk assessments relating to, staffing, fire safety, changing needs, and falls management.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire precautions in place, to include, containment arrangements, emergency lighting was throughout, fire safety checks were regularly conducted, and all staff had received up-to-date training in fire safety. There were a number of fire drills being carried out in both houses. The provider was responsive to the outcome of these, as where some had resulted in extended evacuation timeframes, these drills were repeated until these timeframes had reduced.

Although there were good practices adhered to in relation to fire safety, there were some areas that were observed that required review by the provider;

- To review the fire detection arrangements to a conservatory area
- To review any potential fire/trip hazards posed by electrical leads within the a dining and office area
- To review the fire procedure for the centre, to ensure clarity on the response required by staff, both day and night, should a fire occur

In addition to the above, the outcome of a recent fire drill identified the potential risk for increased evacuation timeframes, where residents with manual handling needs required support with transfer from bed to chair. However, consideration had not been given following this, to exploring an additional evacuation method for this resident, to be utilised if needed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had procedures in place to guide on medication management in this centre. All staff had received training in this area of care, and there were some residents who were assessed as having the capacity to take responsibility for their own medicines. Prescription records were found to be well-maintained, and legible. Although there were good areas of practice found in relation to medication management, there were some areas that required review by the provider:

- Some as-required medicines, did not have the maximum dose that could be administered prescribed
- The protocol for the administration of an emergency medicines, was in contradiction of the dose prescribed on prescribing records
- Medicines that were dispensed using a blister pack system did not have identifiable information available, so as to support staff to be able to verify and identify each medicine delivered from the pharmacy, and subsequently administered to residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents needs were assessed for on a regular basis, and personal plans were then developed to guide on how staff were best to support them. Staff who met with the inspector were well aware of each resident's assessed needs and of their role in providing appropriate care. Although there was clear evidence that documentation supporting residents' needs was regularly reviewed, further review was required focusing on ensuring the specific care and support delivered by staff, was captured within personal plans and protocols. This was discussed with those facilitating this inspection, who were making arrangements for these personal plans to be updated with this information.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had suitable arrangements in place for this. MDT input was sought, as and when required, in relation to the review of residents' care, and residents were also supported to be actively involved in this process. Nursing support was available to both houses, and this aspect of care was maintained under very regular review by local management.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable arrangement for providing positive behaviour support to the resident with this assessed need. There were some environmental restrictions in place, which were required to maintain residents' safety. These were subject to on-going MDT review, and residents where possible, were involved in this review process.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding procedures in place to guide staff on how identify, response and monitor for any concerns relating to the care and welfare of residents. All staff had received up-to-date training in safeguarding, and safeguarding was often discussed with residents to ensure they knew to let staff know if they had any concerns. At the time of this inspection, there were no active safeguarding concerns in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

This was very much a resident-focused centre, that ensured all operations were led by residents' assessed needs, wishes and preferences for care. Residents were consulted with daily around how they wished to spend their time, and there was the utmost respect for residents' privacy and maintenance of their independence and dignity. Residents voiced that they were very happy in the centre, and felt that their needs and wants were very much met and respected.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area D OSV-0004086

Inspection ID: MON-0046944

Date of inspection: 24/04/2025

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Staffing , fire ,changing needs and falls risk assessments have been reviewed and this will be ongoing	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire detection and alarm system will be installed review and actions have occurred to any potential fire/trip hazards posed by electrical leads .The fire procedure for the centre, to ensure clarity on the response required by staff, both day and night. residents with manual handling needs requiring support to evacuate building have additional / alternative evacuation methods if needed.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: 1. as-required medicines, has the maximum dose that could be administered prescribed on drug kardex and protocol for the administration of an emergency medicines has been reviewed in line with this 2. Blister pack system has identifiable information in writing on each pack	

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 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	23/05/2025
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/07/2025
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal	Substantially Compliant	Yellow	23/05/2025

	and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
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