



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

Issued by the Chief Inspector

Name of designated centre:	No 3 Fuchsia Drive
Name of provider:	Corlann
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	25 February 2026
Centre ID:	OSV-0005139
Fieldwork ID:	MON-0045195

About the designated centre

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

No 3 Fuchsia Drive consists of a detached bungalow and a separate apartment located behind the bungalow. The centre is located on the outskirts of a large village and provides full-time residential care for a maximum of four residents of either gender, over the age of 18, with intellectual disabilities. Each resident has their own individual bedroom with three resident bedrooms in the bungalow and one in the apartment. Other facilities in the centre include kitchens, living areas and bathrooms. Support to residents is provided by the person in charge, a social care leader, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 25 February 2026	08:10hrs to 15:45hrs	Kerrie OHalloran	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013).

No. 3 Fushcia Drive can provide full time residential care to four adults. At the time of the inspection three residents were living in the centre. The centre comprised of a bungalow which two residents resided. A self-contained apartment was also on the property which one other resident resided in. Each resident had their own bedroom and residents living in the bungalow had access to communal areas such as dining, kitchen and sitting room. Overall the designated centre was warm, homely and comfortable for the residents living there. Some review was required to the centre to ensure that areas were maintained and could be cleaned thoroughly. This included a tear in flooring of a residents bedroom and equipment in place in the bathroom. This will be discussed later in the report.

On arrival to the designated centre the inspector was greeted by the social care leader who was on duty. Shortly after this the inspector met two residents who were being supported to have their breakfast. The residents invited the inspector to sit with them. Both residents were attending their day service that morning. They told the inspector that they enjoyed going to their day service. The inspector asked the residents if they were happy in their home and felt safe, both residents expressed to the inspector that they were very happy. One resident said they loved their home and complimented the staff that support them, while the other resident nodded in agreement.

The residents enjoyed chatting to the inspector about their lives, family and friends. One resident spent time showing the inspector pictures and videos of a national advocacy event they attend. This is an activity the resident enjoys being part of. The staff also spoke about how the resident loves attending and meeting friends from different places at this event. They also showed the inspector a present they had bought for a new family member and the staff discussed how they went shopping and the resident chose the gift themselves. The other resident discussed how they went on a trip last year to a holy site and this year they had bigger plans to go on a trip abroad to another holy site. This was very important to the resident. The inspector also seen that this was a documented goal for the resident and staff were supporting the resident to achieve this.

The inspector had the opportunity to meet and speak with the resident who resided in the apartment. The resident told the inspector that they were happy and enjoyed their life. They spoke about how one of the residents in the bungalow visits them and they have shared interests. The resident was supported by a staff member and they had plans to go out for coffee, the resident enjoyed doing this regularly with the

support of staff. The resident spoke to the inspector and the person in charge who was also present about their plans.

The inspector had the opportunity to meet and speak with two staff members on duty, one meeting was very brief as the staff member was supporting a resident. The person in charge was also present and facilitated the inspection day. Staff and management were observed to be kind, person-centered and knowledgeable in their work and in their interactions with the residents. They demonstrated they were aware and knowledgeable of the support requirements for the residents.

The staff team in the centre had completed human rights training. A staff member spoken with explained about how the staff team supports the residents living there and ensuring they have choice over their lives. The staff member highlighted things that are important to each of the residents and how everyone is treated equally and with respect.

The inspector found that residents living here enjoyed an active life and enjoyed being involved in activities in their home and community. Staff had access to training to ensure they could support the residents with their assessed needs. Residents living in the designated centre liked to spend time with their friends and family and this was supported by the provider and staff team.

Some review was identified under three regulations. These matters will be reviewed in the quality and safety section of the report. Overall the findings from this inspection identified the provider had good management systems in place to provide a good service to residents, with thirteen regulation found to be fully compliant.

Capacity and capability

The findings from this inspection indicated that there was good compliance with many of the regulations reviewed and evidence of good practice in many areas.

There was a clear organisational structure in place to manage the service. The management arrangements within the centre were in line with the statement of purpose. The provider has recently undergone a name change and this had also been updated in the centres statement of purpose.

The person in charge worked full-time and was responsible for two other designated centres. They were supported in their role for this designated centre with a social care leader. There were on-call management arrangements also to support the centre in out-of-hours.

Staff training records indicated that all staff had completed mandatory training. Staff were also supported in their role with two supervisions per year and an appraisal on an annual basis. The inspector reviewed the records in place for 2025 and

supervisions and appraisals had been completed, along with a schedule in place for 2026.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The provider had completed six monthly audits and annual reviews. The person in charge had ensured that audits were taking place to support the centre. These audits included health and safety audits, infection prevention and control audits and medication audits. The staff team were supported with regular team meetings throughout 2025 and 2026. This is important to ensure staff can raise concerns, sharing information on the quality of care and support in the service to residents, along with any provider updates.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services. They were found to be aware of their legal remit with regard to the regulations and were responsive to the inspection process. At the time of the inspection the person in charge had a remit of three designated centres.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured there was an appropriate skill mix and level of staffing in the centre to ensure residents' needs were met. On the day of the inspection there were no staff vacancies. Planned and unplanned leave was covered by the staff team or internal relief staff which provided continuity of care for residents. The inspector reviewed the centres rosters from January to March 2025. The centre had consistent staffing in place.

On the day of the inspection the staff team present were familiar with the residents, interacted in a kind and professional manner and were seen to support residents in line with their assessed needs. For example, the staff had prepared breakfast for two residents which was as per the residents feeding, eating and drinking support plans in place.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured all staff had up-to-date training across both mandatory and relevant training in line with residents assessed needs. On review of the training matrix, it was found that staff had completed training in areas such as fire safety, safeguarding, children's first, medication, managing challenging behaviour and hand hygiene.

The provider had procedures in place in terms of supervision of staff. A supervision schedule was in place for the year 2026 and the inspector reviewed the schedule that had taken place in 2025. All staff had completed supervision. A staff member spoke to the inspector that they feel supported in their duties and role by the management of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits had taken place in March and September 2025. An annual review of the care and support of residents had been prepared in accordance with the regulations. This was a review which examined areas of the operation of the designated centre. Feedback from staff and residents family members had been sought and this was included in the review, and positive comments were received.

The person in charge had ensured a number of audits were being completed in the designated centre. The inspector reviewed the audits such as restrictive practice audit, environmental audit and fire safety audit. These audits were scheduled to be completed on a regular basis.

The annual review, audits and the six monthly unannounced audit identified actions for improvement, and these required actions were monitored. Actions reviewed by the inspector included ensuring goals identified give joy to residents lives and this was seen to be in progress on the day of the inspection as resident spoke to the inspector about their goals and plans for the year and were happy with this.

Regular staff meetings were held, and a record was kept of the discussions which included safeguarding, audits, review of incidents that had taken place and notifiable events. The inspector was assured on reviewing these systems that there was effective monitoring and oversight in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Chief Inspector under the Regulation was reviewed during the inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact the residents. All notifications had been submitted as required. For example, the provider had notified the Chief Inspector of any use of a restrictive practice within the centre on a quarterly basis.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure which was available in an accessible version, and the residents knew who to approach if they had a complaint. There were no current open complaints in the designated centre. A record log was available to log complaints and any compliments received by the centre. One complaint had been received in 2025 and this was closed. Two compliments were also recorded for 2025.

Judgment: Compliant

Quality and safety

The inspector found that the local management team and staff were committed to promoting and ensuring the quality, safety and independence of the residents. The provider had resources in place which ensured resident could enjoy activities that they liked on a regular basis. Resident's enjoyed listening to music, attending concerts, going on day trips and holidays, shopping in the local community and visiting hotels and restaurants for meals out.

The inspector reviewed two of the resident's personal plans. These were seen to be kept up to date and had both been recently reviewed by each of the resident's keyworker. Residents were supported to have annual personal planning meetings which identified goals that residents wanted to complete in the coming year. The inspector seen that these goals were taking place or residents were being supported to plan to achieve their goal. For example, one resident had been to a concert they had chosen to go to and another resident was being supported to plan a holiday.

The centre was comfortable, warm, visibly clean, furnished and decorated in a homely manner. The person in charge confirmed that planned decorations works would be taking place which included repainting of the internal walls and door saddles. Other works were also identified that required review which included a hole in the flooring in one of the residents bedroom and rust present on a shower chair and support handle beside the toilet in the bathroom. These will be discussed under Regulation 27: Infection prevention and control.

Overall this inspection found that the centre provided a safe environment for residents where their health and social needs were being supported. Some review was required under Regulation 27: Protection against infection as mentioned and Regulation 9: Residents' rights to ensure one resident was being supported with their residents meeting on a regular basis. Regulation 28: Fire precautions also required review to ensure where a resident was prescribed an emergency medication that this was identified so staff could support the resident in the event of an emergency evacuation of the centre.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate. The inspector had the opportunity to meet with all three residents who communicated verbally with the inspector. The inspector observed staff communicating with the residents in a respectful manner. From the two personal plans the inspector reviewed, the residents had their communications needs and preferences clearly recorded. These were seen to be documented in an individualised and person centred manner specific to each resident. For example, the plans included information for each resident if they were feeling worried or anxious how they may display this.

Television, radio, internet access, technology and pictorial aids were provided for residents in the designated centre. A picture board was in place for residents to know what staff was on duty to support them.

Judgment: Compliant

Regulation 13: General welfare and development

The residents were supported to participate in the community. Residents enjoyed a range of activities both in their home and in the community such as enjoying meals out, going to the hairdressers and barbers, attending their days services, shopping, swimming and going to concerts and shows. On the day of the inspection two residents attended their day service. Another resident no longer attended a day service, the inspector seen that they were supported with a range of activities of

their choice daily. On the day of the inspection the resident requested to go for a coffee and staff support them to do this.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents living in the designated centre had assessed needs with regards to food. The person in charge had ensured support plans were in place which clearly identified the supports required by residents. Residents had assessments in place to support their individual feeding, eating and drinking needs which were completed by a speech and language therapist.

The centre had adequate storage facilities for food, choice offered was appropriate to the residents assessed needs and likes. A menu planner was also in place. Food storage areas were seen to be clean and well maintained. Staff had ensured to keep a record of the fridge temperature.

During the course of the inspection, the inspector observed staff providing meals and drinks to residents as per their assessed needs. For example, a resident was supported to have their breakfast as per their support plan.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The centre had a risk register in place and residents had individual risks identified. These risks were seen to have control measures in place to mitigate from the risk. All risks had been reviewed and were due review again in April and October 2026. The risk register was reflective of risk in the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, the registered provider had implemented suitable and effective arrangements for the management and control of infection prevention and control within the centre. The person in charge and staff team within the centre had knowledge of infection prevention and control measures in place and the rationale

for same. The person in charge and social care leader had implemented monitoring systems such as daily and weekly cleaning schedules to ensure the designated centre was well maintained. A health and safety audit and infection prevention and control audit had also been completed in 2025. These identified areas that required review such as the flooring in the bathroom where it met the wall in the shower area as it had a build-up of discolouration/mildew and there was a hole in the flooring of one of the resident's bedrooms that required review. These were actioned to be completed by December 2025, however on the day of the inspection they had not been completed. On the day of the inspection the person in charge provided an email from the maintenance department that they would be visiting the centre in the coming week to review. This required review to ensure it was completed within the action timelines.

The inspector also noted that the support handle in place beside the toilet had rust present along with a shower chair in place. The person in charge provided an email from the provider's occupational therapist confirming that the shower chair would be replaced by the 27th February 2026 and the handle would be reviewed with completion on the 6th March 2026.

The provider had a contingency plan in place for the centre which contain details of steps to take during an outbreak plan for COVID-19, Influenza and other respiratory infections. The designated centre had a first aid bag in place to support residents in the event of a medical emergency. This required review to ensure all items were in date as some bandages were out of date from 2021 and 2025.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place to manage fire in the centre. Fire equipment such as emergency lighting and fire alarm/panel were provided and being serviced. For example, the fire alarm and panel had been serviced in February 2026.

Staff also conducted checks to ensure that effective fire systems were maintained. Fire exits were checked on a daily basis and the fire alarm was checked weekly. A review of a sample of these records showed that staff were completed these checks as required.

All three residents in this centre had a personal emergency evacuation plans. These plans were clear and provided clear information on the supports required by each resident. These plans were also seen to be recently reviewed in November 2026. The centre had an identified fire assembly point in place.

Some review was required to documentation to ensure that a plan was in place for a resident who was prescribed an emergency medication. At the time of the inspection

one resident was prescribed an emergency medication to support them in the event of a medical incident occurring. The plans in place did not reflect this.

Staff were provided with training/refresher training in fire safety and a centre specific training had been completed in January 2026 with the staff team.

The inspector reviewed the records of fire drills that were present in the centre. Fire drills had been completed regularly and were conducted to ensure residents could be evacuated safely from the centre. The records reviewed showed that these were taking place in a timely manner. Fire drills were also taking place to reflect the minimum staffing that would be in place to support all three residents living in the designated centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The residents had personal plans in place that outlined their health and social needs. Where required support plans were in place as per the residents assessed needs.

The staff spoken with were very familiar with residents support needs. For example, a staff member discussed the resident's requirements during mealtimes and the plans in place to support the resident such as feeding, eating, drinking support plans. Staff were familiar with support residents received from resident's speech and language therapy and the importance of preparing meals as per each residents assessed needs.

The inspector reviewed the personal plans of two residents. Each resident had completed an annual personal centred planning meetings. These meetings gave the opportunity for staff and residents to review and plan for the year ahead. Goals and aspirations had been set for the residents. Residents had goals such as planning a trip aboard, going to events and concerts, attending festivals, using public transport and doing sporting activities.

Judgment: Compliant

Regulation 6: Health care

The local management and staff team ensured that residents had access to health care that they needed. Staff supported the residents to attend their general practitioner (G.P) and other medical appointments when required. Residents living in the centre also had access to National Screening programmes. Staff supported resident with out-of-hours GP service also if required.

Staff in the centre had identified resident's health care needs and support plans were in place to ensure supports were in place and continuity of care. The inspector viewed a range of the support plans in place in two resident's personal plans. These plans were reviewed regularly by the staff team and developed as required. For example, one resident had recently been diagnosis with arthritis. A support plan was in place which ensured all staff were continuing with consistent supports to ensure the resident was well and comfortable.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had received training in managing potential and actual aggression to support residents in managing behaviour if and when required. The inspector reviewed two of the resident's personal plans which had clearly recorded the resident's behavioural consideration and strategies in place to support the residents. These support plans clearly identified how a resident may present if they are feeling upset and anxious and how to support the resident. The support plans also identified things that were important to a resident and triggers for each resident. The residents support plans had been recently reviewed. The person in charge informed the inspector that residents can be supported by the behavioural support therapist if and when required.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed that residents were supported by the staff and management team of the designated centre in a person centred manner that ensured and promoted respect for residents' choices about how they lived their lives.

A human rights based culture was evident in the centre. This could be seen through the language used in the resident's personal care plans and from speaking with staff members, the person in charge and residents. Residents spoken with described how they loved their home and they complimented the staff that support them in their lives. They spoke about individual likes and preferences they have, along with interests and how they like to spend their day. Residents and staff spoke about how faith is important to some resident living in the centre and how this is supported. One resident spoke about a trip they had gone on to a holy pilgrimage site and how they were planning a bigger trip aboard with their friend who is also a resident in the centre to visit another holy site.

The provider had an advocacy group set up. This was a National advocacy group and one resident living in the centre was a part of this. The resident was very happy to tell the inspector about their involvement in this. They showed the inspector pictures and videos of the last conference that took place and they were looking forward to the next conference.

The residents were supported to learn about consent and there was evidence that they had given consent for various aspects they were being supported with in their lives. Residents had an easy to read document in place which explained consent along with how the resident will consent and indicators that a resident is and is not consenting to a decision about their lives. A resident who was being supported to plan a trip aboard had given consent for staff to enquire on their behalf about planning this trip.

Residents were supported with monthly resident house meetings. The person in charge informed the inspector that this was completed with each resident and their keyworker each month. One resident did not have a meeting in 2026 due to unplanned leave. This required review to ensure that the resident was supported with these meetings when unplanned leave of staff occurs. The inspector reviewed the other residents meeting minutes that had taken place. These were seen to be detailed with updates regarding the provider, designated centre, planning activities and discussions on meals. For example, the provider had recently undergone a name change and an easy-to-read document was in place to discuss this with residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for No 3 Fuchsia Drive OSV-0005139

Inspection ID: MON-0045195

Date of inspection: 25/02/2026

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A new shower chair was delivered to the Centre on 27/02/26. The contents of the First Aid box in the Centre were reviewed by the Person in Charge and out of date items were removed and restocked on 27/02/26</p> <p>The Provider will ensure that</p> <ul style="list-style-type: none"> • the scheduled redecoration works are completed • The flooring in one resident's bedroom is to be replaced by 31/03/26. • A support rail beside the toilet in the main bathroom of the premises will be replaced by 31/03/26. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Provider will continue to monitor the systems in place to manage fire safety in the Centre including ensuring fire equipment is serviced as required, that Easy Read documentation in relation to evacuation procedures are visible in the Centre and fire drills are occurring quarterly or more frequently as required.</p> <p>The personal evacuation plan for one resident was reviewed and updated on 26/02/26 to include required information in relation to ensuring emergency medication is included in the emergency evacuation plan </p>	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights:	

To ensure continuity for each resident in the absence of the keyworker, the Provider has ensured that the Person in Charge will nominate a staff member to support monthly resident meetings, in accordance with their wishes. 31/3/26 |

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/03/2026
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are	Substantially Compliant	Yellow	26/02/2026

	aware of the procedure to be followed in the case of fire.			
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	31/03/2026