Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	DCL-06
Name of provider:	Dara Residential Services
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	23 March 2026
Centre ID:	OSV-0007955
Fieldwork ID:	MON-0043206

About the designated centre

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

DCL-06 is a community based home providing residential care for two residents, aged 18 years or older. The aim of the provider is to support each resident to live an ordinary life, in ordinary houses in valued roles in their community. The designated centre is based in a large town in Co. Kildare close to a variety of local amenities. There are good public transport links and residents also have access to the centre's vehicle should they require it. The premises consists of a three bedroom semi-detached house with a sitting room, a kitchen come dining room, two bathrooms and front and back garden. Residents are supported by a core staff team of support workers and are led by the Team Leader and Person In Charge. Staffing is arranged based on residents' needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Monday 23 March 2026	09:00hrs to 16:20hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This inspection was unannounced and completed by one inspector of social services over one day. It was completed to review the arrangements the provider had to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Based on observations by the inspector and on what residents and staff told them, residents were in receipt of a good quality service in this designated centre. Overall the inspector found good levels of compliance in most areas. However, action was required by the provider to bring about improvements in areas such as oversight and monitoring and fire safety. Further action was also required to move into compliance in areas such as infection prevention and control (IPC) and risk management. These areas will be discussed later in the report.

DCL-06 can provide 24/7 care and support for two adults with a primary diagnosis of intellectual disability. The designated centre comprises a two storey house in a housing estate in a large town in County Kildare. Support is provided by a staff team comprising person in charge, team leader, social care workers and relief staff. The house consists of a kitchen-dining room, a living room, two resident bedrooms, two bathrooms and a staff office/sleepover room. The front garden area is used for parking the vehicle available to support both people living in this home. The back garden contains an area of grass and garden furniture. The house is situated within walking distance of a number of shops and restaurants. Overall, the premises appeared homely, comfortable and well maintained. Repairs were required in the kitchen and this will be discussed later in the report.

During the inspection, the inspector had the opportunity to meet and speak with a number of people about the quality and safety of care and support in the centre. This included meeting the two residents living in the centre, the person in charge, a staff member on duty in the morning and the team leader who was on the sleepover shift. Observations and a review of documentation were also used to ascertain how care and support is provided for residents and on how the provider ensures oversight and monitors the quality of care and support in this centre.

On arrival, the inspector observed the house to be warm and clean. Both residents had just gone to day services. The inspector completed a walk around the premises with the staff on duty and spoke with them about their role and responsibilities. They spoke about residents' likes and dislikes. They also described some areas where they may require support and supervision. They described the supports in place for them, including the availability of the local management team and the provider's on call system if they required support.

In the afternoon, the inspector had an opportunity to meet both residents. The first resident met and chatted with the inspector and staff in the dining room. They spoke about how they like to spend their time and about some of their talents, skills

and achievements. They spoke about some of the sports they take part in weekly including snooker and bocce. They also spoke about some of their favourite sports to watch such as darts and soccer. They spoke about attending darts events in the past and they had a photo in their bedroom of them with a famous darts player. They also spoke about attending soccer matches in the past and a match they were looking forward to going to in Dublin later in the week. They told the inspector they were happy and liked living in the house. They spoke fondly about their house mate and the staff team who support them. They showed the inspector their bedroom including showing them some of their photos and favourite items which they had on display.

The inspector had an opportunity to meet the second resident later in the afternoon. They spoke about how much they enjoy music and about some of their favourite bands. They also spoke about their day service and what they like to do while they are there. They went on to chat about the social club they attend every week and how much they enjoy it. They also spoke about enjoying trips to a local pub on a regular basis to meet up with their friends.

The inspector had an opportunity to observe residents engaging in their afternoon routines including putting their belongings away after returning from day services, spending time relaxing in their home and taking part in the upkeep of their home and garden. For example, one resident was observed to be busy doing jobs around the house such as bringing out the bins and doing some gardening. They were cleaning out the plant pots in the garden to get them ready to sew some new flowers and seeds in them.

Both residents were observed to smile, joke and laugh as they spoke with staff about their day, the things they enjoy and the things they were looking forward to. This included going for a pint in the local at the weekend, taking part in sports events, watching sports on the television and making a bet. They were heard chatting with staff about dinner options and their plans for the evening. From what the inspector saw, heard and read, residents were supported by a kind and dedicated staff team. It was clear that their views were listened to and they were making choices and decisions in their day-to-day life.

There were a number of documents available in an easy-read format and a number of posters on display in the house. For example, there was a picture of the four resident representatives on the provider's advocacy committee, how to contact them and the dates of their meetings. There were also posters on complaints and safeguarding with the pictures and contact details and pictures of the designated officers and the complaints officer. There was a poster on rights and another one with the picture and details of who to contact if your rights were not being respected.

In summary, the house appeared homely and comfortable. Both residents appeared happy and content in their home. They were choosing when and what they wished to do in a daily basis. They were spending time with the important people in their

lives on a regular basis. As mentioned action was required by the provider in relation to oversight and monitoring, fire safety, IPC and risk management.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service provided.

Capacity and capability

The findings of this unannounced inspection were that residents were in receipt of a good quality of service. However, action was required by the provider to bring about improvements in some areas including oversight and monitoring and fire safety. In addition, some further actions were required to bring about compliance in areas such as infection prevention and control and risk management.

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge and team leader provided supervision and support to the staff team. The person in charge received supervision and support from a person participating in the management of the designated centre (PPIM). There was a member of the management team available on-call for out-of-hours queries and supports.

The inspector found that some action was required to ensure that the provider was effectively collecting, analysing and using information to identify and bring about improvements in this centre. The provider was aware of this and in the process of reviewing the systems and templates they use. This will be discussed further under Regulation 23: Governance and Management.

The centre was not fully staffed at the time of this inspection. The local management team was making every effort to ensure continuity of care and support for residents while recruiting to fill a vacancy.

Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information for the person in charge in advance of the inspection and found that they had the qualifications and experience to fulfill the requirements of the regulations. They were full-time and also identified as person in charge of another designated centre close to this one.

During the inspection, the inspector reviewed the systems they had for oversight and monitoring and found that they were effective in identifying areas of good practice and areas where improvements were required in this centre.

The residents were observed to be very familiar with them and appeared very comfortable and content in their presence. Staff members who spoke with the inspector were complimentary towards the support they provided to them.

Judgment: Compliant

Regulation 15: Staffing

There was one staff vacancy at the time of this inspection but based on a review of a sample of rosters this was not found to be impacting on the continuity of care and support for residents.

There were planned and actual rosters and they were well maintained. A sample of rosters for January to March 2026 were reviewed. Regular relief staff were completing the shifts that were vacant as a result of the staff vacancy.

The inspector reviewed both residents' assessments of need and they did not clearly identify the staffing supports required to meet their needs. This is discussed further under Regulation 23.

Staff members were observed to be very familiar with residents' care and support needs and their communication preferences. As described in the opening section of this report residents were observed to be happy, comfortable and content in the presence of staff on duty. The inspector observed and heard staff supporting both residents in a professional, person-centred and caring manner throughout the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and supervision to support them to carry out their roles and responsibilities to the best of their abilities. Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included, induction, probation, supervision and training. They also had opportunities to discuss issues and share learning at team meetings.

A staff meeting was in progress on the morning of the inspection. The team leader and a staff member were present in the centre and other members of the team joined the meeting via video conference. The inspector reviewed a sample of

minutes from three recent staff meetings. The agenda was varied and actions from the previous meeting were reviewed at the start of the meeting. Agenda items were resident focused and discussions were held around areas such as residents' goals, healthcare, IPC, training, rosters, incidents and safeguarding.

The inspector reviewed a sample of staff supervision for four staff. On average, this was being completed every eight weeks. Discussions were being held in relation to areas such as staff roles and responsibilities, staff training and development, residents goals and plans, time management, rosters and health and safety.

Management meetings were occurring monthly and were attended by the Chief Executive Officer (CEO), Director of Operations (PPIM), the providers quality, risk and compliance manager and the persons in charge of designated centres operated by the provider. Agenda items at these meetings included residents health and wellbeing, finances, risk and incident management, recruitment, strategic plans, health and safety, IPC, training and safeguarding.

The inspector spoke with a staff member, the team leader and person in charge. They each stated they were well supported and aware of how to raise any concerns they may have in relation to the day-to-day management of centre or residents' care and support.

Judgment: Compliant

Regulation 23: Governance and management

The provider was ensuring residents were in receipt of a good quality of service. However, as previously discussed there were some areas where action was required by the provider to ensure they were in receipt of a safe service. This particularly related to fire safety and oversight and monitoring.

The management structure was found to be in line with the statement of purpose. From a review of documentation and discussions with staff, there were clearly identified lines of authority and accountability amongst the team. The person in charge was present regularly and demonstrated good monitoring and oversight of the centre. For example, they were following up on the actions from audits and reviews that were being completed in this centre. However, action was required by the provider to ensure that their annual and six-monthly reviews were effective in identifying areas of good practice and areas where improvements were required. In addition, the provider had not completed one of their six-monthly reviews in 2025 in line with regulatory requirements. The inspector was informed that the provider was in the process of reviewing the templates for use for their annual and six-monthly reviews moving forward.

As previously mentioned, the inspector reviewed both residents' assessments of need and found that they did not identify the staffing supports required to meet

their needs. The assessment of need document required review by the provider to ensure this information was captured as part of the assessment.

In addition to the provider's audits, a number of audits were being completed by the staff team. The inspector reviewed a sample of these in areas such as health and safety and medicines management and found that these were being utilised effectively to identify areas of good practice and areas where improvements were required. The actions from these audits and reviews were tracked, marked when completed and leading to improvements in the environment and the oversight of procedures and documentation in the centre.

Judgment: Not compliant

Regulation 31: Notification of incidents

The inspector reviewed records and found that where required, notifications were submitted to the Chief Inspector of Social Services within the time frames specified in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured there was a complaint policy and procedures in place.

There were no open complaints at the time of this inspection. The inspector reviewed the provider's complaints policy and found that it contained sufficient detail to guide staff practice. The complaints process was available in an easy-read format and pictures of the complaints officer were on display in the centre.

There was information available for residents about how to access an independent advocate and about the local resident advocacy group.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had ensured that the 21 policies required under Schedule 5 of the regulations were available in the designated centre, In addition, they had each been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Quality and safety

The provider was ensuring that residents were in receipt of a good quality of care and support. However, action was required in the areas of fire safety, IPC and risk management.

Residents had opportunities to be part of and to explore their local community. They were spending time with their families and friends and had opportunities to set and achieve their goals.

The house was warm, clean, well maintained and homely. Some repairs were required in the kitchen to ensure it was safe and could be cleaned effectively.

The inspector reviewed both residents' assessments and personal plans and found that these documents positively described their needs, likes, dislikes and preferences. They were accessing health and social care professionals in line with their assessed needs.

Residents, staff and visitors were protected by the safeguarding policies, procedures and practices in the centre. There was a system for responding to emergencies. Improvements were required in the areas of fire safety and risk management and these will be discussed further below.

Regulation 11: Visits

The inspector reviewed the provider's visitors policy and the information in the statement of purpose and residents' guide around visiting arrangements. Based on what the inspector read and was told, residents were supported to develop and maintain relationships. Both residents spoke about how important it was to them to spend time with their family and friends. They rang and video called their family members on a regular basis and met them and spent time with them regularly. For example, one resident spoke about how much they were looking forward to spending time with their family over the weekend. They told the inspector they were going to stay overnight with them.

There were a number of private and communal spaces available to them to receive visitors. Visits were not restricted unless requested by the resident or if the visit presented a risk for residents or their visitors.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were actively supported by the staff team to connect with their family and friends and to contribute to and be part of their community.

Based on what the inspector read and was told by both residents and members of the staff team, they were busy and spending time with their family and friends on a regular basis. They were also spending time with and supporting their neighbors. For example, one resident took out their neighbour's bins and looked after their dog when they were away from home.

The inspector reviewed both residents' assessments and plans including their valued social roles plans and meetings. They had goals relating to developing their life skills and independence, building and maintaining relationships and identifying and exploring new interests and hobbies. For example, they were cooking and taking part in the upkeep of their home, attending a social club weekly, social farming, taking part in team sports and going to the pub for a pint with their friends. One resident spoke with the inspector about enjoying a pint in some of their local pubs. They also spoke about some of their achievements such as representing Leinster in a sporting competitions.

Both residents attended day services. One person was attending five days a week while the other was attending four days per week. On the fifth day they went horse-riding. They spoke with the inspector about how much they enjoyed this and named their horse.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the premises was spacious, clean, warm and homely. Its design and layout was suitable to meet the needs of both residents living there.

There were systems to ensure that maintenance and repairs were completed in a timely manner. A monthly health and safety audit was being completed and required works were logged and followed up on. For example, it had been identified that repairs were required to the kitchen presses.

Both residents' rooms were personalised to suit their tastes and they had suitable storage facilities for their personal possessions. Their favorite items and pictures were on display.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall the inspector found that residents', staff and visitors were protected by the provider's risk management policies procedures and practices. However, some residents' assessments, plans and risk assessments required review to ensure they were consistent and guiding staff practice.

The provider's risk management policy was reviewed and found to meet regulatory requirements. There was a detailed emergency plan in place which was regularly reviewed.

The risk register, a health and safety audit, both residents' safety plans and 11 residents' individual risk assessments were reviewed. These were reviewed alongside residents' assessments and plans and discrepancies were found across the documentation reviewed. For example, a resident's safety plan identified nine risks but there were five risk assessments in place. Two of these were duplicates and as such covered three risks. In addition, the risk assessments were not consistent with the risks identified in the resident's assessment of need.

There were systems in place to record incidents, accidents and near misses. The provider had started using a new electronic system in the months before the inspection. Staff showed the inspector this system and how incidents were recorded, reviewed and followed up on. A sample of three incidents were reviewed and it was demonstrated that they were reviewed by a member of the management team and follow-ups were completed, as required.

The inspector found that there were systems to respond to emergencies and to ensure the vehicle in the centre was roadworthy, suitably equipped and regularly serviced.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had suitable infection prevention and control (IPC) policies and procedures in place. Staff were implementing suitable IPC practices. However, there were a number of damaged areas to the kitchen presses which were having an impact on the ability to clean them effectively.

The inspector identified a number of good practices relating to infection prevention and control such as colour coded chopping boards and pedal operated bins throughout the house. Staff had completed IPC training and refresher trainings

including those relating to the use of personal protective equipment (PPE) and hand hygiene. There were suitable arrangements in relation to the disposal of waste and for linen and laundry management. In addition the house was found to be clean throughout. However, as previously stated there was damage to areas of the kitchen which impacted the ability to clean them effectively. For example, there were areas where the surface of presses were damaged and they were peeling away from the doors. This included significant damage to the integrated door of the dishwasher.

Residents' healthcare plans and risk assessments were detailed in nature and guiding staff practices to deliver a high standard of care for residents. Staff who spoke with inspectors were aware of their responsibilities in relation to reducing the risk of infection through good IPC measures and practices.

Judgment: Substantially compliant

Regulation 28: Fire precautions

As outlined earlier in the report, action was required to improve fire safety in this designated centre.

The inspector carried out a walk around the house during the inspection. They observed the emergency lighting, smoke alarms, fire-fighting equipment and the alarm system in place. The inspector reviewed records for 2025 which demonstrated that quarterly service and maintenance were completed on the above named fire systems and equipment.

There were fire doors with swing closers in place. However, there was a gap under two of these doors. Both of these led to the main evacuation route, the hallway downstairs. One was between the kitchen and hallway and the other was from the sitting room to the hallway. As a result it was not clear if these doors would operate as intended to protect the evacuation route and prevent the spread of fire and smoke.

A sample of two fire drill records were reviewed. These demonstrated that drills were occurring frequently, and records demonstrated that the provider was ensuring that both residents could evacuate in a safe and timely manner. Drills took into account residents' support needs, a range of scenarios and were completed with minimum staff levels.

Personal emergency evacuation plans for both residents were found to be sufficiently detailed to guide staff practice to support them to evacuate safely. The fire evacuation plan was on display in an upstairs bedroom but it was not on display or available in a prominent are. In addition, it did not include the second evacuation route via the back door and side gate. The inspector was informed the back door was the second evacuation route but there was no fire emergency signage in place.

The areas where improvements were required outlined above had not been identified in the provider's own audits and reviews.

Judgment: Not compliant

Regulation 8: Protection

Based on a review of documentation and discussions with residents and staff, the inspector found that there were effective systems to safeguard residents in this centre.

The safeguarding policy clearly identified staff roles and responsibilities should there be an allegation or suspicion of abuse. From a review of the staff training matrix, 100% of staff had completed adult safeguarding and protection training. The inspector spoke with the person in charge, team leader and the staff on duty on the morning of the inspection. They were each found to be knowledgeable in relation to their roles and responsibilities relating to safeguarding and protection.

There had been one safeguarding concern notified to the Chief Inspector since the last inspection. The provider's and national policy had been followed. A safeguarding plan was developed, followed and reviewed, as required.

Both residents' assessments contained details on their abilities, preferences and support needs around intimate care. They also detailed how they communicate their choices, wishes and preferences.

There were systems in place to ensure that residents' finances were safeguarded. This included a finance folder, residents' financial assessments, a log of all their purchases and the corresponding receipts. These records were regularly audited and reconciled against statements of account. A monthly audit was being completed on residents' finances and property and their valuables were checked against their log of purchases for that month.

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 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
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for DCL-06 OSV-0007955

Inspection ID: MON-0043206

Date of inspection: 23/03/2026

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: The process of conducting the six month and annual reviews for each Designated Centre has been reviewed by the Quality Risk and Compliance Manager and Director of Operations and templates have been updated to reflect most recent HIQA guidance. Each DC will have its six-month review conducted in June and December 2026 using the new template with a focus on identifying areas for improvement and setting SMART goals and a review period. Annual Reviews for 2025 are currently taking place with a completion aim for end of April 2026. These reviews are being completed using most recent HIQA guidance templates.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: A review of both resident's documentation to ensure there is alignment between assessed needs, identified risks and corresponding risk assessments has been completed by the PIC ensuring the removal of duplicate risk assessments and consolidating information to improve clarity and consistency. This will be shared with all team members.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The PIC has contacted the landlord of the property, and a plan has been agreed to replace/repair the kitchen cupboard doors that are damaged.	
Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

A gap was noted beneath 2 fire doors these issues have been reviewed by a specialist fire door company, who are scheduled to complete the necessary remedial works. These remedial works include closing the gap under the affected doors. To further strengthen fire door compliance, arrangements are being put in place for all fire doors to be reviewed annually by an independent, competent fire door company. A contract for this service is currently being negotiated. In addition, staff and the PIC will carry out weekly checks of all fire doors and will report any gaps, damage, or issues with fire doors to ensure timely action going forward
Emergency exit signage to be placed at back door. The emergency exit plan will be updated to reflect all exit routes including the back door, the plan will be placed on display near the front door of the property.

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 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.	Substantially Compliant	Yellow	29/05/2026
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and	Not Compliant	Orange	29/05/2026

	support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
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	29/05/2026
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	29/05/2026
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape,	Substantially Compliant	Yellow	29/05/2026

	building fabric and building services.			
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	29/05/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	29/05/2026
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Not Compliant	Orange	29/05/2026