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:	Lios na Greine
Name of provider:	Health Service Executive
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	30 May 2024
Centre ID:	OSV-0002566
Fieldwork ID:	MON-0039109

About the designated centre

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

The designated centre provides 24-hour nurse-led residential care and currently accommodates five adults, with intellectual disabilities. The building is a large detached bungalow on a private site. There is a lobby area and a spacious hallway on entering the house. There are five bedrooms, one of which has an en-suite bathroom. One resident has the exclusive use of a bathroom next to their bedroom, with three other residents sharing a communal bathroom. There are two sitting rooms, one which includes a dining area. There is a kitchen and utility room and an office next door to it. There is a large room for activities and just off this area is a storage room and a staff toilet. There is a large fenced garden out the back of the house with summer furniture and an unused garden shed. The centre is located near a large town, and there are transport facilities for residents to access amenities in the town.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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 30 May 2024	08:45hrs to 16:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor compliance with regulations and standards. A clinical nurse manager from another of the provider's services facilitated the inspection. The findings were positive, with three areas identified for improvement, which will be detailed later in the report.

Throughout the day, the inspector met the five residents and reviewed a substantial amount of information. The inspection confirmed through observations, information reviewed, and discussions with residents and staff that, residents were receiving a good service. Notably, recent improvements had enhanced the service provided to the residents and these improvements will be discussed later in the report.

One of the resident's was relaxing, watching television, when the inspector arrived. The rest of the residents were relaxing in their rooms, and as the morning went on, they engaged in their usual routines. The inspector was introduced to the residents, but they chose not to engage and continued with their preferred activities. Residents were observed watching television, spending time in the garden, in the dining room, and relaxing in their rooms, listening to music and watching television. Some of the residents also went out for walks with staff.

The provider had identified that the residents required one-to one support from staff each day. Through the review of information and observations on the day, the inspector found that many of the residents living in this service presented with complex behaviours of concern. For some of the residents, these behaviours were part of their daily routine and significantly impacted their day and their engagement in activities in and outside of their home. The review of information showed that the staff team were responding to the residents needs and that the provider had systems in place to give staff guidance on how to support the residents.

The inspector found a large number of staff on duty (five were rostered each day) and as a result, the environment was busy, with staff members making preparations for the day ahead. The addition of the inspector and three other personnel during the inspection meant that the house was busier than most days. Some residents found the additional people in their home challenging which may have negatively impacted on them as their regular routines were disrupted.

During the appraisal of team meeting notes, the inspector found that the person in charge had identified a need to increase the resident's meaningful activities and there was evidence of residents' activities increasing in recent months.

A study of daily notes and completed activity logs demonstrated that the residents were being supported to engage in activities outside of their home when possible. Residents visited nearby towns, went out for food and a drink, and went shopping with the support of the staff team. The staff team had identified and established social goals for the residents, and there was evidence of residents engaging in such

goals. For example, two residents were engaging in a horticulture program; some were completing park runs/walks, and others were attending activities focused on meeting their sensory needs.

The residents communicated mainly non-verbally; the majority of the staff members had been working with the residents for an extended period and were aware of what the residents' gestures and behaviours were communicating. The provider had also ensured that residents were reviewed by a speech and language therapist (SALT). During the day, the inspector observed residents to be at ease in their interactions with staff members and they appear relaxed in their home.

Prior to the inspection, the provider identified several issues with the premises. The impact of these issues will be discussed later in the report under two regulations. While work was required, the inspector did find that parts of the resident's home were well-presented. For example, a new kitchen had been installed, and the house was found to be clean and free from clutter.

In summary, the inspection found that the residents were receiving care and support tailored to each of them. Recent changes to how the residents were being supported and the recording of information improved the quality of service provided to them. While there were areas that required improvement, the overall findings from the inspection were positive.

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

Capacity and capability

During the inspection, it was identified that some areas required improvement but overall residents were provided with a good quality service.

The inspection found that at a local management level, good practices were occurring. The person in charge had identified areas that required attention and improvement and with support from the staff team, had made changes to how the residents were supported, which had led to improvements for the residents. However, at a senior management level, it was found that the provider had not responded to issues regarding the maintenance of the residents home in a timely manner, which will be discussed in more detail later in the report.

The inspector found that the staff team was appropriate to the number and needs of the residents and that the staff members had been provided with sufficient training to appropriately support the residents.

The inspector also reviewed the provider's arrangements regarding the management of complaints and the systems regarding the notification of incidents. Both areas

were found to be compliant with the regulations.

Regulation 15: Staffing

As part of the inspection, the inspector reviewed the current staff roster and rosters for a two-week period in early January 2024. The inspector found that, the minor changes had been made to the staff team. These changes were planned with two staff members transferring to another of the providers services however, the provider had ensured that the vacancies had been filled. The inspector found that overall there was a consistent staff team in place, which ensured that the residents were receiving continuity of care from persons they knew.

The review of staffing arrangements also identified that the provider and person in charge had ensured that safe staffing levels were maintained. The inspector also found, through the review of information and documentation, that the provider had ensured the skill mix of staff was appropriate to meet the needs of the residents. There was a nurse on duty twenty-four hours each day in order to meet the needs of the residents. The nurses led each shift and were supported in running the service by a team comprising social care workers and health care assistants. As stated earlier, five staff members were rostered each day, and two staff completed night duties.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector sought assurances that the staff team had access to and had completed appropriate training. The inspector reviewed a training matrix the provider developed to capture staff members who had completed training. During the first review of the document, the inspector identified some gaps in staff members' training. The inspector was however provided with assurances and dates of when the outstanding training would be addressed.

Staff members had completed training in areas including:

- fire safety
- safeguarding of vulnerable adults
- basic life support
- training in the management of behaviours of concern , including de-escalation and intervention techniques
- infection prevention and control
- feeding, eating, drinking and swallowing.

In summary, the inspector was satisfied that the training needs of the staff team

were being met by the provider. There was evidence of the person in charge tracking the training needs and being proactive in ensuring training was provided to staff.

Judgment: Compliant

Regulation 23: Governance and management

As discussed in the opening section of the report, there were issues identified regarding the maintenance of the residents' home. The impact of the problems will be discussed in more detail under regulation 17 : premises. The person in charge had identified some of the issues in early October 2023 and the inspector saw evidence of the person in charge sending requests for work to be completed to the provider's senior management and relevant departments. The inspector noted that members of the provider's estate management and fire safety team were on site completing a review of the premises on the day of inspection. However, actual dates for when the required work would begin had not been identified. Therefore, improvements were needed regarding the provider's response to issues with the residents' home.

On a positive note, the inspector found examples of good governance and management. The inspector reviewed the two team meetings that had been held this year. During the first meeting, the person in charge identified a number of areas that needed attention in order to enhance the service being provided to the residents. During the inspection, the inspector found evidence of several of these identified actions being addressed, particularly in relation to residents' engagement in social activities outside of their home.

The person in charge had also identified the need for improvements in recording information, and the inspector found that this area had also been improved. For example, a significant amount of data was found in the residents' person-centred plans. The inspector was therefore satisfied that at the local management level, there were systems in place to support, develop, and performance manage the staff team to ensure that the residents were receiving a good quality, safe service.

The provider had developed a schedule of audits that included monthly, quarterly, six-month and annual audits.The monthly audits covered topics such as:

- person-centred planning
- positive behavioural support
- nurse care planning
- fire safety
- risk assessment and management
- residents finances
- incidents and complaints management.

The quarterly audits reviewed covered topics such as;

- medication management
- infection prevention and control measures
- restrictive practices
- staff members information.

The six-month audits covered topics including:

- service user finance audit
- equipment servicing
- HIQA restrictive practice self-assessment tool.

The inspector reviewed audits completed this year and found that the person in charge identified areas for improvement and, where possible, took steps to address the issues.

In summary, the inspector found that there was good oversight of the service at the local level and a proactive approach to ensuring that the residents were receiving the best possible service. There were, however, issues regarding the provider's response to issues that the person in charge was raising regarding the residents' homes and the length of time it could take to address the issues.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

As part of the preparation for inspection, the inspector reviewed notifications submitted by the provider, adverse incidents and restrictive practices.

This review showed that the required notifications had been submitted for review by the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed resident meetings minutes and found that, the provider regularly informed residents about the complaints procedures.

Although there were no recent records of residents raising complaints, staff members had raised concerns on behalf of residents, which were addressed appropriately.

Residents' representatives were also familiar with the complaints procedure and had raised complaints. The person in charge and the provider's senior management team met with the representatives, and the response was considered appropriate.

Overall, the inspector was satisfied that residents and their representatives were well-informed about the complaints procedures and had the ability to raise complaints. The staff team acted as advocates for the residents and the provider responded to the complaints.

Judgment: Compliant

Quality and safety

Following the review of residents' information, the inspector found clear evidence that, recent changes to practices in the service had improved staff members' recording of information and also residents' engagement in activities outside of their home.

The assessment of information showed that, residents' needs had been assessed by members of the provider's multidisciplinary team when required and that adequate support plans had been developed which guided staff members on how to best care for and support the residents.

The inspection identified issues relating to maintenance of the residents' home and fire precautions; the impact will be discussed in more detail in later sections of the report.

As part of the inspection, the inspector assessed various aspects of the service provided, including risk management, food and nutrition, health and general welfare, and development and positive behaviour support. These areas were found to be fully compliant with the regulations

In summary, the inspection found areas that required improvement but the residents were being provided with a service that was built around them and tailored to their needs.

Regulation 10: Communication

While reviewing two of the residents' information, the inspector found sections on communication. The review of these showed that the staff team had listed the residents' communication skills and areas in which they required support. The inspector found that the information was limited and sought assurances that an appropriate person had assessed the residents' communication skills. The inspector

was provided with communication plans that had been created by a speech and language therapist (SALT) in 2023. The plans gave a detailed account of the residents' communication skills and areas they required support. They guided the reader on how to interact with the residents and how to support them in getting their views across to others.

In summary, the provider had ensured that the communication needs of the residents had been assessed and that staff members had been provided with appropriate guidance. During the closing meeting of the inspection, the inspector suggested that the information be made more readily available to staff as it was stored in a different folder from the residents' person-centred plans and regularly reviewed information.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge had identified that there was a need to improve the residents' participation in meaningful activities outside of their homes and the inspector noted there was evidence of improvements in recent months.

For instance, the residents were engaging in meaningful social goals and the staff had prepared the residents for the activities. The inspector checked three residents' daily notes from the previous two weeks, as well as their activity planners and found that, residents were active outside of their home, and the staff team were taking steps to help residents engage in activities they enjoyed.

Judgment: Compliant

Regulation 17: Premises

During the opening meeting, the inspector was informed of several ongoing issues regarding the residents' home. For example, leaking pipes caused water damage in one of the residents' bedrooms. Steps had been taken to address the damage, but on the day of inspection, further repair works were required. The walls of the resident's room were damaged, and enhanced cleaning was required to remove stains where mold had grown.

It was noted that the issues in the resident's bedroom had been identified by the person in charge back in October 2023. The inspector acknowledges that some remedial works had been carried out, such as stopping the leak and replacing the tiling. However, the visible damage persisted, detracting from the room's overall appearance.

In one of the sitting rooms, the ceiling bore the marks of water damage. A specialised chair, used by a resident, was in need of repair due to tears on the armrest. The residents' home also required painting work. Additionally, doorframes in three areas had suffered damage, a result of residents' regular engagement in property damage.

The inspector was provided with a long list the person in charge had created regarding other works that needed to be completed. The provider's senior management were taking steps to address the issues but the management of the residents' home from an upkeep and repair perspective needed to be improved.

Judgment: Not compliant

Regulation 18: Food and nutrition

The inspector found that, where required, residents had been reviewed by an SALT regarding their eating, swallowing, and drinking. Where a resident required a modified diet, protocols and risk assessments were in place.

The inspector reviewed resident meeting minutes, and there was evidence of residents being encouraged and supported to identify meals that they wanted. The inspector also reviewed the meal planner for the last three weeks and found that the residents received a varied and healthy diet.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to identify risks and respond to adverse incidents. Risk assessments had been conducted for each resident. The inspector reviewed two of the residents' assessments and found that they had been linked to other care and support plans. The risk assessments listed steps to take to ensure the residents' safety. Following the review of the risk assessments, the inspector found that the control measures introduced to manage the risks were appropriate to the level of risk.

The inspector also reviewed adverse incidents that had occurred this year. The incidents were reviewed by the person in charge and by senior management, and learning was identified and shared with the staff team.

Judgment: Compliant

Regulation 28: Fire precautions

During the day, the inspector identified three areas under this regulation that required attention from the provider and the services management team.

Firstly there was damage to a fire door. While the fire door was closing, there was damage to the door's surface, which could have the potential to impact the integrity of the door negatively. Regarding the fire doors, a large volume of data showed that the provider was reviewing fire doors frequently and had replaced or repaired the fire doors in recent months. Some residents engaged in ritualistic behaviours regarding slamming doors, leading to doors and often closing mechanisms becoming damaged and interfering with the fire containment measures.The damaged door had been escalated and there was a plan to replace it.

Secondly, during the review of fire evacuation drills, the inspector found that a nighttime drill had recently been held. However, the staffing levels during the drill did not reflect nighttime staffing levels, with four staff members partaking in the drill instead of two. This meant the staff team had not shown they could safely evacuate the residents in a nighttime scenario. The provider submitted confirmation on the day following the inspection that a nighttime drill had been completed with two staff members and the five residents safely evacuating the building under nighttime conditions.

Thirdly, during the review of three residents' emergency evacuation plans (PEEPs), the inspector found that information had been omitted from one resident's plan. During the day, the inspector observed an emergency evacuation ski pad stored in the hallway outside residents' bedrooms. A staff member informed the inspector that the ski pad was in place to support one resident in emergency evacuation scenarios. However, the resident's PEEP did not mention the ski-pad, nor did it give staff members guidance on how to evacuate the resident using the ski-pad. The manager supporting the inspection and a member of the staff team updated the resident's PEEP during the inspection.

Despite the swift action taken by the management team to address the deficits identified during the inspection, the inspector was not assured that the provides internal auditing system was effective in identifying and putting in place safe and appropriate fire evacuation systems.

The inspector found, following the review of information, that fire detection and fire fighting equipment had been serviced on a regular basis. As noted earlier, the staff team had been provided with training in the area, and the review of other fire evacuation drills showed that staff members had completed fire drills under daytime scenarios without any issues.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector found through the review of two residents' information that there were appropriate systems for assessing residents' health and social care needs. Residents' needs were assessed, and care and support plans were created. The inspector reviewed the plans relating to two residents and found they were under regular review. The care plans captured the needs of the residents and gave the reader directions on how to support them best.

Judgment: Compliant

Regulation 7: Positive behavioural support

Members of the provider's multidisciplinary team reviewed residents where required, and suitable persons developed behaviour support plans. The inspector reviewed two such plans.

The inspector studied two of these. The plans were specific to each resident and gave the reader information regarding the resident, why they may present with challenging behaviours, and how best to respond to incidents. As noted earlier, the provider had also ensured that the staff team had been provided with suitable training to manage challenging behaviours.

Restrictive practices were introduced to maintain the safety of the residents, and the practices were regularly reviewed. During the preparation of the inspection, the inspector identified that some restrictive practices had been discontinued. This was confirmed on the day and identified that the person in charge was, where possible, reducing or discontinuing restrictive practices when safe.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were encouraged to attend resident meetings each week. The inspector reviewed the most recent three meetings and found that the residents were provided with information on a number of topics, including the assisted decision-making act, rights, and, as mentioned earlier, the provider's complaints policy.

The staff team on the day were observed to interact and care for the residents in a respectful manner. There was evidence as noted earlier of staff members acting as advocates on behalf of the residents.

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	Substantially 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 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lios na Greine OSV-0002566

Inspection ID: MON-0039109

Date of inspection: 30/05/2024

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider is committed to addressing issues regarding the provider's response to the person in charge regarding outstanding maintenance issues in the residents' homes and the length of time it could take to address the issues. The Registered Provider is working closely with HSE Maintenance department and the Person in Charge to monitor the scheduling and completion of the outstanding maintenance works in the designated center as outlined in regulation 17 of this report. A review of the maintenance process took place following this inspection and meaures have been put in place to make the Maintenance process more efficient. The Registered Provider is working closely with HSE Estates to address larger improvement works to the premises. The Registered Provider has secured funding to complete these works. A site visit with HSE Estates and the Registered Provider is completed. All works are due to be complete before the end of quarter 4 2024.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Registered Provider is working closely with HSE Maintenance department and the Person in Charge to monitor the scheduling and completion of the outstanding maintenance works in the designated center as outlined in regulation 17 of this report. A review of the maintenance process took place following this inspection and meansures have been put in place to make the Maintenance process more efficient. These measures include: The Person in Charge will highlight any maintenance works to	

be completed on a weekly basis within the Designated centre.

The Person in Charge will maintain a log of works required and progress on works being carried out.

The maintenance contractor will visit the designated centre on a weekly basis to carry out minor repairs within the Designated centre.

Any maintenance works that cannot be completed during this weekly visit and that requires an external contractor will be scheduled with a time frame agreed between the Maintenance department and the Person in Charge.

The register provider has agreed and updated the local standard operating procedure to include these new measures for carrying out of maintenance works within the Designated centre.

All specific matters outlined in this report will be addressed as a priority.

Damage to door surfaces and door frames will be repaired.
The damaged walls of the resident's bedroom will be deep cleaned and repainted. The ceiling in the sitting room will be repainted and the damaged armchair replaced.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Person in Charge will ensure that the fire doors within the Designated Centre are all functioning as required. These will be checked on a weekly basis when the fire alarm is activated and will be recorded in the fire safety register.

The internal auditing system will be reviewed to ensure it is effective in identifying any issues with fire evacuation processes and systems.

The Registered Provider has approved funding for the replacement of fire doors that have being identified as part of upgrading works within the Designated Centre due to be completed before the end of September 2024.

The fire safety procedure including the procedure for carrying out night time fire drills within the Designated Centre has being reviewed by the Person in Charge. A fire drill reflecting the night time staff levels has been undertaken to ensure all residents can be safely evacuated with the number of staff allocated on the night duty roster.

Staff have practiced simulated evacuations using the ski pad in line with the updated PEEP for the required resident The fire safety procedure will be discussed at the daily

handover and at team meetings to ensure all staff members are aware of the procedure.

Each resident's personal emergency evacuation plan was reviewed to ensure that they reflect the individual supports required for safe emergency evacuation.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/09/2024
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	25/06/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2024

Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	03/06/2024