



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

Issued by the Chief Inspector

Name of designated centre:	Donabate Residential
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	13 March 2024
Centre ID:	OSV-0003597
Fieldwork ID:	MON-0034132

About the designated centre

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

Donabate Residential is a designated centre operated by St Michael's House. The centre provides a full-time community residential service for up to six adults with intellectual disabilities and can also support residents with health care support needs. Donabate Residential comprises of a seven bedroom bungalow, located in North Dublin. The centre is managed by a Clinical Nurse Manager and is staffed by a team of staff nurses, social care workers, and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 13 March 2024	09:05hrs to 17:30hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

The inspection was facilitated by the person in charge for the duration of the inspection. The inspector endeavoured to gather an impression of what it was like to live in the centre, through observations, discussions with the residents, staff team and management, discussion with a family member, monitoring care practices and reviewing documentation.

The designated centre is a large bungalow located in a quiet cul-de-sac in a small coastal town in North County Dublin. The house comprised of seven bedrooms including one staff sleepover room, kitchen, dining room, sitting room, utility room, sensory room, two large accessible bathrooms and a staff office. The local village was a five minute walk from the designated centre and residents were supported and encouraged to use the local facilities and amenities, which included a supermarket, post office, barbers, hairdressers, library and gym.

The centre was registered to accommodate six people and the inspector had the opportunity to meet with all of the residents on the day of inspection. While the inspector was present some residents were in receipt of individualised services while others attended their day services. Since the last inspection one resident had returned to their day service and was attending five days per week. Staff spoken with on the day told the inspector that the return to day service had a positive impact on the resident and compatibility issues and episodes of self-injurious behaviours identified on the last inspection had greatly decreased as a result.

The inspector also had the opportunity to meet with a family member of one of the residents. The family member spoke about the work the person in charge had done in relation to service improvement, including sourcing additional transport and return to day service. They agreed that the return to day service had a very positive impact on the resident. They reported that they were very happy with the care and support received and were complimentary of the staff team working in the centre.

Residents in the centre presented with a variety of communication support needs and were supported by staff to communicate and interact with the inspector throughout the inspection. Residents said that they were very happy with the service and liked the staff. They told the inspector that they liked the food in the centre, liked the environment, including the bedrooms, and felt safe in the service. Warm interactions between the residents and staff members caring for them was observed throughout the duration of the inspection. On the day of the inspection the inspector observed residents to be relaxed and comfortable in the centre, staff engaged with them in a very kind and friendly manner, and it was clear that they

had a good rapport.

Residents in receipt of individualised services were supported to engage in meaningful activities and were observed making plans with staff support for community based activities on the day of the inspection. For example, two residents were supported to go for lunch in the local community and one resident was supported to go to a local barbers to get a haircut. The service had its own transport which was used by staff to drive residents to various activities and outings. In addition, following the last inspection the person in charge and service manager had secured another vehicle, which was used to provide transport and ensured that all residents could engage in activities regularly and when they wished.

The person in charge spoke about the high standard of care all residents receive and had no concerns in relation to the well-being of any of the residents living in the centre. They spoke about work that was complete since the last inspection to drive service improvement and improve the quality of life for all residents living in the centre. Observations carried out by the inspector, feedback from residents, staff and family members and documentation reviewed provided suitable evidence to support this.

Staff spoke to the inspector regarding the residents' assessed needs and described training that they had received to be able to support such needs. For example staff had received training in feeding, eating, drinking and swallowing (FEDS), safeguarding, medication management and managing behaviour that is challenging. The inspector found that the staff members on duty were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and dislikes. The inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive and caring interactions.

The person in charge accompanied the inspector on an observational walk around of the centre, which was found to be comfortable, homely and overall in good structural and decorative condition. Since the last inspection, there had been some home improvements works completed to the centre, which resulted in positive outcomes for residents. For example, residents' bedrooms had been recently repainted and fitted with new wardrobes, additional storage was in place to safely and securely store overflow medication and a large storage shed to the rear of the centre had new shelving fitted, which maximised its storage potential and ensured staff could easily access items stored in it.

The premises was observed to be clean and tidy and was decorated with residents' personal items such as photographs and artwork. Residents' bedrooms were laid out in a way that was personal to them and included items that was of interest to them. For example, residents' bedrooms included family photographs, pictures and memorabilia that were in line with the residents' preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

A high degree of satisfaction was indicated in completed feedback questionnaires

provided to the inspector. It was seen that the completed questionnaires provided positive responses to all areas queried such as, choices and decisions, visitors and activities.

From speaking with residents and their family and observing their interactions with staff, it was evident that residents felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of the report 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 being delivered.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The inspector observed that the care and support provided to the residents was person-centred and the provider and person in charge were endeavouring to promote an inclusive environment where each of the residents' needs and wishes were taken into account.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose had been recently reviewed and was available to residents and their representatives to view.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre. The person in charge worked full-time and were supported by a service manager who in turn reported to a Director of Adult Services.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a good standard in this centre. A six-monthly unannounced visit of the centre had taken place in October 2023 to review the quality and safety of care and support provided. Subsequently, there was an action plan put in place to address any concerns regarding the standard of care and support provided. In addition, the provider had completed an annual report of the quality and safety of care and support in the designated centre

for 2023. Residents, staff and family members were all consulted in the annual review.

The registered provider had ensured the skill-mix and staffing levels allocated to the centre was in accordance with the residents' current assessed needs. There was a planned and actual roster maintained that reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts. The inspector met with members of the staff team over the course of the day and found that they were familiar with the residents and their likes, dislikes and preferences.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for residents. A supervision schedule and supervision records of all staff were maintained in the designated centre. The inspector saw that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and professional development. Staff reported to the inspector that they felt supported in their roles and were comfortable in raising concerns or issues.

The provider had put in place the policies as required by Schedule 5 of the regulations. A number of these were in the process of being reviewed and updated at the time of inspection.

There were contracts of care in place for all residents which clearly outlined fees to be paid and were signed by residents or their family or representative.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre were in accordance with the resident's current assessed needs. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

There was a planned and actual roster maintained that reflected the staffing

arrangements in the centre, including staff on duty during both day and night shifts.

Vacancies were managed by familiar relief staff to ensure continuity of care and support for residents.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

All staff had completed mandatory training including fire safety, safeguarding and positive behaviour support. In addition, training was provided in areas such as feeding, eating, drinking and swallowing (FEDS), emergency first aid and Infection, Prevention and Control (IPC).

The inspector found that staff were receiving regular supervision as appropriate to their role and, the person in charge had developed a schedule of supervision for 2024 for all staff members. Supervision records reviewed were in line with organisation policy and included a review of the staff members' personal development and provided an opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured information and documentation on matters set out in Schedule 2 were maintained and were made available for the inspector to view.

The inspector reviewed a sample of staff records and found that they contained all the required information in line with Schedule 2.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the

application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

The person in charge was suitably qualified and experienced. They had a comprehensive understanding of the service needs and had structures in place to support them in meeting their regulatory responsibilities.

Six-monthly unannounced visits had taken place in line with regulatory requirements and where actions were identified, they were tracked to ensure they were progressed in a timely manner.

An annual review of the quality and safety of care had been completed for 2023. Residents, staff and family members were all consulted in the annual review.

A suite of audits were in place including monthly local audits, fire safety, health and safety and medication management. On completion of these, action plans were developed to address any issues identified.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were contracts of care in place for all residents which clearly outlined fees to be paid and were signed by the resident's or their family or representative.

The contract of care also outlined the support, care and welfare of the residents in the designated centre and details of the services to be provided for them.

These supports were in line with the resident's assessed needs and the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated centre.

In addition a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared written policies and procedures on the matters set out in Schedule 5. However, the following policies had exceeded their three years review time line as per the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013:

- Provision of personal intimate care
- Monitoring and documentation of nutritional intake
- Provision of information to residents
- Access to education, training and development

The inspector was told that these policies were under review by the provider.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

The designated centre was found to be clean, tidy, well maintained and nicely decorated. It provided a pleasant, comfortable and homely environment for residents. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their taste and preferences. The premises was meeting the residents' needs, and residents indicated they were

happy with their home.

Since the last inspection, there had been some home improvements works completed to the centre, which resulted in positive outcomes for residents. For example, residents' bedrooms had been recently repainted and fitted with new wardrobes.

There were fire safety management systems in place in the centre to protect residents from the risk of fire. The systems included servicing of fire detection and fighting equipment, and scheduled fire drills. In addition, the inspector observed evidence that works were in progress to separate the fire alarm system, which was connected with the designated centre next door. However, some enhancements to the systems were required. For example, some emergency exit doors were key operated which did not ensure prompt evacuation in the event of a fire.

On review of a sample of residents' medical records, the inspector found that medications were administered as prescribed. Residents' medication was reviewed at regular specified intervals as documented in their personal plans and the practice relating to the ordering, receipt, prescribing, storing, disposal, and administration of medicines was appropriate. However, improvement was required in relation to recorded checking arrangements for certain medications where two staff were required to check the medication.

Resident's needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met. Support plans included; positive behaviour support, feeding, eating, drinking and swallowing (FEDS), physical and intimate care, communication and general healthcare plans. It was also found that residents were supported by staff in line with their will and preferences, and there was a person-centred approach to care and support. They were also supported to maintain relationships meaningful to them, for example, with their families.

Residents that required support with their behaviour had positive behaviour support plans in place. There were some restrictive practices used in this centre. A restrictive practice committee was in place and restrictions were reviewed regularly.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents.

In summary, residents at this designated centre were provided with a good quality and safe service, where their rights were respected. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided.

Regulation 11: Visits

The provider had a policy in place which outlined the arrangements in place for residents to receive visitors in line with residents' wishes. Appropriate space was available should residents wish to meet their relatives in private.

The arrangements for visits were also detailed in the statement of purpose and residents' guide in the centre. There were no visiting restrictions in the centre and the inspector saw that there were supports in place to assist residents to develop and maintain links with their friends and family.

One family member spoken with reported that they were always made feel welcome to the centre when they visited and said that the house provided a home like environment and their relative was very happy living there.

Judgment: Compliant

Regulation 17: Premises

The premises was laid out to meet the assessed needs of the residents. Each resident had their own bedroom which was decorated to their individual style and preference.

Since the last inspection, there had been some home improvements works completed to the centre, which resulted in positive outcomes for residents. For example, residents' bedrooms had been recently repainted and fitted with new wardrobes, additional storage was in place to safely and securely store overflow medication and a large storage shed to the rear of the centre had new shelving fitted, which maximised its storage potential and ensured staff could easily access items stored in it.

Residents had access to facilities which were maintained in good working order. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be comfortable, homely and overall in good structural and decorative condition.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had suitable fire safety equipment in place, including emergency lighting,

a fire alarm and fire extinguishers which were serviced as required.

Since the last inspection the provider had addressed issues identified in relation to the fire panel. For example, works were in progress to separate the fire alarm system, which was connected with the designated centre next door. However, some emergency exit doors were key operated which did not ensure prompt evacuation in the event of a fire and this required review by the provider.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own evacuation plan which outlined the supports they may require in evacuating.

Regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances. Staff were aware of evacuation routes and the individual supports required by residents to assist with their timely evacuation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. The medication administration record clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed. Residents had also been assessed to manage their own medication but no residents were self administering on the day of inspection.

Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed.

However, improvement was required in relation to recorded checking arrangements for certain medications where two staff were required to check the medication. For example, there were seventeen times that the checks were not recorded for the month of February. This required review and improvement by the provider.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need and personal plan in place.

From the sample reviewed, residents' assessments clearly identified their care and support needs. Assessments and plans were regularly reviewed and updated with any changes in need. These assessments were used to inform plans of care, and there were arrangements in place to carry out reviews of effectiveness. Multidisciplinary professionals were involved as appropriate in creating support plans.

Each resident had an accessible person-centred-plan with their goals and aspirations for 2024. These included residents' goals and the actions required to achieve them. Residents were supported to set goals that were meaningful for them. For example, one resident had set a number of goals, which included; going on a holiday, swimming and meeting up with family and friends.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. Clear behaviour support plans were in place to guide staff on how best to support these residents, and regular multi-disciplinary input was sought in the review of residents' behavioural support interventions.

The inspector reviewed a sample of behaviour support plans in place for residents. The plans detailed proactive and reactive strategies to support residents in managing their behaviour. They were devised in consultation with the clinical team and reviewed regularly as per the providers policy.

Since the last inspection a review of the restrictive practices in the centre was complete to ensure that all restrictive practices were logged, regularly reviewed and risk assessed in line with the provider's policy. In addition, there was a restrictive practice committee in place within the organisation which authorised and regularly reviewed any restrictive practices in the centre.

Judgment: Compliant

Regulation 8: Protection

Overall good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. Safeguarding concerns had been reported and responded to as required and safeguarding plans were in place to manage these concerns.

The provider had appropriate arrangements in place to safeguard residents from

harm or abuse. All staff had received training in safeguarding, and there was a safeguarding policy to guide staff.

All residents' personal plans were detailed in relation to any support they may require with their personal and intimate care. These documents were person-centred and identified residents specific preferences in this area including supports that made them feel safe and secure when staff were assisting.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Donabate Residential OSV-0003597

Inspection ID: MON-0034132

Date of inspection: 13/03/2024

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:

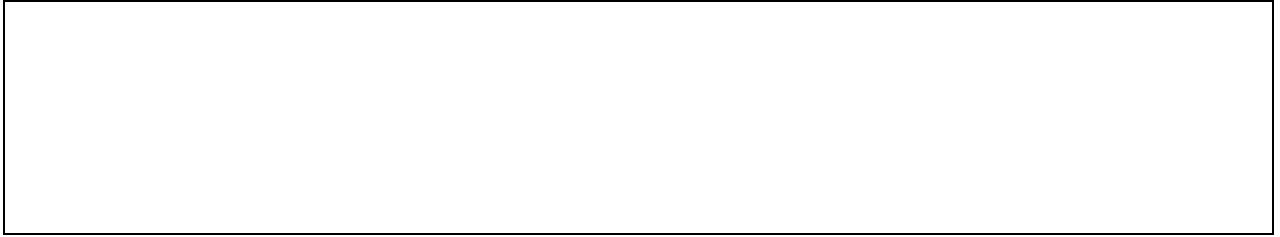
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The link door to the corridor connecting adjoining centre and the residential is a door that is unlocked, if occupants had to exit, they can do so without a key and push bar doors are beyond this to egress directly to outside. A thumb turn to the residential side will be added by end of April 2024.</p> <p>The sitting and dining room are not designated exits, the route to take is to exit via the front door which is on the protected corridor. The door could still be used in the unlikely event it is needed.</p> <p>The front door is the main designated route to outside this door is to have a thumb turn added to the door however the door lock is more complicated to replace and is being completed as a separate job. It will be completed by end of April 2024.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: A local policy has been devised to ensure a robust system is in place to effectively provide oversight in the administration of high alert medications in line with St Michaels House Medication management policy.</p> <p>A weekly check along with weekly medication audit is in place to ensure that guidance is adhered to and will be overseen by the Person in Charge to ensure compliance.</p>	



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	30/04/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other	Substantially Compliant	Yellow	15/04/2024

	resident.			
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