



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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 12
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	30 April 2024
Centre ID:	OSV-0005849
Fieldwork ID:	MON-0043505

About the designated centre

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

Stewarts Care Adult Services Designated Centre 12 is a designated centre operated by Stewarts Care DAC. This designated centre is a wheelchair accessible bungalow located on the Stewarts' Care Campus in Dublin 20. It is intended to provide long-stay residential support for up to six men and women with complex support needs. Each resident has their own private bedroom, and use of a communal living room, sun room, dining room and bathrooms. Nursing supports are available within the designated centre and the centre is staffed with staff nurses, care staff and one whole-time-equivalent activities staff. These staff are managed by a person in charge. Residents' day services are ran through an activities programme which operates from the home on a seven days a week basis. This is facilitated by the care staff in the home. Transport available to the centre is limited and is organised, on a request basis, through a transport manager from within the organisation. This designated centre does not accommodate emergency admissions. Referrals for admission to this designated centre are only accepted for residents already living in Stewarts Care Adult Services campus.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Tuesday 30 April 2024	10:00hrs to 16:30hrs	Karen McLaughlin	Lead
Tuesday 30 April 2024	10:00hrs to 16:30hrs	Orla McEvoy	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing regulatory compliance in the designated centre.

Inspectors used observations, in addition to a review of documentation, and conversations with staff to form judgements on the residents' quality of life. Overall, the inspector found high levels of compliance with the Regulations and Standards.

The centre consisted of one residential bungalow situated on a congregated campus setting in west Dublin. At the time of the inspection there were five residents living in the centre full-time.

On arrival to the designated centre, inspectors were greeted by a staff member. The staff member informed the person in charge who then facilitated the inspection.

The inspectors carried out an observational walk around of the premises with the person in charge. Overall, the inspectors found the centre to be clean, bright and laid out to the needs of the residents living there.

The wall in the hall had the house floor plans clearly displayed alongside the centre's fire evacuation plan. The hall also displayed the centre's certificate of registration, visitors policy and complaints policy.

There was adequate private and communal spaces. The communal dining and sitting room areas were spacious and bright and comprised of two dining rooms, a spacious sitting room and a smaller room containing a couch for residents to enjoy some time away or to receive visitors. The centre also had a sensory room available to its residents. The kitchen was well equipped. While main meals were from the central kitchen on campus, some residents were provided with meals prepared in the kitchen according to their personal preference. Each resident had their own bedroom. The bedrooms were decorated to reflect their individual style and interests.

The provider had recently upgraded the bathroom facilities and installed two new shower rooms with equipment fitted in line with the residents' assessed needs. The inspectors observed that the utility room was visibly clean and staff were knowledgeable in relation to good practices for laundry management. The laundry area comprised of two washing machines and a dryer. All residents' laundry was done on-site.

Residents were actively involved in the running of the house and carried out day to day chores such as setting the table for dinner, laundry and the general cleaning of their bedrooms.

Residents were observed receiving a good quality person-centred service that was

meeting their needs. The inspector saw that staff and residents' communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. Residents were being supported to partake in a variety of different leisure, occupational, and recreation activities in accordance with their interests, wishes and personal preferences.

A weekly activities board was accessible to all residents in the communal space to support residents routine management. Activities included the gym, swimming, going for trips on the bus and bike rides. The centre had it's own dedicated vehicle for transportation.

The residents had access to a large, pleasant, well-maintained private garden with ample outdoor seating. The garden had a shed for storage and mature trees. It was accessible to all residents.

All staff had received training in human rights and the provider had an organisational human rights committee. From what the inspectors observed and what residents and staff communicated, this training was used to enhance the care and support provided to residents.

The residents did not attend a day service and were supported by staff in the centre to engage in social and leisure activities of their choice. Inspectors observed residents engaging in activities in line with their assessed needs and expressed preferences. For example, some residents attended the swimming pool, another resident went for a cycle with staff support while other residents relaxed in their home resting in bed, listening to music and watching television.

Overall, inspectors found that residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment.

The next two sections of the report will describe the oversight arrangements and how effective these were in ensuring that a safe and good quality service was 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 findings of the inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred.

The provider had in place a clearly defined management structure which identified lines of authority and accountability. The staff team reported to the person in charge who in turn reported to a programme manager. Staff spoken with were informed of the management arrangements and of how to escalate issues or concerns to the provider level.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. The inspector found that the provider had ensured that the number, qualifications and skill-mix of staff was suitable to meet the assessed needs of the residents.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge provided support and formal supervision to staff working in the centre.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

An accurate and current directory of residents was made available to the inspector on the day of inspection.

Inspectors saw that residents were informed of the provider's complaints procedure and that staff acted as advocates in supporting residents to make complaints where required. The complaints procedure was followed and complaints were resolved to the satisfaction of residents.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service, with good local governance and management supports in place.

Regulation 14: Persons in charge

The designated centre was managed by a suitably qualified and experienced person in charge.

The person in charge was full-time and had oversight solely of this designated

centre.

There were suitable arrangements for the oversight and operational management of the designated centre at times when the person in charge was or off-duty or absent.

Judgment: Compliant

Regulation 15: Staffing

The staff skill-mix in the centre consisted of nurses, healthcare assistants and a social care worker. Nursing support was provided on each day of the week. There were no vacancies. The person in charge and the programme manager were satisfied that the current skill-mix and complement was appropriate to the number and assessed needs of the residents. A social care worker was a new addition to the staff skill-mix. The person in charge told the inspector a key aspect of their role was to promote and support residents' engagement in meaningful activities. Additionally, house keeping staff were rostered daily.

The person in charge maintained planned and actual staff rotas. The inspector reviewed planned and actual rosters for three months of 2024. These clearly outlined the full name of staff, the shifts that the staff worked and their role, for both day and night shifts. They illustrated a stable team and good continuity of care.

On review of staffing rosters it was demonstrated the staffing levels and skill-mix were maintained to the levels as set out in the whole-time-equivalent numbers of the statement of purpose.

The provider ensured that suitable contingency arrangements are in place to respond in the event of a shortfall of staff. Rosters showed the deployment of nursing staff from other parts of the provider's organisation when required.

Staffing levels were in line with the centre's statement of purpose and were well managed to suit the needs and number of residents, with additional staffing sourced for activity management.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge maintained a system to ensure that adequate training levels were maintained. All staff had completed mandatory training including fire safety, positive behaviour support and safeguarding. Refresher training arrangements were also in place and it was demonstrated all staff had received refresher training in

these areas.

Furthermore, the provider had undertaken to enhance the skills of staff working in the centre by introducing site specific training to support the assessed needs of the residents. Staff could describe areas of learning from their training, for example how to offer choice following human rights training. The person in charge was completing additional training to enhance quality in the transition of residents from a congregated setting to community living.

The person in charge was providing formal and informal supervision to staff. Formal supervision was scheduled every three months as per the provider's policy. The inspectors reviewed staff supervision schedule for 2023 and 2024. All a staff had received supervision in line with organisation policy for the past three quarters. There was a schedule in place to ensure the regularity of these meetings.

Judgment: Compliant

Regulation 19: Directory of residents

A current and up-to-date directory of residents was available in the designated centre and included all the required information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found the governance and management systems in place had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability.

It was evident 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 staff team was led by an appropriately qualified and experienced person in charge. The person in charge demonstrated a comprehensive understanding of the service needs and of the residents' needs and preferences. The inspector saw that there were systems in place to support the person in charge in fulfilling their regulatory responsibilities. The person in charge reported to a programme manager. They also held monthly meetings which reviewed the quality of care in the centre.

A series of audits were in place including monthly local audits and six-monthly unannounced visits. Audits carried out included infection prevention and control (IPC), fire safety, risk management, residents finance and activity activation. These audits identified any areas for service improvement and action plans were derived from these. A review of monthly staff meetings showed regular discussions on all audit findings.

The annual review of the quality and safety of care was completed in consultation with residents and their families. Inspectors saw that there was very positive feedback from residents and families about the standard of care in the centre. Residents contributed by saying that they were happy living here but some were not satisfied with the level of choice and control in their lives and indicated they would like more support around decision making.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a vehicle for transport.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspectors. It was found to contain the information as required by Schedule 1 of the Regulations. It outlined sufficiently information on the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and information related to the residents' well-being.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had established and implemented an effective complaints procedure. The complaints procedure was displayed in easy-to-read format, with a visual guide on the stages of the complaints process, on the wall for reference.

The residents were supported to make formal complaints in the designated centre if they had concerns or things that they were not happy about. The complaints log

included local issues raised by, or on behalf of residents, in relation to various areas.

The person in charge maintained records of complaints made and the actions taken to resolve them. There were no open complaints on the day of inspection. The inspectors found that a recent complaint was resolved to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. Inspectors found that residents in this house were in receipt of a good quality and safe service which was promoting and respecting the rights of each individual.

The provider and the person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred, which offered a comfortable and homely place to live.

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 tastes.

The inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

There were fire safety systems and procedures in place throughout the centre. There were fire doors to support the containment of smoke or fire. There were adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting provided. However, the fire panel was not addressable and the provider had informed the Chief Inspector early last year of their plans to replace the fire alarm system in a number of homes on the campus to enhance the system overall. The registered provider had ensured that residents were free to receive visitors to their home in accordance with each resident's wishes.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans and outlined the associated supports and interventions residents required. Furthermore, residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience life in their local community. Residents enjoyed activities in the community such as going out for coffee or dinner, trips to the shops and walks in the local park.

Residents' health care needs were well assessed, and appropriate healthcare was made available to each resident. Residents had access to a general practitioner and a wide range of allied health care services. The inspectors reviewed residents' health care support plans and found that these provided clear guidance and were informed by an appropriately qualified health care professional.

Residents that required support with their behaviour had positive behaviour support plans in place.

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.

A residents' guide was readily available in the centre. This provided information to residents on the day to day running of the service along with other information such as the complaints procedure and the procedure for accessing Health Information and Quality Authority (HIQA) reports. Residents also attended weekly residents' meetings. These meetings supported residents to exercise choice and control in relation to the running of the centre.

Staff had completed training in human rights and spoke to the inspector regarding the measures that they took to ensure that residents' rights were upheld. Staff supported residents to self-advocate and, where required, advocated on behalf of residents to ensure that they were facilitated in exercising their rights

Overall, the inspectors found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service, delivered by a stable, consistent team of suitably qualified staff.

Regulation 10: Communication

Inspectors saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes.

Staff were informed of residents' communication needs and described how they supported residents' communication. One staff member was receipt of LAMH training and the team received clinical input from one of the providers speech and language therapists.

Residents' files contained communication care plans where required and a communication profile which detailed how best to support the resident.

Communication aids, including visual supports, had been implemented in line with

residents' needs and were readily available in the centre.

Residents had access to telephone and media such as radio and television.

Judgment: Compliant

Regulation 11: Visits

There were no visiting restrictions in the designated centre. Residents could receive visitors in line with their choices.

There was a visitors policy displayed on the wall in the hall and visiting arrangements were outlined in the designated centre's statement of purpose and function, which was readily available to residents and their representatives.

Additionally, there was adequate private space in the centre for residents to receive visitors.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes.

Servicing records for equipment used by residents, such as overhead hoists and electric beds, indicated that they were up-to-date with their servicing requirements.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available in the designated centre. This contained information required by the Regulations including information on the services available in the centre the complaints procedure and the procedure for accessing Health Information and Quality Authority (HIQA) reports.

Other information that was relevant to residents preparing to transition from the designated centre to the community was provided in user-friendly formats.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had appropriate and suitable fire management systems in place which included containment measures, fire and smoke detection systems, emergency lighting and fire-fighting equipment.

These were all subject to regular checks and servicing with a fire specialist company and servicing records maintained in the centre.

All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly.

The fire alarm panel for the bungalow was located outside the premises. Therefore the location of the panel required review as it was not readily accessible for staff and in addition were not addressable and therefore not used as part of the evacuation procedures for the centre. The provider had informed the Chief Inspector of their plans to replace the fire alarm system in a number of homes on the campus to enhance the system overall. At the time of this inspection, these works were in progress in some parts of the campus. Therefore, while improvements were required there were comprehensive arrangements in place for these to be suitably addressed.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors observed that the health and wellbeing of each resident was promoted and supported in a variety of ways. Residents' diet and nutrition was supported through dietitian and speech and language therapy where required. Residents accessed exercise and physical activities with a regular schedule for attending the on-site gym and swimming pool. One resident enjoyed cycling and staff had purchased a bike to accompany him.

Residents' health care needs were monitored by the nursing staff in the designated centre along with the person in charge and information maintained in specific health care plans. Residents accessed dementia screening.

Each resident had received an annual health care check with their General Practitioner. The general practitioner was on-site on the day of inspection to

complete checks for some residents. They also reviewed a resident who was unwell.

Inspectors viewed two residents' care plans, which included guidelines on positive behaviour support, communication, epilepsy management and mobility. They were up to date and readily available to staff to guide their practice. The plans also reflected multidisciplinary team input where required. Residents had good access to a range of multidisciplinary services including psychology, speech and language therapy and occupational therapy.

Hospital passports had been prepared for residents in the event of a hospital admission. Inspectors reviewed one hospital passport. It contained information to support healthcare professionals to understand the needs of the resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to multidisciplinary services such as psychology and behaviour support specialists to help them manage their behaviours where required. The inspectors viewed two positive behaviour support plans. These were detailed, comprehensive, developed by an appropriately qualified person and reviewed within the past year. They included detail to assist staff to understand the reason for an individual's behaviour of concern and gave clear guidance on proactive and reactive ways to support.

Inspectors found that the person in charge was promoting a restraint free environment within the centre. There were no restrictive practices or interventions in use at time of inspection.

The provider had ensured that staff had received training in the management of behaviour that is challenging and all staff had received refresher training.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems, underpinned by written policies and procedures, to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

All staff were up-to-date in mandatory training in Safeguarding Vulnerable Adults. Staff spoken with were informed of the safeguarding procedure and of their

safeguarding duties.

Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had choice and control in their daily lives, deciding their weekly plan and being supported by sufficient number of staff who could facilitate their individual choices.

The provider ensured staff received training on a human rights-based approach. Staff were able to give examples of how this training supported the residents, for example through facilitating choice.

Residents were consulted with in the running of the centre. The inspector reviewed weekly residents' meetings from March and April. The minutes reflected discussions on activities and food choices. Human rights principles were discussed to support resident awareness and understanding. Autonomy was the right of the month in the meetings reviewed.

Easy-to-read information was available to residents and families, for example information on making a complaint and moving from a congregated setting. The residents accessed advocacy services.

The registered provider had ensured that each resident's privacy and dignity was respected and upheld. Each resident had their own bedroom, and there was ample communal living space. Residents' personal information was securely stored to protect their privacy.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 12 OSV-0005849

Inspection ID: MON-0043505

Date of inspection: 30/04/2024

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
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider has a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on campus. This would result in each centre having a high standard fire alarm system and addressable fire panel installed in the centres on a phased basis. Work will be completed in DC 12 by the 31st of October 2024.	

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(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/12/2024