



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

Issued by the Chief Inspector

Name of designated centre:	Cill Caisce
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	19 July 2023
Centre ID:	OSV-0002355
Fieldwork ID:	MON-0035329

About the designated centre

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

Cill Caisce is a designated centre operated by St Michael's House located in North County Dublin. The centre provides a residential service for up to five adults with intellectual disabilities, and can provide support to residents who have additional physical or sensory needs. The centre is a two storey house which comprises of five bedrooms, kitchen/dining room, living room, staff room and two shared bathrooms. The centre is staffed by a person in charge and a team of social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 19 July 2023	09:30hrs to 17:30hrs	Karen McLaughlin	Lead
Wednesday 19 July 2023	09:30hrs to 17:30hrs	Kieran McCullagh	Support

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing regulatory compliance in the designated centre. The inspectors used observations, in addition to a review of documentation, and conversations with residents, staff and managers to inform judgments on the residents' quality of life and compliance with the regulations.

The centre comprised of a two-storey house located in a housing estate in North County Dublin. It was located close to many services and amenities, which were within walking distance and good access to public transport links. The centre had the capacity for a maximum of five residents, at the time of the inspection there were four residents living in the centre full-time.

On arrival to the designated centre, inspectors were greeted by a staff member. The staff member contacted the person in charge who then arrived to the centre shortly afterwards and facilitated the inspection.

All four residents were also out of the centre when inspectors arrived. Inspectors observed there were workmen present who were fitting new floors in an area of the home while residents were out.

Three residents were attending their local day service and the other resident had gone to visit another designated centre nearby. Inspectors had the opportunity to meet and speak with residents when they returned to the centre in the afternoon.

The person in charge accompanied the inspectors on an observational walk around of the centre. They were knowledgeable and familiar with the assessed needs of residents. Overall, the centre was found to be clean, bright, homely, nicely furnished, and the lay out was appropriate to the needs of residents living there.

Each resident had their own bedroom which was decorated in line with their preferences and wishes, and the inspectors observed the rooms to include family photographs, and memorabilia that was important to each resident.

The kitchen area had been upgraded and, as discussed, new floors were being fitted on the day of inspection.

It had previously been identified that an additional accessible bathroom was required to adequately meet all residents' assessed needs. This action was subject to a restrictive condition applied when registration of the centre was last renewed. This action was now complete and a new bathroom had been added to the designated centre and therefore the provider had met the requirements of their restrictive condition in relation to Regulation 17, premises.

Visual communication arrangements for residents were observed during the walk around of the centre. For example, inspectors observed picture signs in the new bathroom regarding hand hygiene and how to call and wait for assistance if needed. The wall in the hallway had the house floor plans clearly displayed alongside the centre's fire evacuation plan, including a night-time evacuation plan with allocated duties for residents and staff. The hallway also displayed the centre's safeguarding statement, residents' guide, easy-to-read statement of purpose, visitors policy and complaints procedure. Residents paintings, artwork and photos were also on display throughout the centre.

The inspectors met and spoke with two residents over the course of the inspection and observed their daily interactions with staff and their lived experience in the centre. One resident showed the inspectors their bedroom. The resident told inspectors they liked to go out for coffee and trips to the park. They showed inspectors photos of a recent holiday. They said they liked living in the centre and enjoyed doing jobs around the house especially making dinners, for example, making home made lasagne, which they did with staff support.

One resident spoke to one of the inspectors about how they would respond in the event of an emergency, and were knowledgeable of the evacuation plan and what to do in the event of an emergency. They also showed the inspector where the emergency information and reflective vests were kept, and explained that in the event of an emergency they had a role in collecting these as they exited the building.

The inspectors spoke with the person in charge and two staff on duty on the day of inspection. They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring a safe service for them.

Residents were observed receiving a good quality person-centred service that was meeting their needs. The inspectors observed residents coming and going from their home during the day. Staff were observed to interact warmly with residents. The inspectors saw that staff and resident communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. For example, one resident spoke about a friend they wanted to meet and the staff member provided suggestions on where and when to meet and supported the resident to make contact with the friend to make arrangements.

The provider's most recent annual review of the centre had consulted with residents and their representatives. It reported that the residents and families were happy with the supports that residents received. One resident said 'I like having my own jobs in the house, but it can be noisy at times when the dryer is on' and another said 'I like living here and I like everyone here, I enjoy going on outings in the community like going to the local shops, swimming and for walks in the park.'

Staff said they were satisfied with the standard of care provided in the house and family members commented that they had no concerns, that the house was warm,

bright and welcoming with one commenting that communication was not as good as it used to be since there had been some staff changes.

In summary, the inspector found that the residents enjoyed living in the centre and had a good rapport with staff. The residents' overall well-being and welfare was provided to a reasonably good standard. However, some aspects of the premises and fire safety systems required improvements.

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

Capacity and capability

The purpose of this inspection was to monitor levels of compliance with the regulations. 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 registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated, they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

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.

There was a planned and actual roster maintained for the designated centre. A review of the rotas found that staffing levels on a day-to-day basis were generally in line with the statement of purpose. Rotas were clear and showed the full name of each staff member, their role and their shift allocation.

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 inspectors 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.

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.

The person in charge had submitted all required notifications of incidents to the Chief Inspector of Social Services within the expected time frame.

The provider had a complaints policy and associated procedures in place as required by the regulations. The inspectors reviewed how complaints were managed in the centre and noted there were up-to-date logs maintained.

Overall, the inspectors 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.

Regulation 15: Staffing

The staffing arrangements were found to provide continuity of care to residents. Staff had the necessary skills and experience to meet residents assessed needs. There was a stable and consistent staff team identified to work in the designated centre and rosters were maintained to demonstrate the planned and actual hours worked.

Residents told the inspectors that they knew the staff team very well, and they felt they were supportive of their needs. Regular relief staff were also employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors reviewed the centre's most recent training records, dated July 2023, which indicated that there was good oversight in this area, and the staff team had attended training in the areas identified as mandatory in the regulations. These included safeguarding, managing behaviour that is challenging, positive behaviour support, infection, prevention and control, food safety and emergency first aid. Staff were also in receipt of additional training in Children's First and manual handling.

Team meetings were occurring every month in the centre, chaired by the person in charge. These were found to be resident-focused and of a high quality so that staff were kept well informed of changes to residents' needs as well as the provider's policies and procedures.

A formal schedule of staff supervision and performance management was in place. Inspectors reviewed staff supervision schedule and found that they were in receipt of supervision on a quarterly basis, as per provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority. The person in charge reported to a service manager, who in turn reported to the director of services. Management systems were in place to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. The provider had appropriate resources in place including equipment, staff training and transport arrangements in place in the centre.

Local governance was found to operate to a good standard in this centre. Good quality monitoring and auditing systems were in place. The person in charge demonstrated good awareness of key areas and had checks in place to ensure the provision of service delivered to residents was of a good standard. Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place, and any required actions were clearly identified. The provider also had in place a suite of audits, which included; restrictive practices, medication, risk assessments and accidents and incidents.

Regular staff meetings were held, and a record was kept of the discussions and required actions. The presence of the person in charge in the centre provided all staff with opportunities for management supervision and support. An annual review and unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed, as required by the regulations. There was evidence that where issues had been identified, actions were taken to address these matters, with the exception of fire discussed further under Regulation 28.

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.

However, one minor revision was required to state the person in charge had responsibility for the management of two designated centres.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frame.

The inspectors reviewed a sample of incident logs during the course of the inspection, and found that they corresponded to the notifications received by the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy in place. There was an up-to-date complaints log and procedure available in the centre. This was in easy-to-read format and accessible to all.

The inspector reviewed a sample of these logs and found that complaints were being responded to and managed locally.

The person in charge was aware of all complaints and they were followed up and resolved in a timely manner.

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. The inspectors found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The inspectors completed a walk-through of the designated centre and saw that efforts had been made to make the communal areas homely, for example, nice photos and pictures were displayed. There was adequate private and communal

spaces and residents had their own bedrooms, which were decorated in line with their tastes. However, the sitting room, hallway, stairs and skirting boards in a number of areas required painting and the fire safety systems required improvement.

The inspectors found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

Resident's needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. Support plans included communication needs, social and emotional well-being, safety, health and rights.

The inspectors reviewed several of the residents' files. It was found that residents had an up-to-date and comprehensive assessment of need on file. Care plans were derived from these assessments of need. Care plans were comprehensive and were written in person-centred language. The inspectors saw that residents had access to health care in line with their assessed needs.

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. There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Residents feeding, eating and drinking support needs had been well assessed. There were plans in place to guide staff in supporting residents in this area.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse.

Inspectors noted however, there were improvements required to some aspects of the fire safety precautions in the centre. These are further detailed under Regulation 28: Fire Safety in this report.

Regulation 10: Communication

The inspector saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes. Some residents' had communication care plans in place which detailed that they required additional support to communicate. The inspector saw that staff were familiar with residents' communication needs and care plans.

The inspector saw that visual supports required by residents were readily available in the designated centre. There was a residents meeting agenda where residents had the opportunity to discuss topics like health and safety, safeguarding, how to make a complaint and choose activities they wish to engage in. Visual prompts were used for menu-planning and a visual time table was accessible to all residents. Folders containing pictures to support residents to understand and make decisions in areas such as menu planning and activity planning were available to all residents.

Judgment: Compliant

Regulation 17: Premises

The premises provided for residents to live in was seen to be clean, homely and well furnished. The layout and design of the designated centre was appropriate to meet the needs of residents.

Previous inspections identified that the provider needed to carry out work in the residents' home to ensure that it was in a good state of repair internally and externally.

As a result of this a restrictive condition had been added to this centre's conditions of registration requiring the provider to come into compliance in Regulation 17: Premises within a specific timeframe, primarily relating to an accessible bathroom.

These matters were found to have been suitably addressed on this inspection. Therefore, demonstrating the provider's comprehensive action to meet the requirements of the restrictive condition and the regulations within the time-frame set out.

The provider had also carried out further premises improvement works in the centre. For example; a new kitchen had been fitted in the centre. On the day of inspection new floors were being laid in the kitchen and downstairs communal living areas.

However, inspectors did observe that there were parts of the residents' home that needed decoration and repair.

The sitting room, hallway, stairs and skirting boards in a number of areas required painting.

There was a well maintained communal garden, which was recently renovated to the rear of the property. The garden area was well kept with suitable seating available for residents if they so wished to sit outside. The front garden was tarmacked and used for parking the bus however, this area was unevenly surfaced with some potholes. In order to ensure safety alighting buses, there was a safe walking area outlined in yellow for residents to follow while accessing the house.

The upstairs bathroom had signs of early mould on the roof and the extractor fan required cleaning. A shower curtain rail above the shower area while not in use was dusty and needed removing, and the shower head holder was starting to rust.

Any issues regarding the upkeep and maintenance of the property was being escalated to the technical services department by the person in charge.

Inspectors were invited to see some residents' bedrooms. The residents' bedrooms were decorated in line with their preferences and there was sufficient space for residents to enjoy their preferred activities. One resident showed inspectors their bedroom.

The room had been personalised to reflect the resident's interests and photographs and the resident's preferred items were on display. Each resident had been consulted with in relation to their choices and preferences. For example, one resident told inspectors how they had chosen the colour of their bedroom walls.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There was evidence that residents were offered a balanced and nutritious diet, and were supported to make choices in meals and snacks. Some residents required modified diets, and the recommendations of the speech and language therapist were documented and followed. Staff demonstrated good knowledge of the individual needs of residents. For example, assessment and support plans were recorded in the resident's personal plan identifying the supports needed and this was seen to be implemented on the day of the inspection.

Where residents needed assistance with making choices of meals and snacks, staff had introduced various methods to ensure that preferences were respected. These included visuals about food choices and healthy options, and visual aids to assist residents in making choices, which were displayed on the kitchen notice board. Inspectors observed that staff had a good knowledge of residents' food preferences and any dietary needs.

There were systems in place to monitor residents' nutritional intake and staff had appropriate training in this area. Food was safely stored, and there were both healthy snacks and treats available to residents. The kitchen was well-organised and well-stocked with fresh and frozen, nutritious food. Residents were encouraged and supported to be involved in grocery shopping and meal preparation.

Judgment: Compliant

Regulation 28: Fire precautions

There was fire detection, containment, fighting equipment, and emergency lights in the house. However, an area to the rear of the property did not have adequate fire safety equipment, for example, there was no emergency lighting above fire exit and the exit door was key operated, which did not ensure prompt evacuation in the event of a fire.

This posed a potential fire safety risk, which required consideration and improvement by the provider. It was communicated to inspectors that while the person in charge had submitted these issues to the fire officer there was no date for any actions.

Each resident had a personalised emergency evacuation plan (PEEP) in place, which set out the supports they would require in the event of an evacuation. However, they all required up-dating. Inspectors observed these were last reviewed in June 2022. Furthermore, all residents easy-to-read PEEPs also required up-dating. Inspectors observed that these documents were last reviewed in November 2021. In addition, insufficient information was recorded in one resident's PEEP for staff to safely support them during evacuation.

The provider had carried out audits and checks in line with their own processes. However, on the day of inspection it was noted by inspectors that monthly fire checks were not accurately recorded. For example, for the months of May and June 2023 staff recorded no fire issues to note and no faults under emergency lighting. During the walk around inspectors also noted that one fire containment door was not closing properly.

From a review of the fire drills it was noted that these were taking place and were recorded. However, actions identified had not been completed. The provider's "Internal Emergency Response Plan" also required up-dating.

The provider ensured that suitable fire fighting equipment was available to the staff team. However, the staff team had not been provided with appropriate training regarding fire safety and evacuation. For example, only two out six staff had received up-to-date fire safety training.

The management of fire safety needed to be addressed by the registered provider as the actions from audits were either, not being addressed in a timely manner or had not been highlighted through the providers own auditing practices.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

There were suitable care and support arrangements in place to meet residents' assessed needs.

A sample of residents' files were reviewed and it was found that comprehensive assessments of need and support plans were in place for these residents.

Easy-to-read documents were included for each resident's assessment of need and they were consulted in all goal setting.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented measures and systems to protect residents from abuse. There was a policy on the safeguarding of residents that outlined the governance arrangements and procedures for responding to safeguarding concerns.

Safeguarding plans were reviewed regularly in line with organisational policy.

Staff spoken to on the day of inspection reported they had no current safeguarding concerns and training in safeguarding vulnerable adults had been completed by all staff.

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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cill Caisce OSV-0002355

Inspection ID: MON-0035329

Date of inspection: 19/07/2023

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The sitting room, hallway, stairs and skirting boards have all been painted in unit along with the kitchen/ dinning area completed on 9:08:23. • The upstairs bathroom ceiling has been treated for early signs of mould on the ceiling and re painted on 22:08:23. • Extractor fan was cleaned on 4:08:23 and is on cleaning rota for regular cleaning. • Shower rail was removed on 22:08:23 when ceiling was being painted. • Shower head holder was replaced on 16:08:23. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Fire exit door to have a light fitted on the outside of the door, this is be completed by the contractor as part of the snags list by 15:10:23 • Thumb turner locking device to be fitted to rear exit door as part of providers upgrading works due to be completed for Cill Caisce by 30:09:23 • PEEP's for all residents have been reviewed and updated, including residents Easy Read versions 19:07:23 • Further detailed information has been added to the identified residents PEEP in order to 	

better guide staff to support this resident.

- Fire safety audits and checks were discussed at staff meeting on 16/08/23 to reinforce the importance of accurate recording in fire checks and reporting of faults as required.
- Actions identified through fire drills and tests have now been addressed as of 21/08/23.
- The providers Internal Emergency Response Plan is under review as part of a larger organizational project. It will be updated by 31/12/2023. All information is still relevant.
- On site fire safety training scheduled for 18/10/23.
- Remaining four staff to complete Online fire training by 31/08/23.

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.	Substantially Compliant	Yellow	22/08/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	31/12/2023
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	18/10/2023
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	15/10/2023

