



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

Issued by the Chief Inspector

Name of designated centre:	Kare DC4
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	04 December 2024
Centre ID:	OSV-0008236
Fieldwork ID:	MON-0036912

About the designated centre

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

Ardscull is registered to support children and teenagers, aged 18 years and below, on short breaks during the week or at the weekend. The service is registered to accommodate up to five service users at a time with a physical, intellectual or neuro-developmental disability. The service provides support for physical, emotional and social needs in a large house near a town in County Kildare. The house is subdivided into three sections, to provide accommodation for up to three residents in one area, and two residents in separate, single-occupancy living spaces. The house has multiple communal areas, kitchen and dining spaces, as well as a large external grounds. Children have vehicle access to facilitate community activities. They are supported in their stay by social care workers and social care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

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 4 December 2024	10:30hrs to 00:00hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre DC 4. The inspection was carried out to assess compliance with the regulations following the provider's application to renew the centre's registration. The centre provides a respite service for children and teenagers, aged 18 years and below, with 26 respite users availing of the service. The service is registered to accommodate up to five service users at a time with a physical, intellectual or neuro-developmental disability. Respite users are supported in attending school services during the day while residing in the centre.

On the day of the inspection, there were two children availing of the respite service. On arrival to the centre the two children were attending school. The inspector of Social Services had the opportunity to meet with one child during their respite stay, and several staff during the course of the inspection. One child did not wish to meet the inspector on the day of the inspection as they had attended a number of appointments during the day. The inspection was facilitated by the person in charge and the person participating in management (PPIM). Overall the inspection found high levels of compliance with the regulations and found that the person in charge and staff team were endeavouring to promote a respite stay for children and teenagers that was fun, relaxing and provided a range of age appropriate choices.

The centre is located near a town in County Kildare. The house is a large two storey building suitably adapted to meet the assessed needs of respite users' availing of the service. The centre is subdivided into three sections, to provide accommodation for up to three respite users' in one area, and two respite users in separate, single-occupancy living spaces. The main house in the centre has a large kitchen and dining area. There was a large sitting room equipped with a multitude of toys and games. During a walkthrough of the centre, the inspector observed toy stations placed throughout communal areas of the house. These toy stations had identified games, toys and sensory activities, the inspector observed that each of the toy stations had items which had been identified as a specific like or interest of the children availing of respite on the day of the inspection. For example, one child had a specific interest in messy play with the stations set up with kinetic sand and playdough. In the main sitting room respite users had access to two large sensory swings. respite users' attending the service enjoyed a range of activities such as visiting amusements, bowling, cinema, shopping, roller-coaster park, beach, hill walks and theatre shows.

Respite users' received respite on a planned and recurrent basis. Each child had their own bedroom for the duration of their stay. The length of respite stays varied depending on the respite users' and families' needs and circumstances. The inspector reviewed a number of compliments submitted to the centre by families of children. The feedback from families noted that the staff team and management had offered respite service during essential periods and that their loved one received the highest care and support. One family member noted that the staff team had

supported their loved to participate in meaningful activities again as they had gone through a period of refusing to engage with others.

The inspector met with one child on return from school. The inspector met the child while they were out playing in the centres' playground. The child was supported by two members of staff. The inspector observed the child to be smiling and laughing at staff while being pushed on a swing. Prior to meeting the child the person in charge discussed with the inspector their communication style and the assistance that support staff would provide. Support staff spoke to the inspector about the activities that the child liked to participate while in respite service. The staff also discussed the child's likes and dislikes in relation to food. The staff discussed that the child had very specific preferences when it came to meals so this was prioritised while availing of the centre. The inspector observed that the staff ensured they were at the child's level when communicating and also ensuring that they were in the child's line of vision when completing activities.

The inspector noted that a range of easy-to-read documents and information was supplied to respite users in a suitable format. For example, easy-to-read versions of important information such as the complaints process, inspection reports, meals, advocacy, safeguarding, fire safety and staffing information were available. Staff consulted regularly with respite users and established their preferences through the personal planning process and through their ongoing communication with respite users' representatives.

The person in charge and staff team actively assisted the respite users' in maintaining their interests by exploring options for activities in the local community. The inspector observed that the staff team had developed an accessible easy read folder for each child which highlighted various activities such as cinema, bowling, amusements in the local community that children could avail. In addition the accessible folder included activities available for each child in line with their preference that could be availed of in the centre. For example, water balloons, spinners, fidgets, sensory play, cookery, arts and crafts or slime play.

The inspector spoke with two staff in relation to the profile of respite users availing of respite services. Staff discussed with the inspector the importance of the service adapting with the child through their developmental stages of life. The staff discussed that there is a mix of young children and children of teenage years availing of respite service. Staff discussed that compatibility assessments are completed for children availing of the service and identifying teenagers who will avail of the service with other teenagers with similar interests. Staff spoke about the consultation and discussion with children of teenage years availing of respite to ensure that activities on offer for their stay are age appropriate and provide a fun and enjoyable break for them. Staff discussed that a lot of activities for children of teenage years involve community activities such as amusements, shopping or cinema. The person in charge and PPIM discussed that the playground in the garden of the centre was developed so that young children and children of teenage years could utilise the playground during their stay.

From conversations with staff, observations made by the inspector, and information

reviewed during the inspection, it was apparent that respite users' had good quality lives while availing of respite service in accordance with their interests and were regularly involved in activities that they enjoyed. The findings from this inspection indicate high compliance with the regulations. The inspector found that some improvements were required in relation to fire precautions within the designated centre.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects 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.

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 respite users' availing of respite services.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet children's current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for children using the service. Warm, kind and caring interactions were observed between children and staff. The inspector found that staff were aware of each child's individual communication needs and provided encouragement and support to each child.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described the service and how it is delivered.

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 reviewed by the Office of the Chief Inspector and contained all of the information as required by the

regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information for the person in charge and found that they had the qualifications and experience to fulfill the requirements of the regulations. During the inspection the inspector reviewed the systems they had for oversight and monitoring and found that they were effective in identifying areas of good practice and areas where improvements were required.

Through interactions, the inspector found them to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The inspector spoke to four staff members during the course of the inspection with staff highlighting the support provided to them by the person in charge. The person in charge was found to have a strong knowledge and oversight of the assessed needs of each child availing of respite services.

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 childrens' current assessed needs. Staffing levels were in line with the centre's statement of purpose and the needs of the children availing of respite services.

The inspector reviewed both the planned and actual rosters from August, September, October and November 2024, found that these reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

Furthermore, the inspector observed staff engaging with children in a respectful and warm manner, and it was clear that they had a good rapport and understanding of each child's needs. The inspector also identified that the person in charge and the person in a position of management (PPIM) were carrying out ongoing reviews of the centres staffing requirements in order to ensure that the centre whole time equivalent staffing was reflective of each child's assessed needs.

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.

The inspector reviewed the insurance and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all children availing of respite services. The designated centre was registered for a maximum of five residents during each stay. The inspector found that the provider and person in charge reviewed this prior to each child's stay and when deemed appropriate would reduce the number of children staying in the centre in order to meet the assessed needs of each child.

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 inspector reviewed the six-monthly unannounced provider visit completed in August 2024 and found that recommendations actioned within the audit had been put in place clear time frames for completion. For example, the provider had identified a schedule of work for one apartment within the designated centre.

The person in charge had implemented an auditing system that ensured a suite of audits including fire, safety, infection prevention and control (IPC), medicine management where regularly reviewed by the staff team to promote a culture of

shared learning within the centre.

An annual review was completed for the designated centre, the inspector found that the person in charge and the staff team had gathered views and opinions from children and families throughout the year and ensured that they formulated part of the care and support provided to respite users. The inspector also reviewed nine compliments submitted by families to the respite centre including families identifying staffs ability to help children overcome difficult situations and for their continued support and care.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for the designated centre. The statement of purpose was found to contain all of the information as required by Schedule 1 of the regulations. The statement of purpose had been recently reviewed and updated to reflect changes in the designated centre's management and staffing ratio.

The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the childrens well-being and safety.

A copy of the statement of purpose was readily available to the inspector on the day of inspection. It was also available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had submitted notifications of incidents or practices to the Chief Inspector in accordance with regulatory requirement.

Judgment: Compliant

Quality and safety

Throughout the inspection, the inspector observed an overall high quality of care and support delivered by this service. Measures and practices to keep the children safe, appropriately supported, and engaged in activities in the house were appropriate for the number and assessed needs of the children availing of respite. However, the inspector identified that improvements were required in relation to Regulation 28: fire precaution, in order to ensure safe exit of the centre from two communal areas in the premises.

The premises was safe, comfortable and suitable for the number and assessed needs of children. The premises was clean, bright and well-ventilated, was equipped with suitable fire safety features, and had adequate bathroom access, and sitting room and dining facilities for children to use alone or with others. The exterior of the premises was suitably equipped with playground equipment, trampolines, large lego building blocks, small bikes and garden areas. The person in charge and staff team had decorated the centre for the upcoming Christmas period.

Risk management and compatibility review measures were in effect to ensure that respite placements were suitable and mitigated any potential incident which would have a negative impact on the respite stay. The provider had also completed a risk assessment for each child availing of respite services, where appropriate and in line with childrens assessed needs the provider had an additional control measure in place to reduce the capacity of the centre from five. Where the staff or management had identified potential risk to the safety or wellbeing of children, they had reported their concerns in a timely fashion, notifying relevant outside parties such as the Child and Family Agency (Tusla), social worker, or the Chief Inspector as required.

There were arrangements in place that ensured respite users were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Staff were knowledgeable with regard to childrens eating and drinking support needs and implemented any recommendations from specialists in this area. The inspector observed that there was a fun environment created in the centre in relation to holidays and food enjoyment when on a respite break.

Regulation 13: General welfare and development

The inspector found that children and young adults availing of respite services were actively supported and encouraged to experience a range of activities and relationships, including friendships and exploring new activities. Respite users' preferences, interests and assessed needs were carefully considered to ensure that

the activities chosen were suitable and meaningful.

The inspector reviewed activity and choice documents completed by the staff team on the first day of each respite users' stay in respite. This was used to plan activities which would be completed during respite. Respite users could change this plan during the course of their stay. The inspector also observed that the centre had reviewed a number of activities and recreational toys within the centre and had gathered information from older children attending the centre in relation to age appropriate toys, gadgets or technology. The inspector also reviewed communication from young adults availing of respite who choose to contact the centre prior to their respite stay to discuss activities in the local community which they would like to avail of.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, as well as the needs of respite users. The centre was well-maintained, clean and suitably decorated. The premises of the centre were homely in nature and tastefully decorated. There was plenty of space for both indoor and outdoor communal gatherings. Each respite user had their own room while staying in the centre, and there were sufficient numbers of bathrooms to facilitate respite users' needs.

Respite users could store their belongings in individual wardrobes, drawers and lockers in their bedrooms, and laundry services were available for those who needed them. The centre was warm and clean throughout and well-maintained to provide a comfortable living environment. The centre was surrounded by a large garden area with ample space for respite users to relax and socialise in the good weather. The centre also had a large playground equipped with climbing frames, in ground trampoline, swings and was suitable for children of all ages that attended respite.

The provider had a schedule of works in place in relation to the apartments within the designated centre. The timing of work scheduled to coincide with the transition of a respite user who was waiting to move to full time residential setting and was currently being supported by the designated centre.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector observed suitable facilities to store food hygienically and adequate

quantities of food and drinks were available in the centre. The fridge and storage presses were well stocked with a variety of different food items.

Staff spoken to were aware of childrens' support plans and guidance in relation to food and nutrition. At the time of the inspection there was no children availing of respite service with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS). Staff were knowledgeable of respite users' likes and dislikes. Children had opportunities to be involved in food preparation and choice in line with their wishes. Prior to attending respite stays staff completed a shopping checklist to ensure that childrens choices were available. Children also completed an accessible menu on arrival to respite to identify restaurants or shops they would like to avail of during their stay.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide for the centre which was reviewed by the inspector and found to be accessible and contained information relating to the service. This information included the facilities available in the centre, local community and information in relation to the care provided during a respite stay for children.

The inspector found that the designated centre had a number essential documents in relation to the centre created in an accessible format. For example, the provider had created an easy read accessible format of the designated centre previous inspection report for children to review. The inspector found that the accessible report highlighted each regulation reviewed on the inspection of the designated centre completed on the 05 of December 2023.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies.

There was a risk register in place which was regularly reviewed. Respite users' had individual risk assessments in place. Adverse incidents were found to be documented and reported in a timely manner. These were trended on a monthly basis by management to ensure that any trends of concern were identified and actioned. The inspector found evidence of continued reviews of risk management

amongst the staff team and that risk assessments, accidents and incidents and risk management were discussed at staff meetings held monthly within the designated centre.

The inspector spoke to four staff members during the course of the inspection and found them to be knowledgeable and competent in detailing the risks identified within the designated centre. Staff spoken to discussed medication management, safeguarding of respite users, fire management and compatibility of children attending respite.

Judgment: Compliant

Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. All areas appeared clean and in a good state of repair. A cleaning schedule was in place and staff had attended appropriate training and were knowledgeable about infection control arrangements. On the day of the inspection staff demonstrated to the inspector the work plan that is followed by staff each day of the week and if any issue is identified how this is then escalated to the person in charge or provider if required.

The person in charge and staff team had completed monthly audits in relation to protection against infection and the inspector found that the findings of these audits were shared amongst the staff team through staff meetings.

Judgment: Compliant

Regulation 28: Fire precautions

The inspectors reviewed fire risk assessments, records of practice evacuation drills, staff training records, personal evacuation plans, and equipment service records related to fire safety in this designated centre. The inspector reviewed fire drills from June, July, October and December 2024 which identified that the person in charge and the staff team were ensuring that both children and staff had the opportunity to participate in fire drills within the designated centre. The inspector also identified that new staff were given the opportunity to participate in fire drills as part of their induction to the centre.

Certification and service records, as well as routine checks by front-line staff, indicated how the provider was assured that emergency lighting, door closure mechanisms and the addressable alarm system were operational. Where faults were recorded on these checks, these were noted as resolved promptly.

The inspector carried out a manual check on all fire doors within the designated centre and found that one door was not closing fully when automatically set off. This was brought to the attention of the person in charge and the provider and repair to the door was completed within 24 hours of the inspection. The inspector identified that three final exit doors were fitted with a key, two leading from the main sitting room and one from the kitchen area. The inspector found that none of the three final exit doors had a key present and were not fitted with break glass keys in the event of a fire. The inspector acknowledges that each staff member on duty was carrying a set of keys and had them on their person throughout the inspection. However, each set of keys held by staff had a number of keys attached which were used for additional purposes within the house.

Staff had completed fire safety training, furthermore the inspector found that four staff spoken to during the course of the inspection had knowledge of the fire evacuation procedures for the centre and the specific need of each child in the event of a fire in the designated centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Through speaking with and observing children and staff, and reviewing evidence related to support plans and choice, the inspector found good examples of how the rights and choices of each child were being protected and respected. Staff demonstrated a good knowledge of children's preferences, likes and dislikes during their respite stay. Furthermore, the inspector found that the person in charge and staff team were promoting an environment of fun while maintaining children's preferred routines. The inspector observed a number of personalised accessible documents in place for children in order to further enhance choice during their time in respite.

The inspector found that the centre was operated in a manner that showed respect for each respite user and their families. The inspector reviewed a number of compliments from families which captured feedback in relation to choice for children in the centre and the staff teams understanding of each child and their wishes.

Respite users were consulted on a one-to-one basis at the beginning of their stay to ensure the service provided would be tailored to their individual preferences and requests. Respite users were offered meal choices and room choices as well as choices in what activities they wished to engage in. Respite users' choices were promoted through practices such as weekly respite meetings, picture schedule boards, and choice boards on display.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kare DC4 OSV-0008236

Inspection ID: MON-0036912

Date of inspection: 04/12/2024

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 fire doors within the designated centre that was not closing fully when automatically set off was repaired on the 5th of December 2024. Key coded boxes with a uniform house code for emergency keys to be sourced and installed. (The typical break glass units would not be effective to meet the needs of this location based on previous incidents and risk management needs). These will be installed at the three final exit doors by the 21st of February 2025.</p> <p>Staff continue to carry keys – these will be updated to colour code the exit on each bunch for ease of use. This will be completed by the 10th of January 2025.</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	21/02/2025