



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area R
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	17 April 2023
Centre ID:	OSV-0002742
Fieldwork ID:	MON-0036239

About the designated centre

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

Community Living Area R is a designated centre operated by Muiriosa Foundation, and can provide care for up to five male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one large bungalow located on the outskirts of a town in Co. Offaly. Here, residents have their own bedroom, shared bathrooms and communal use of a kitchen and dining room, sun room, sitting room, utility and access to large external grounds. Staff are on duty both day and night to support the residents who live here.

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
Monday 17 April 2023	10:50hrs to 16:00hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's overall compliance with the regulations, and was facilitated by the person in charge. Over the course of the day, the inspector had the opportunity to meet with staff members and also with two residents; however, due to the communication needs of these residents, they were unable to speak with the inspector about the care and support they receive. Although this inspection did identify areas of good practice, there were some significant improvements required to fire safety, which resulted in immediate and urgent actions being issued to the provider. This will be discussed further in the subsequent sections of this report.

This centre comprised of one large bungalow, situated on the outskirts of a town in Co. Offaly, and was home to five residents. Many of these residents had complex needs and required full-time support and supervision from staff with regards to their mobility, personal and intimate care. Each resident had their own bedroom, they shared bathrooms and had communal use of a utility, kitchen and dining area, sitting room, sun room, staff office, with a large garden available to the rear. As many of these residents had assessed mobility needs, due consideration was given to the design and layout of this centre, where, rooms were spacious and all exits were accessible to those who were wheelchair users. The main bathroom provided ample space to allow for hoist transfers, as and when required, and was equipped with a large assisted bath. Residents' bedrooms were comfortably decorated, with photographs of family proudly displayed. Prior to this inspection, the provider had identified a number of upgrade and re-decoration works that were required to the exterior and interior of this centre. A plan was developed for these works and at the time of this inspection, the provider was in consultation with an external contractor with regards commencement.

Upon the inspector's arrival to the centre, they were greeted by a member of staff and brought to the main entrance for sign in and hand hygiene. Three residents had already left for their day service, while the remaining other two residents were having their day service facilitated in the comfort of their home. One of these residents was relaxing in the kitchen, after being supported by staff with their breakfast. The second resident was relaxing in their bedroom, where they had various sensory lighting and other items available to them. Later in the day, both of these residents headed out with the support of staff. Overall, there was a calm and homely atmosphere in this centre, where friendly and pleasant interactions were observed between staff and the residents who were present.

Along with attending day services, these residents generally lived active lifestyles, with one resident frequently accessing facilities within the local town independent of staff support. Others enjoyed going for drives with staff, heading off on walks to local parks, reading magazines and eating out. Due to the assessed communication needs of some residents, the planning of activities was given due consideration to by staff, to ensure these residents got the most out of the activities they engaged

in. As the provider had ensured this centre was adequately resourced with regards to transport and staffing, this enabled these residents to be as active as they were. Family involvement was also important to many of these residents, with some often welcoming their family members into their home. Mealtimes were used in this centre as an opportunity for all residents to socially engage with one another, and staff told the inspector that although residents didn't typically dine together for breakfast, effort was made to dine together at dinner time. As many of these residents were unable to partake in the prepping and cooking of their meals, staff made sure they consult with them on an on-going basis around menu planning. Staff told of residents liked to get a take-away on a Friday night and of how they looked forward to this at the end of the week.

Some residents had assessed communication needs and were unable to verbalise their wishes. However, as many staff working here had supported these residents for quite some time, they were able to interpret residents' requests through their frequently used gestures and vocalisations. There was good continuity of staff maintained in this centre, which had a positive impact on the quality of care received. Of the staff who met with the inspector over the course of this inspection, they demonstrated confidence in their roles and responsibilities in supporting these residents with the various aspects of their care.

The specific findings of this report will now be discussed in the next two sections of this report.

Capacity and capability

Overall, although the provider was found to be in compliance with many of the regulations inspected against in areas, such as, staffing, assessment and personal planning, general welfare and development and safeguarding, this inspection did identify where significant improvements were required to aspects of fire safety and governance and management.

The person in charge was recently appointed to the role and was regularly present at the centre, to meet with their staff team and with the residents. They had gotten to know the residents well and had become very familiar with the operational needs of this service. They were supported in their role by their staff team and line manager, and although they did have responsibility for other designated centres, current governance and management arrangements gave them the capacity to also manage this service.

Effective arrangements were in place to ensure the number and skill-mix of staff working in this centre, was in accordance with the assessed needs of these residents. Some residents required a certain amount of nursing support, while others required a specific number of staff to assist them with their assessed needs, and the provider had ensured that this was consistently provided. Many of the staff working in this centre had done so for quite some time and this continuity of care

had a positive impact for residents as it ensured they were at all times supported by staff who knew them and their assessed needs. From time to time, this service required additional staffing resources and a panel of relief staff, who were familiar with this service and residents, were available to provide this support, as and when required.

Although the provider had arrangements for the monitoring and oversight of this centre, significant improvements were required to the urgency of the provider's response, particularly at times, when these systems identified that prompt improvement was required to certain aspects of this service. For example, in recent months, the provider's own monitoring systems, had highlighted that some issues were arising, which were impacting on the timely evacuation of all residents from the centre. However, at the time of this inspection, this had not yet been addressed, which resulted in an urgent action being issued to the provider, subsequent to this inspection. Furthermore, upon a walk-around of this premises, practices which would impact the effectiveness fire containment systems were observed, which resulted in an immediate action also being issued to the provider on the day of inspection.

Since this inspection, the Chief Inspector received written assurances from the provider that these aforementioned issues have been rectified. However, although the provider had their own regular monitoring and oversight systems in place to review this aspect of the service, these had been ineffective in ensuring a timely response, to these specific concerns. Furthermore, even though the provider was proactive in ensuring six monthly provider-led visits were conducted in accordance with the regulations, this too required further review as the current way in which the provider was carrying out these visits, was extensive in nature and didn't allow for specific improvements, as found upon this inspection, to be identified.

Regulation 14: Persons in charge

The person in charge held a full-time role and was regularly present in the centre, to meet with residents and with their staff team. They were recently appointed to the role and had gotten to know the residents and their assessed needs very well. They also had a good understanding of the operational needs of the service delivered to these residents. They were responsible for other designated centres operated by this provider and current governance and management arrangements gave them the capacity to also manage this centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing compliment for this centre was under regular review, ensuring an adequate number and skill-mix of staff were at all times on duty. For example, some residents were assessed as requiring nursing support, while others required a specific level of staff support, and this was consistently provided to them. There was a well-maintained roster in place, which clearly identified the names of staff and their start and finish times worked. The provider also had arrangements in place, should additional staffing resources be required by this centre. For example, a panel of relief staff, was available to the person in charge, to utilise to meet the requirements of the roster, as and when required.

Judgment: Compliant

Regulation 16: Training and staff development

Effective staff training arrangements were in place and as re-fresher training was required, this was scheduled by the person in charge. Areas of training, included, fire safety, safeguarding, manual handling and infection prevention and control. Since their appointment, the person in charge had begun supervising all staff members and was putting a schedule in place to ensure this would continue to be consistently provided to all staff.

Judgment: Compliant

Regulation 19: Directory of residents

Although there was a directory of residents maintained, this required review to ensure it included all information as required by Schedule 3 of the regulations. For example, of the records reviewed by the inspector, some were found not to include the specific date residents were admitted to the centre. Gaps were also identified, whereby, the name and address of any authority, organisation or any other body, who arranged the resident's admission to the centre, was not always recorded.

Judgment: Substantially compliant

Regulation 23: Governance and management

Although the provider had monitoring systems in place to oversee the quality and safety of care, significant improvement was required in relation to the urgency of the provider's response, where, specific and significant improvement was required to certain aspects of this service. For example, although prior to this inspection, the

provider was made aware through the outcome of recent fire drills, that improvement was required to the fire evacuation arrangements for this centre, at the time of this inspection, this had not yet been addressed. This resulted in an urgent action being issued to the provider, subsequent to this inspection. Furthermore, an immediate action was also required to be issued to the provider with regards practices observed by the inspector, which directly impacted the effectiveness of fire containment systems. Even though the provider had their own internal monitoring and oversight systems in place, these had not been effective in ensuring these areas of concern were identified, and addressed in a timely manner.

In addition to this, although the provider was conducting six monthly provider-led audits and was undergoing an number of other regular audits, these were observed to be broad in nature and their extensiveness didn't allow for specific aspects of the care delivered to residents in this centre, to be subject to specific review.

Judgment: Not compliant

Quality and safety

The residents who lived in this centre were supported to enjoy good quality social care, whereby, staff were cognisant of the various assessed needs of some residents, and endeavoured to offer residents with multiple opportunities for meaningful engagement.

Residents' needs were regularly re-assessed and personal plans were then developed to guide staff on the support that residents required. Some of these residents had specific health care needs and of the staff who met with the inspector, they demonstrated with confidence, their role in supporting these residents with this aspect of their care. For instance, a number of residents required neurological care, whereby, they needed regular staff supervision and frequently required specific health care interventions. Staff spoke of how they supported these particular residents and of how they regularly linked in with the relevant allied health care professionals, in the review of residents' care. However, some improvement was required to the risk assessments and personal plans supporting this aspect of residents' health care, to ensure the detail contained within these supporting documents, better reflected the care and support that staff consistently provided to these residents.

Although the provider had fire safety systems in place, as earlier mentioned, immediate and urgent actions were required to be issued to the provider with regards to fire safety. The immediate action issued was in relation to fire containment, whereby, the inspector observed the hanging of clothes over the top of a fire door, and use of a chair to wedge open the same fire door, which was impacting the fire containment function of that door. Secondly, an urgent action was issued to the provider in relation to the outcome of recently completed fire drills,

which highlighted along with extended fire evacuation time frames, there were also some issues arising, whereby, some residents had refused to evacuate the centre. In addition to these actions, this inspection also found where some improvements were required to the documentation supporting fire safety in this centre. For example, residents' personal evacuation plans and the centre's fire procedure required review, to ensure these documents provided clearer guidance to staff, on what to do, should a fire occur in this centre.

Risk management was primarily overseen by the person in charge, who consulted with their line manager, as and when required, in relation to risk in this centre. The person in charge was aware of specific risks relating to residents' care and also with those associated with the operational running of this centre. Since their appointment, the person in charge had reviewed a number of risk management activities, and regularly linked in with staff with regards to specific control measures that were to be implemented. However, the assessment of risk in this centre required additional review, particularly with regards to ensuring risk assessments clearly identified the risk that needed to be responded to and managed. Furthermore, although a risk register was used to support the monitoring of organisational risks, this also required review to ensure this system fully supported the person in charge in the oversight of organisational risks, particularly in the areas of maintenance and repair, residents' changing needs, staffing and fire safety.

Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensured that these residents were adequately supported to express their wishes. Staff knew each resident's preferred way of communicating and were able to interpret and understand gestures and vocalisations regularly used by residents. Residents assessed communication needs were discussed with all new staff members as part of their induction and this aspect of residents' care was subject to re-assessment, as and when required.

Judgment: Compliant

Regulation 11: Visits

Residents were encouraged to welcome visitors to their home and there was ample space for residents to receive their visitors in private. Staff recognised the importance of these visits for residents and this was something that was emphasised and regularly encouraged, as part of residents' care.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to have facilities for recreation and for opportunities to participate in activities in accordance with their interests and capacities. Some residents' responded well to receiving their day service in the comfort of their own home and a one-to-one staffing arrangement was put in place by the provider, to ensure this was consistently provided to them. Residents were supported to maintain links with the wider community of the town, and to maintain personal relationships with family and friends.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of one bungalow dwelling, which provided residents with their own bedroom and communal use of a kitchen and dining area, sitting room, sun room, bathrooms and utility. There was also a large garden to the rear of the centre, which was accessible to residents who were wheelchair users. The centre was comfortably furnished and was accessible to those with mobility needs, given its large layout and design. Where maintenance work was required, the provider had a system in place for the reporting and rectification of this. Prior to this inspection, the provider had identified a number of upgrade works required and a plan of works was in place for commencement.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to be involved in the weekly menu planning for this centre, with residents typically dining together in the evening. Where residents required support at mealtimes, a suitable number of trained staff were on duty to provide this support. Due consideration was also given to any dietary requirements or specific food preferences of residents. Furthermore, outside of mealtimes, refreshments and snacks were continually provided to residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Although the provider had a risk management system in place, the assessment of risk required some improvement. For example, upon review of a number of risk assessments as part of this inspection, it was found that better clarity was required with regards to hazard identification. For example, for risk assessments relating to residents' specific health care needs, these risk assessments didn't accurately describe the specific risk that staff were managing and responding to. Furthermore, although the monitoring of organisational risk was routinely monitored by the person in charge, the risk register for the centre would also benefit from review to ensure it better supported this process. For example, on an on-going basis, the person in charge was monitoring specific risks relating to fire safety, the maintenance and repair to the premises, staffing levels and changing needs of residents. However, the risk assessments within the risk register did not reflect this.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Although the provider had a number of fire safety precautions in place, significant improvement was required to the oversight of some of these arrangements. For instance, during a walk-around of the centre, an immediate action was required to be issued, due to the fire containment function of a fire door being compromised. Furthermore, an urgent action was issued to the provider, subsequent to this inspection, as they had not yet addressed issues relating to the timely evacuation of all residents, which were identified upon recently completed fire drills. Since this inspection, written assurances were submitted by the provider to the Chief Inspector, stating that these issues have been rectified.

In addition, upon review of some documentation supporting fire safety within this centre, it was observed that some would benefit from additional clarity. For example, even though each resident had a personal evacuation plan, these plans didn't always give consideration on what staff were to do, should residents with specific health care needs, require health care interventions, during an evacuation. Similarly, where the outcome of recently completed fire drills highlighted that some residents may refuse to evacuate, these residents' evacuation plans did not guide staff on what to do, should this scenario occur during an actual fire at the centre. Furthermore, although there was a fire procedure available at the centre, it too required further review to provide better information to staff, on how to respond, should a fire occur.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were re-assessed for on a regular basis and personal plans then developed, based on the outcome of those assessments, to inform staff on how best to support each resident. This assessment process was overseen by the person in charge, who was cognisant of the importance of re-assessment in this centre, due to the high support needs of some residents. Due to the bed capacity of this centre, there were no planned transitions or further admissions planned at the time of inspection.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that they received the care and support that they required. Where residents' health care needs assessment identified the requirement for nursing support, this was provided. Of the staff who met with the inspector, they spoke confidently about the assessed health care needs of particular residents and were very aware of their role and responsibilities in caring for these residents, particularly in relation to neurological care. However, the personal plans and risk assessments supporting this aspect of residents' care would benefit from further review to ensure these documents better described the specific care received by these residents.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Should residents require behavioural support, the provider had suitable arrangements in place to provide this. These residents got on well together and at the time of inspection, no negative interactions between residents had occurred. Similarly, where restrictive practices were required, staff were supported by a team of multi-disciplinary professionals in the review and monitoring of their use, to ensure the least restrictive practice was at all times used.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding procedures in place, which guided staff on what to do, should they have any concerns relating to the safety and welfare of residents.

All staff had received up-to-date training in safeguarding and at the time of this inspection, there were no safeguarding concerns in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were at the forefront of how this centre operated, with residents' assessed needs, wishes and capacities leading the scheduling of daily routines and operations. Staff were vigilant to include residents in the running of their home and endeavoured to provide them with meaningful activities, with due consideration to their capacities and capabilities. Residents' dignity was maintained, particularly, in delivery of intimate and personal care and over the course of their interaction with the inspector, staff spoke respectfully about each resident' preferences, wishes and interests.

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	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area R OSV-0002742

Inspection ID: MON-0036239

Date of inspection: 17/04/2023

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>Missing information was added to the Directory of Residents – 1 instance where exact date of month of admission was required and 1 instance where the details of who arranged admission to the centre. 20/04/2023</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>21/04/23 Supervision was carried out with relevant staff members regarding practice observed on day of inspection of clothing hanging on door and door propped open.</p> <p>02/05/23 Issues identified at inspection were discussed at the team meeting. Fire safety is a standing item on monthly team meeting agenda. Any issues identified following fire evacuation drills will be reported to the PIC immediately ensuring any required actions are implemented in a timely manner.</p> <p>31/10/23 Last 6 monthly audit was carried out in April 2023. Organisation's 6 monthly audit tool is currently under review - new version under development will allow for more specific aspects of the care of the residents to be captured in the audit. This will be in place for the next round of 6 monthly audits.</p> <p>31/05/23 Specific audits already in place will now include an action plan document to provide clarity on what actions have been identified, along with follow up and timeframes for completion.</p>	
Regulation 26: Risk management procedures	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 23/05/23 All Individual risk assessments have been reviewed. Where required risk assessments have been amended to accurately describe specific risks being managed and responded to for each individual.</p> <p>23/05/23 Risk register for the centre has been reviewed. A number of risk assessments have been amended to ensure that risks identified and being responded to in the centre are addressed specifically. The control measures in place are individualised for the service and are not generic in nature. Specific risk assessments were developed in relation to staffing and residents changing needs.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: As per Urgent Compliance Plan submitted on 24/04/23 the following actions have been taken.</p> <ul style="list-style-type: none"> - 18/04/23 Manager reviewed last 7 fire evacuation drills. 5 of the evacuation drills took between 2 minutes 10 seconds and 5 minutes 20 seconds so there is no concern with day time evacuations. 2 night time drills did take longer periods of time – 6 minutes and 7 minutes. Discussion with team identified that 1 resident was choosing not leave during evacuation drills but was more likely to evacuate when they observed other residents leaving the building. - A change was made to the sequence of evacuation and a grab-bag was implemented containing a number of specific small items that this resident likes very much and is motivated to obtain. - A second issue identified was the distance to the fire assembly point at the service vehicle area to one side of the house. - A point of safety at which to assemble directly outside the building has now been identified for each fire exit door before proceeding to the service vehicle area. - 19/04/23 A night time fire evacuation drill was completed using the newly agreed evacuation plan and this worked very well. This drill was completed in 4 minutes and 37 seconds. - 22/04/23 Another night time fire evacuation drill was completed using a different exit and this drill was completed in 4 minutes 26 seconds. - 25/04/23 A meeting took place with the organisations’ Fire Safety and Security Department. It was confirmed that as per the HIQA Fire Safety Handbook and the Fire Safety in Community Dwelling Houses Codes of Practice the evacuation drills are comfortably within a safe evacuation time due to fire safety measures in place within the building which includes 30 minute fire doors. - A night time drill was completed in May which took 4 minutes 38 seconds. One more will be completed in June and then night time evacuation drills will then revert to 3 monthly as per organizational policy. - Manager will review the evacuations in consultation with Fire Safety and Security Department. Any further actions identified will be implemented. - 28/04/23 Fire Orders for the house were reviewed and amended to include exact detail for both day and night time drills. 	

- 28/04/23 Each residents Personal Emergency Evacuation Plan (PEEP) was reviewed and amended in line with Fire Orders for the house and any individual health/mobility support requirements.
- 05/05/23 Fire safety risk assessment for the location was reviewed and amended according to Fire Orders and PEEPs.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
05/05/23 Individual personal plan and risk assessment has been reviewed and amended to accurately describe in detail the specific care requirements of the resident.

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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	20/04/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/10/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for	Substantially Compliant	Yellow	23/05/2023

	responding to emergencies.			
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	05/05/2023
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	05/05/2023