



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

Issued by the Chief Inspector

Name of designated centre:	Tír na nÓg
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	19 March 2025
Centre ID:	OSV-0001824
Fieldwork ID:	MON-0046037

About the designated centre

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

Tír na nÓg is a detached bungalow located on the outskirts of a town and is registered to provide a residential service for up to three children aged over 4 and under 18 years of age of both genders with intellectual disabilities and additional needs. At the time of this inspection the provider was seeking to change the age range that the centre could provide for to 9 and 21 years of age. Three individual bedrooms are present in the centre for children and other facilities include a dining room, a kitchen, a lounge room, a reception room, a family room and bathrooms. Support to residents is provided by the person in charge, social care workers and 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 19 March 2025	12:15hrs to 19:35hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Neither of the two residents met during this inspection engaged directly with the inspector. Some brief positive feedback from one resident's representative was shown to the inspector. Staff members interacted with residents in a warm manner throughout the residents' time in the centre.

At the time of this inspection, two residents were living in this centre. When the inspector arrived to commence the inspection, neither resident was present as both were attending school. The only person present when the inspector arrived was the person in charge with whom the inspector held an introduction meeting with to commence the inspection. At the end of this meeting, the inspector requested that the person in charge let the residents' relatives and representative know that he was present if they wished to speak to him. Later on in the inspection, the person in charge showed the inspector a text message from one resident's representative which indicated that they were happy with the centre and the staff.

Two members arrived at the centre to commence their shifts before residents returned from school. The inspector spoke with both of these staff members who talked positively of the supports received by the residents. Such staff spoke about these residents in a warm and respectful manner while also demonstrating a good knowledge of the residents they were supporting. Both of these staff members informed the inspector that there would usually be three staff on duty but that there were only two staff on at the time of the inspection. These two staff did highlight the presence of the person in charge on the day of the inspection. In addition, the outcome of staff review conducted by an external organisation, provided the day following this inspection, indicated that there was good utilisation of the staffing resource in place.

Aside from speaking with the staff and the person in charge during the initial hours of the inspection, the inspector also reviewed the premises provided for residents to live in. Overall, this premises was seen to be presented in a clean, well-maintained and well-furnished manner. The two residents had their own individual bedrooms which were brightly decorated and personalised with photos and artworks present in both. A third resident bedroom was present in the centre but this was vacant and was being used for storage. Communal rooms in the centre included a lounge, a dining room and a reception. A number of photos of residents were present throughout the centre including photographs of the two residents together, photographs of a resident celebrating a recent birthday and photographs of both residents marking a recent St Patrick's Day.

The two residents returned to the centre from school over three hours after the inspection commenced. Staff and the person in charge were overheard to warmly greet the residents on their return with the person in charge also informing residents about the inspector's presence. The inspector met both residents at this time, but aside from briefly looking at the inspector, neither engaged with him. The

person in charge and staff present continued to be warm as well as pleasant towards residents for the remainder of the inspection including one staff who was heard to softly sing with residents at times. Staff were also observed and overheard to be respectful in their general interactions with the residents. For example, staff brought one resident two different pots of yogurt for the resident to select from. The resident moved their hands to one of pots which staff then supported the resident to have. It was notable throughout the inspection that residents appeared comfortable in the presence of such staff.

For the remainder of the inspection, one resident tended to stay in the reception room of the centre using a tablet device while the other resident stayed in the lounge at the opposite end of the centre. This lounge operated as a sensory room in practice and contained a number of soft toys and mats. Whenever the inspector visited this room, a member of staff or management was always present with the resident who was seen to use some of the soft toys. The other resident, who did leave the centre for a period to go for a drive with a staff member, used their tablet device to watch videos. When speaking with staff earlier, the inspector had been informed that the resident could give show such videos to staff on their tablets and want staff to repeat lines from the videos. The resident was seen to do this with the person in charge who made attempts to repeat lines from the video even though the lines were not in English.

The atmosphere in the centre while residents were present was generally calm and sociable. One of the residents was heard to vocalise on occasion which did become notably loud for a brief period. However, after being helped with personal care by a member of staff such vocalisations eased immediately after. Staff members had informed the inspector that, while the two residents went on some outings together, they did not interact together. During the inspection, neither resident were observed by the inspector to interact together although one of the resident was twice seen to go towards the room where the other resident was located before quickly retuning. Throughout the inspection neither resident engaged with the inspector. When the inspector was leaving the centre at the end of the inspection, one resident had gone to bed while the other was using their tablet device. This resident seemed content as they did so.

In summary, staff members on duty spoke of and supported residents in a warm and respectful manner. Residents appeared to be comfortable with these staff. The premises where residents lived was seen to be well-presented on the day of inspection. A calm and sociable atmosphere was generally encountered during the inspection.

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

Capacity and capability

Residents were found to be well supported during this inspection which was reflected in a good level of compliance. This indicated that there was appropriate governance arrangements in operation for the centre.

This centre is run by St Joseph's Foundation. Due to concerns in relation to overall compliance levels from inspections of St Joseph's Foundation's designated centres and other regulatory engagement throughout 2024, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider's designated centres. All inspections conducted for the duration of this programme will be unannounced and will have a focus on specific regulations. These regulations are Regulation 5 Individualised assessment and personal plan, Regulation 7 Positive behavioural support, Regulation 8 Protection, Regulation 9 Residents' rights, Regulation 10 Communication, Regulation 16 Training and staff development, Regulation 23 Governance and management, Regulation 31 Notification of incidents, and Regulation 34 Complaints procedure. These regulations were reviewed on this inspection and this inspection report will outline the findings under each regulation.

At the time of this inspection, this centre registered until February 2027 as a centre for children. However, in February 2025 the provider had submitted an application to allow one resident to continue to reside in the centre as they passed into adulthood. Further information had been requested and received from the provider about this application in advance of this inspection with the provider's proposing that the centre be registered with an age range of 9 to 21 years. Given the ages of the two current residents and the one vacancy in the centre, during this inspection the inspector requested that further assurances be provided on this matter and for the provider to submit a further application to reflect a change in the centre's statement of purpose. Aside from this matter, this inspection did find an overall good level of compliance. This indicated that the current residents were well-supported and that the centre was appropriately managed.

Regulation 16: Training and staff development

Records provided during this inspection and discussions with staff members indicated that most staff had been in receipt of multiple formal supervisions in the months leading up to this inspection. However, it was identified when reviewing the records provided and discussions with the person in charge that three members of relief staff had not undergone formal supervision within this centre.

Training records were reviewed relating to staff members who had worked in the centre. These records confirmed that staff had completed relevant training to support the needs of residents. Such training included areas such as fire safety, hand hygiene and manual handling. One staff member though had not completed training in de-escalation and intervention. This is addressed under Regulation 7 Positive behavioural support.

Judgment: Substantially compliant

Regulation 23: Governance and management

Based on documentation reviewed and discussions with the person in charge, the following monitoring and governance systems were in place:

- An audit schedule was in place that set out how often and when specific audits were to be done in areas such as finances, staff files and medicines. The presence of such a schedule can promote systematic monitoring and copies of audits completed for 2025 indicating that the audit schedule was being adhered to.
- An annual review for the centre for 2023 had been completed. A report of this was provided to the inspector and it was noted that this assessed the centre against relevant national standards while also providing for feedback from residents and their representatives. An annual review for 2024 had not been completed at the time of inspection but the inspector was informed that it was soon due to be finalised. The person in charge also outlined his intention to provide this annual review in an easy-to-read format for residents.
- Since the previous inspection of this centre in July 2023, representatives of the provider had conducted three six monthly unannounced visits to the centre. Reports of these visits were available for the inspector which were seen to consider relevant matters affecting the quality and safety of care and support provided to residents. The most recent unannounced visit for the centre was conducted in December 2024 and included an action plan for addressing any areas for improvement identified.
- In 2025 staff team meetings had been occurring in the centre on a monthly basis based on meeting notes reviewed. The frequency of these meetings had increased in 2025 compared to 2024 in order to allow for more staff to attend such meetings. During the meetings that had taken place, matters such as residents, safeguarding and restrictive practices were recorded as being discussed with staff.

Taking into account the overall findings of this inspection, the inspector was assured that the monitoring and governance systems in operation were ensuring that residents were being well-supported. In addition, the presence of a vehicle for the centre and the outcome of an external staffing review (as provided following this inspection), raised no resourcing concerns about the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Under this regulation, the Chief Inspector must be notified of certain events occurring in a centre within three working days or on a quarterly basis. This is important so that the Chief Inspector is aware of any matters which could potentially impact residents. Based on discussions during this inspection and documentation reviewed, including incident records, the inspector did not identify any matter which had not been notified or which had not been notified in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

Based on meeting notes reviewed, information about complaints were recorded as being discussed during weekly residents' meetings. As part of this these meeting notes indicated that residents were regularly informed about who the provider's complaints officer was. Information about the complaints officer and how residents could complaint was observed to be on display in the centre's kitchen and inside the front door of the centre. An electronic system was used by the provider for recording any complaints made. The inspector reviewed this system and found that no complaints had been logged on the systems since the previous inspection in July 2023. The three provider unannounced visit reports for the centre that had been completed since the July 2023 inspection also indicated that there had been no complaints logged for this centre.

Judgment: Compliant

Quality and safety

Good levels of compliance were found related to areas such as residents' communication, safeguarding and positive behaviour support. Some actions were identified though related to residents' rights.

The personal plans of both residents were reviewed during this inspection. These were found to contain guidance on how to support the assessed needs of residents in various areas such as their communication. Staff members spoken with demonstrated a good awareness of how to support residents with their communication. In addition, one resident had behaviour support guidelines in place and staff were knowledgeable around the contents of these in order to support the resident to engage in positive behaviour. All staff members had completed relevant safeguarding training based on records reviewed. Other records reviewed, such as incident reports, along with further discussions with staff and observations of the

inspector on the day, did not raise any safeguarding concerns. Safeguarding was indicated as being discussed with residents at weekly resident meetings. However, it was not demonstrated that residents had been informed or consulted related to a restrictive practice in operation related to their finances and the use of closed-circuit television (CCTV) cameras.

Regulation 10: Communication

Staff members spoken with talked about, how given the needs of residents, they supported residents with to communicate. After the inspector had spoken with these staff members, he reviewed the personal plans of both residents. These personal plans contained specific communication profiles for the resident which outlined how they communicated and supports they needed in this area. It was notable that the information in these communication profiles was consistent with what the staff members had earlier told the inspector. This provided assurances that staff were aware of the communication supports required for residents. The inspector was informed by the person in charge that some consideration was being given to increasing the use of communication aids for one resident. The other resident also used a tablet device regularly but the inspector was informed that they did not use this for communication purposes. The use of this tablet was facilitated by the centre having Wi-Fi Internet access while other media, including televisions and radio, was also provided for within the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Under this regulations, each resident must have an individualised personal plan provided. These personal plans must be informed by a comprehensive assessment of residents' health, personal and social needs. During this inspection, the inspector read both residents' personal plans and from this the following observations were made:

- Both personal plans contained various assessments, which had been reviewed within the previous 12 months, and related to residents' needs such as their activities of daily of living, communication and health. The inspector did note an inconsistency in one resident's assessment related to their feeding although it was acknowledged that staff spoken with were aware of the resident's supports in this area.
- Where either resident was identified as having a having a need under any of these areas, a corresponding support plan was created which outlined how this need was to be met. Such support plans were found to have been reviewed in recent months. For example, one resident required particular

supports with percutaneous endoscopic gastrostomy feeding with a recently reviewed support plan in place around this. A support plan for one resident related to family contact was identified though as being overdue a review since January 2025. It was acknowledged though review of this particular plan required the input from a party external to the provider.

- Meeting notes provided indicated that residents had been the subject of multidisciplinary reviews. When reviewing the notes of such multidisciplinary reviews, it was noted that attendance at these meetings included various health and social care professionals such as a social worker, a physiotherapist, as psychologist and a speech and language therapist.
- As part of the personal planning process, goals were identified for residents to achieve. Such goals, which had been identified in February 2025, were outlined in specific documentation which assigned responsibility for supporting residents with these goals. Examples of goals included going for a stay over in a town, being social in the community access and increasing use of certain communication aids. Such goal documentation had sections to record steps that needed to be taken to achieve these goals and to record progress that had been made with them. It was notable when reviewing such documentation that there no entries in these sections for most goals. As such it was unclear how or when residents were to be supported in achieving these goals.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider had systems in operation for the review and monitoring of restrictive practices. As part of these a log of restrictive practices maintained and any restrictive practices outlined in this were reviewed by a multidisciplinary team. When reviewing the restrictive practices log, the inspector noted that the records contained within indicated that restrictions in use in the centre had been last reviewed by the multidisciplinary team in November 2024. The inspector was informed though that a further review of restrictive practices in the centre had taken place in February 2025 but that records of this review had yet to be finalised. Within the restrictive practices log reference was made to a restriction being in place related to residents' finances while easy-to-read documentation was available which was intended to give some residents information about the restrictive practices in place. These two topics will be returned later in the context of Regulation 9 Residents' rights.

One resident had behaviour support guidelines in place which outlined strategies to follow to encourage the resident to engage in positive behaviour. It was highlighted to the inspector that the resident was doing well in this area and staff members spoken with demonstrated a good awareness of these behaviour support guidelines. Other records reviewed indicated that the majority of staff had completed relevant training in de-escalation and intervention, however one staff member was not listed

as having completed this training. The inspector afforded the provider additional time following the inspection to confirm if this staff, who had commenced working in the centre over six months previously, had completed this training. The day after the inspection it was indicated that a training certificate for this staff member in de-escalation and intervention could not be located but that they had been booked to receive the training during April 2025. A relevant risk assessment related to challenging behaviour indicated that staff were to have completed this training.

Judgment: Substantially compliant

Regulation 8: Protection

The following was identified in the context of safeguarding practices during this inspection;

- Given the age profile of the current two residents, the provider had appointed an individual to serve as both the designated officer and designated liaison person for the centre. Such positions play an important role in the context of reviewing any safeguarding concerns that arise for adults and children residing in the centre.
- Staff members spoken with were aware of who the designated officer and designated liaison person was with contact information about them seen to be on display in the centre.
- Such staff members were also aware of how to report any safeguarding concerns if they arose and, from records reviewed, it was noted that some staff had completed a mock safeguarding referral for training purposes.
- Other records reviewed indicated that all staff working in the centre had completed training in adult safeguarding and Children First.
- Safeguarding was indicated as being discussed with staff from notes of staff meetings reviewed.
- Copies of the provider's safeguarding policy, standards on adult safeguarding and guidance on the safeguarding of children was present in the centre. A child safeguarding statement was also observed to be on display in a prominent location within the centre.
- Although there was no centre specific risk assessment in place related to safeguarding, discussions with staff and the person in charge indicated that there were no safeguarding concerns in the centre, including between residents. No concerns were identified in this area from observations of the inspector during the inspection nor documentation reviewed such as incident reports.

Taking into account such findings, no immediate safeguarding concerns were identified during this inspection with the inspector assured that residents were appropriately safeguarded at the time of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the inspection, staff and management present were observed and overheard to interact with and speak of residents in a respectful manner. For example, both residents were greeted warmly on their return to the centre while one resident was seen to be offered choice about the food they had. Notes of residents meeting notes reviewed for 2025 also indicated that such meetings were taking place on a weekly basis and were used to give residents information on areas such as advocacy, safeguarding, complaints, meals and activities. Easy-to-read information was also available to give residents information about restrictive practices in use in the centre. However, it was noted that this did not include information about the restriction in place related to residents' finances. In addition, the inspector was informed that in recent months CCTV cameras had been introduced to monitor the external of the centre. Although such CCTV cameras had the potential to impact residents' privacy, there was no record of residents having been consulted or informed about the CCTV use.

As referenced already under this regulation, and also under Regulation 7 Positive behavioural support, there was an identified restriction in place relating to residents' finances. Such financial arrangements were reflected in the centre's restrictions log and were the subject of regular multidisciplinary review. These restrictions meant that resident did not have direct access to and control over their personal financial accounts. Such arrangements impacted the residents' legal rights and were also not consistent with the provider's policy on residents' finances. This stated that the provider would "respect a resident's right to control their finances" and was "committed to supporting residents who use our services to use and manage their money". However, given that the restrictions in place relating to residents' finances, improvements were required by the provider to come into compliance in relation to residents being able to exercise their legal rights around their finances.

Judgment: Substantially 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 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Tír na nÓg OSV-0001824

Inspection ID: MON-0046037

Date of inspection: 19/03/2025

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The PIC wishes to assure the chief Inspector that regular relief staff will be scheduled for supervision when they are next on site and that they are added to the supervision schedule within the center going forward.</p> <p>Regarding the one staff member who had not completed training in de-escalation and intervention, the PIC had scheduled them for MAPA training for the 10th of April, however, they were not available to attend and cancelled the training. The PIC can now confirm that they have since resigned their position. The PIC wishes to assure the Chief Inspector that future mandatory training which requires rescheduling will be monitored to ensure completion in a timely manner.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The PIC will ensure that the assessments of one the residents' feeding regime are reviewed and amended accordingly to reflect current daily interventions.</p> <p>The PIC has ensured that the support plan for one resident in relation to family contact has now been reviewed by the external party and that future reviews will be scheduled in line with set monthly meetings going forward.</p>	

The PIC will liaise with both residents' key workers to ensure that the steps needed to achieve the resident's individual goals are recorded and that progress of each of the goals are documented as they progress.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

As outlined in the response under regulation 16:

The PIC had scheduled the identified staff member for MAPA training on the 10th of April, however they were not in a position to attend and cancelled the training. That particular staff member has since resigned their position.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The PIC will ensure that both Residents are consulted in relation to the use of CCTV around the designated center in line with their individual communication profiles.

St Joseph's Foundation is actively reviewing its practices in terms of supporting residents managing and accessing their finances. This involves reviewing and updating the policies impacting our residents, particularly our Finance and Restrictive Practice Policies, mindful of our responsibilities of implementing the Assisted Decision-Making Act 2015 and the Health Act 2007. The Foundation is also engaging with another service provider, who have conducted a review of their practices and are willing to share their learning with us. The Foundation has scheduled a meeting with our resident's bank, to discuss more accessible accounts, which will uphold our residents' rights to access their funds, while also being mindful of safeguarding our residents. Any new practice will be in line with legislation and best practice. It is envisaged that the full implementation of changes to our current practice will take eight to ten months.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	14/04/2025
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	30/04/2025
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	18/04/2025
Regulation 09(2)(c)	The registered provider shall ensure that each	Substantially Compliant	Yellow	31/12/2025

	resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.			
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	18/04/2025