Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Woodlands
Name of provider:	St Aidans Services
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	30 April 2026
Centre ID:	OSV-0001858
Fieldwork ID:	MON-0048624

About the designated centre

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

Woodlands provides full-time residential care for up to six residents close to a town in County Wexford. The centre provides care for both male and female residents who have a primary diagnosis of intellectual disability, autism and secondary mental health diagnoses. Residents have their own individual bedrooms. The centre is homely and comfortable and they have access to a number of communal spaces including a kitchen come dining room, a living room and two shared bathrooms. The centre is located on the grounds of a busy garden centre and day services managed by the provider. It is within easy access of local facilities and services. Vehicles are shared between the centre and day services operated by the provider. The staff team consists of nurses, social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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
Thursday 30 April 2026	09:50hrs to 17:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what residents told them and what the inspector observed, read and was told, this was a well-run centre where residents enjoyed a good quality of care and support.

This inspection was unannounced and completed to review the arrangements the provider had to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with disabilities 2013 and the National Standards for Adult Safeguarding (Health Information and Quality Authority and the Mental Health Commission, 2019). The inspection was completed by an inspector of social services over the course of one day. Overall, the findings of this inspection were that the provider's systems for safeguarding residents were proving effective in this designated centre. Areas of good practice were identified across a number of areas and high levels of compliance were identified on this inspection. However, some improvements were required to ensure that the provider was safeguarding one resident's finances. This will be discussed further later in the report.

Woodlands provides full-time residential services for up to six adult residents with intellectual disabilities. There were five residents living in the centre on the day of the inspection. The centre comprises one bungalow close to a large town in County Wexford. It is located on grounds with a garden centre and and day services operated by the registered provider. There is also another designated centre operated by the provider on the campus. Residents had access to numerous private and communal spaces in their home. The art work and soft furnishings throughout the house contributed to how homely and comfortable the house appeared. The front of the house had a small patio area and there was a small back garden. Vehicles were shared with the local day services and available for use by this centre when not being used by the day services. Each of the five residents were attending day services so it was reported to the inspector that shared access to the vehicle was a suitable arrangement at the time of this inspection.

During the inspection, the inspector had an opportunity to meet and briefly engage with each of the five residents, three staff members supporting them, the person in charge, a member of the provider's human resources team and their quality manager. A number of residents chose not to engage with the inspector for long so the inspector used observations, a review of documentation and discussions with staff to capture their lived experience.

Some residents told the inspector what it was like to use the service and what was important to them. They stated they were "happy" and felt "safe" living in the centre. One person told the inspector "I like it here". Two residents told the inspector who they would go to if they were worried or concerned. Each of the residents who spoke with the inspector were complimentary towards the staff

supporting them and described them as "good" and "great". They spoke about the important people in their lives and how they liked to spend their time.

One resident spoke about their plans to go to another country and what they were planning to do when they got there. Another resident showed the inspector their bedroom and en-suite bathroom. They spoke about where they were from and about what they did in day services that day. Another resident spoke about some of their achievements including recently winning a medal at a Special Olympics competition. They also spoke about being chairperson of an advocacy group.

As previously mentioned, each resident was attending day services. They were attending three different day services close to their home. Two residents told the inspector they really enjoy going to day services and enjoy how busy they are when they are there.

Based on what the inspector read and was told, residents were setting and achieving their goals. They were regularly meeting with their keyworkers and were engaged in regular resident meetings to discuss their plans. They were also spending time with their family and friends including visiting and being visited by them. For example, they were spending weekends and holidays with their families.

Staff were observed to respect residents' privacy by not entering their bedrooms when they were not home and by knocking on their doors and waiting for a response prior to entering when they were. While speaking with the inspector, staff took every opportunity to speak about the residents' interests, preferences and talents.

The inspector reviewed a number of compliments from residents' families in relation to care and support for their family members. These were also reflected in the provider's six-monthly and annual reviews. For example, one relative referred to being included in their family member's person-centred planning meeting and another family member referred to the wonderful staff care for their relative. They commented that staff go out of their way to meet people's needs. Family members were also complimentary towards how staff treat residents with dignity and respect and recognise and respond to their needs and choices. Examples of comments included "can't fault the care" and "… is getting the best care". They used words like "thankful", "happy" and "grateful" when discussing care and support for their family member.

The inspector also reviewed resident input in the last two provider six-monthly reviews. In these reviews one resident described staff as "very helpful" and another resident stated that "staff work very hard". One resident spoke with the auditor about a safeguarding awareness morning they had attended. They also spoke about a trip to see a local musician and a concert they had attended with their keyworker. Four resident surveys from December 2025 were also reviewed. Feedback in these was positive. in relation to the service, staffing supports, residents' rights, their involvement in the day-to-day running of their home, their choices and their access to activities. For transparency and to ensure residents opinions were shared openly,

day service staff supported residents to complete their surveys about residential services and vice-versa.

There was information on display in the hallway on residents' rights, the complaints procedure and safeguarding. There were also pictures and the contact details of the complaints officer and the designated officers for safeguarding.

In summary, residents appeared content and comfortable in their home. They were supported by a staff team who they were familiar and comfortable with. They were spending time engaging in activities they found meaningful in their house, at day services and in their local community. They were also spending time with their family and friends. They were being supported to make choices and decisions, and to be aware of the safeguarding and complaints procedures in the centre.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The inspector found that the local management team were implementing the provider's systems effectively to ensure that residents were in receipt of a good quality and safe service. They had good oversight of the service in respect to safeguarding. There were systems in place to reduce the risk of harm and to promote residents' rights, health and well being.

There was a specific emphasis on the safeguarding of residents on this inspection. During the inspection, the inspector had an opportunity to speak with the person in charge and staff members on duty. They each described the systems in place to ensure oversight of care and support for the resident and the steps they were taking to make sure they were treated with dignity and respect and empowered to make decisions about their home and their day-to-day lives.

The centre was fully staffed at the time of the inspection. Staff members and the person in charge spoke about the positive impact of this for residents.

Regulation 15: Staffing

The inspector found that the service was effectively planning, organising and managing the workforce to meet the safeguarding needs of the resident.

The provider had ensured that the centre was fully staffed. The inspector spoke with a number of staff who had been employed since the last inspection. They were complimentary towards the supports in place to ensure they were carrying out their roles and responsibilities to the best of their abilities.

Rosters for 2026 were reviewed and were well-maintained. They demonstrated continuity of care and support for residents. For example, regular relief staff were covering shifts and one regular agency staff had completed a small number of shifts as an additional staff, when needed.

The inspector reviewed a sample of three staff files and found they each contained the information required under Schedule 2, including Garda vetting, a full employment history and references.

Based on observations and discussions, each staff member was found to be very familiar with each residents' likes, dislikes, preferences and support needs. They were also familiar with how each resident communicates and how they prefer to have information presented to them. Each resident appeared comfortable and content in the presence of the staff supporting them and with the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff had access to appropriate training including safeguarding training.

Following a review of the staff training records the inspector found that staff had access to training and refresher training in line with the organisation's policy and residents' assessed needs. 100% of staff had completed training identified as mandatory in the provider’s policies such as safeguarding. They had also completed training in line with the residents' assessed needs such as autism awareness training. In addition, they had completed other training such as modules on applying a human rights-based approach to health and social care and advocacy. The provider was also providing bespoke training around personal outcomes for residents through self-directed choices, will and preferences. Bespoke training had also been provided by a speech and language therapist relating to one resident's choices and minimising presenting risks.

There was a supervision schedule in place to ensure staff were in receipt of formal supervision at least twice a year. The inspector reviewed a sample of supervision records for three staff. The records demonstrated that there was discussions around their roles and responsibilities, training, polices and procedures and safeguarding.

The inspector reviewed the minutes of the last three staff meetings. Agenda items included safeguarding and protection, the Assisted Decision Making (Capacity) Act 2015, policies and procedures, restrictive practices and complaints and compliments.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that this centre was adequately resourced in line with the statement of purpose. They had identified personnel responsible for promoting and managing safeguarding in the service and their contact details were on display in the hallway of the house.

There was a clear management structure which was outlined in the statement of purpose. The person in charge was also responsible for another designated centre close to this one. They were present in this centre regularly and supported by a team leader who shared their time between both centres. The person in charge reported to and received supervision and support from a person participating in the management of the designated centre (PPIM). The inspector reviewed the visitor's book in the house which demonstrated that both the person in charge and PPIM were present in the centre regularly. There was also an on-call manager available out-of-hours.

Audits were reviewing the effectiveness of safeguarding measures in the centre. As previously mentioned, the inspector reviewed the provider's latest annual review and the last two six-monthly reviews. Based on this review, the inspector found that there were good systems for oversight and monitoring. Safeguarding and protection, incidents and complaints were all reviewed in detail. As part of these reviews, the provider had also looked at staff training. They also tested staff knowledge about the types of abuse, how to report allegations or suspicions and who the designated officers were and how to contact them. This demonstrated to the provider that staff were aware of the culture of zero-tolerance to abuse. The auditors also reviewed documentation relating to safeguarding and protection in the centre.

Judgment: Compliant

Quality and safety

Overall, the inspector found that every effort was being made by the provider and staff team to ensure that residents were safe and protected from abuse. There was a clear focus on residents' rights and quality improvement initiatives in this designated centre. One area where improvement was required was identified. This

related to safeguarding a resident's finances. The provider was aware of this and had taken a number of actions to date. This will be discussed under Regulation 8: Protection.

Residents had assessments and plans to identify any vulnerabilities they may have to abuse and to minimise the risk of harm. They had opportunities to take part in activities they enjoy, to make choices and to take risks in their day-to-day lives. They were also supported and encouraged to develop and maintain their independence. They were in receipt of support from health and social care professionals in line with their assessed needs.

Staff had completed safeguarding training and the staff who spoke with the inspector was found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

Residents' rights were promoted and upheld in a number of areas across the centre and these are discussed further under Regulation 9: Residents' Rights.

Regulation 10: Communication

The inspector found that residents were supported to communicate in line with their preferences.

While some residents used words to communicate, other residents used other modes. During the inspection, the inspector observed residents communicate with staff in a number of ways. For example, one resident used vocalisations to indicate that they wanted a cup of tea and later that they wanted to go for a drive with staff.

Residents had a communication section in their care plan which described how they communicate their preferences and choices. For example, one resident who was non-speaking had a care plan on supporting them to communicate. It described what they may be communicating through certain actions, body movements and sounds. They also had a communication passport which detailed how they prefer staff to communicate with them using short sentences and by supporting them with objects of reference. It clearly detailed how they indicate their preferences and how they withhold consent for supports.

There were easy-read documents available in residents' bedrooms on areas such as rights and advocacy. The residents' guide and their person-centred plans were also available in an easy-read format, if this was their preferred format.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the provider had considered safeguarding in ensuring the premises was designed and laid out to need the needs and preferences of residents living in the centre.

Residents had access to many rooms in their home such as a large living room, a kitchen come dining room and their bedrooms. In response to a complaint for one resident some changes were being made to the layout of one of the rooms. Residents and staff were working together to design and decorate a room in the house to use as a quiet space for people to relax in, if they wished.

Residents were observed to move freely around their home and to choose to spend their time in different rooms. Their bedrooms were personalised to suit their tastes.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that residents were protected by the risk management policies, procedures and practices in the centre.

The inspector reviewed the risk register, area-specific and resident risk assessments and found them to be reflective of presenting risks. There was an area-specific risk assessment relating to safeguarding and protection and residents had risk assessments in relation to any vulnerabilities they may have to abuse. For example, one resident's risk assessment named the types of abuse, their vulnerabilities, the current controls and the procedures to follow in the event of an an allegation or suspicion of abuse. Residents' assessment and plans detailed the control measures in place to reduce presenting risks. The risk register and risk assessments were regularly reviewed.

There was a system for recording incidents and a quarterly review of incidents was being completed and followed up on by the person in charge. Incidents were recorded on an electronic system and once reviewed by the person in charge they assign them to other relevant parties for review. For example, as required they were assigned to the behaviour specialist for review. Incidents were also reviewed as part of the provider's annual and six-monthly reviews and discussed at staff and management meetings.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Overall, following a review of residents' assessments and plans, the inspector found that the provider had measures in place to meet their safeguarding needs.

They had their care and support needs assessed and had personal plans in place. Their personal plans focused on areas such as their relationships, their community, education, rights and dignity, what is important to them, healthcare and safeguarding. Residents' likes, dislikes and support needs were clearly recorded and regularly reviewed. They were taking part in activities they find meaningful on a regular basis.

Personal plan audits were being completed monthly by the person in charge and team leader to review residents' goals and ensure that were enjoying a good quality of life. Based on a review of residents' plans they were being reviewed at least annually to ensure they were effective.

Staff were in receipt of internal training on residents' personal outcomes, self-directed choices and their will and preference. Residents were supported by their keyworkers to develop and achieve their goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had their needs relating to positive behaviour support assessed and they were accessing the relevant health and social care supports. Restrictive practices were reviewed regularly to ensure they were the least restrictive for the shortest duration.

Residents who required it, were accessing the support of a behaviour specialist. A positive behaviour support plan for one resident and a care plan and risk assessments for another resident were reviewed. These were detailed in nature and included proactive and preventative strategies. A review of incidents was being completed to ensure that residents' assessments and plans were proving effective at reducing presenting risks. There was a positive behaviour support committee that were meeting bi-monthly to review resident's plans and any referrals received.

There was a clear focus on ensuring the least restrictive practice was being implemented for the shortest duration. A restrictive practice log was maintained in the centre. Information relating to rights restriction referrals were maintained. There was a restrictive practice folder in place. It contained a document relating to the provider's rights protection committee in relation to their role, the types of restraints including rights restrictions, when they are appropriate to use and information on the provider's commitment to promoting a restraint free environment. The rights protection committee comprised the clinical lead, senior and area managers and an external social worker. They were meeting bi-monthly to discuss restrictions and restriction reduction plans.

Judgment: Compliant

Regulation 8: Protection

The inspector found that there were systems in place to ensure that residents were in receipt of a service where they were protected and safe. However, some further actions were required by the provider to ensure they had appropriate oversight to safeguard one resident's finances.

From a review of the staff training matrix, 100% of staff had completed safeguarding and protection training. The inspector spoke with the staff on duty and the person in charge and they were aware of their roles and responsibilities should there be an allegation or suspicion of abuse. The contact details of the provider's designated officers were on display in the house. The provider's annual and six-monthly reviews include sections on safeguarding. They examine any allegations or suspicions and a knowledge check is completed with the staff on duty relating to safeguarding and protection. They also demonstrate that these audits and reviews are effective as they had picked up on discrepancies relating to documentation for one resident's finances.

There had been a small number of safeguarding concerns reported to the Chief Inspector since the last inspection. Based on a review of documentation and discussions with staff and the person in charge, the inspector found that there were appropriate systems to ensure they were followed up on it in line with the provider's and national policy.

A sample of three residents' education support and action plans and their risk assessments relating to safeguarding were reviewed. These demonstrated the actions taken by staff to support and educate residents to understand the types of abuse and what to do. The risk assessments referenced the different types of abuse and residents vulnerabilities, the current controls and the procedures should there be an allegation or suspicion of abuse. The types of abuse were also discussed at keyworker meetings and at monthly resident meetings.

The inspector reviewed a sample of residents' personal and intimate care plans. They clearly detailed their preferences and any supports or assistance they may need from staff.

The inspector reviewed the systems for safeguarding the residents' finances. The provider has a policy and guidance on protection of residents' finances and possessions. Each resident had a finance folder which included their support agreements, monthly statement audits, weekly financial audits, quarterly feedback on finance audits by the finance department, quarterly audits of residents' personal possessions. In addition, each resident had a money management support plan and decision-making assessment. These clearly demonstrated each resident's will and preference around managing their finances.

For one resident, their assessments and plans clearly identified their preference to be supported by a family member to manage their finances. These were signed by the resident. There was a risk assessment in place and they were supported through keyworker sessions to understand money management. They had also completed a money management course in day services. Documentation reviewed demonstrated that they were aware of the types of abuse, including financial abuse and what to do if they had any worries or concerns. The provider's policy and regulatory requirements are clear on the systems of oversight that need to be in place to safeguard residents' finances. There was evidence to demonstrate attempts by the provider to gain oversight of the resident's finances to ensure they were safeguarded with a meeting planned after the inspection with the resident and their representatives to discuss the regulatory requirements for the provider to have oversight to safeguard their finances. However, this required oversight was not in place at the time of this inspection.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector found that a person-centred and human-rights approach was being implemented in this centre. The staff team were focused on ensuring that residents could live a full life. They are supported by a staff team who are trained and competent to ensure they are safe and well supported.

Staff were striving to support them to exercise their rights and to have choice and control over their life in a number of areas. They were supported to lead their days. They make choices about their routines throughout the day, and these choices were upheld. For example, they could choose if they wanted to attend day services and the inspector was informed that if this occurred, staffing supports would be put in place to support them to stay at home.

Residents had support and action plans in place around making choices. These detailed how they were empowered and supported with choices, decisions and their independence. They were involved in decision-making about their home and their preferences were clearly detailed in their personal plans. They were supported at keyworking sessions to understand their rights. For example, one resident was choosing not to follow the guidance in place for them which was developed by a health and social care professional following an assessment. There was a risk assessment in place, staff had completed additional training and staff continued to educate them on the risks, while respecting their choices.

Regular resident meetings were being held with discussions held about their home, the service and their local community. There was information on display in relation to accessing independent advocates. One resident had made a complaint in 2025 and this had been followed up on and closed to their satisfaction. It had resulted in

changes to the layout of their home to support everyone to have access to an additional communal space.

As previously mentioned, there was information on display in the house relating to safeguarding, complaints and rights. There was also easy-read information available on a number of areas. The resident's guide and statement of purpose for the centre contained information on safeguarding and protection.

The inspector reviewed four surveys completed by, or on behalf of residents in late 2025. These indicated that residents were happy with the service they were receiving across a number of areas. This included the supports in place for them around choices and decisions, how their privacy and dignity are respected, their involvement in developing their assessments and plans, staffing supports, their social life, their safety and their happiness in the house.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Woodlands OSV-0001858

Inspection ID: MON-0048624

Date of inspection: 30/04/2026

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 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: Individual Representatives Collaboration:

The PIC held a meeting with the resident and their representatives on 01.06.26 to outline the regulatory requirements for the provider to have oversight to safeguard the residents' finances. It was agreed the residents bank statements will be provided to the PIC on a monthly basis for transactions which occur in the centre. This will commence from 1st July 2026.

The Provider will continue to collaborate with the resident and their representatives, to achieve regulatory compliance by 31.12.2027.

Individual Supports:

The individual was supported through educational keyworking sessions on financial safeguarding in advance of the meeting with their representatives to ensure they understood the regulatory requirements for the provider to have oversight to safeguard the residents' finances and to confirm their will and preference on this matter.

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 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/12/2027