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:	Coolfin/Canices Square
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	29 July 2026
Centre ID:	OSV-0002375
Fieldwork ID:	MON-0047941

About the designated centre

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

Coolfin/Canices Square is a designated centre operated by St Michael's House. The centre provides residential care and support for up to seven adults with intellectual disabilities. The designated centre comprises a detached two-storey house and a single-occupancy apartment in North County Dublin. The premises are located near to local services, including shops and public transport routes. The main house consists of six individual bedrooms for residents, bathrooms, a utility room, two living room spaces, a kitchen and separate dining area and a staff office. The apartment consists of a bedroom, a staff room, a bathroom and an open plan main living area with a kitchen and dining facilities. The centre is managed by a full-time person in charge who is supported in their role by a nurse manager. The staff team comprises of nurses, social care workers, and care assistants.

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
Wednesday 29 July 2026	09:30hrs to 18:15hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the regulatory monitoring of the centre. It focused on how the provider safeguarded residents from abuse, promoted their human rights, and empowered them to exercise choice and have control in their lives.

The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on compliance with the regulations inspected. The previous inspection in May 2025 had found two regulations not compliant due to long standing incompatibility issues in the centre that were contributing to safeguarding concerns. This inspection found that the provider had mitigated these issues, and that residents had a better quality of life. Residents appeared to be happy and received person-centred care and support from staff that promoted their rights. However, some improvements were required in relation to the upkeep of residents' plans and assessments, restrictive practice and staff training records, and the oversight of audit actions.

The centre comprises two premises in busy Dublin suburbs. Both premises are close to many local amenities and services, including shops and public transport links.

The inspector carried out a thorough walk-around of both premises. The first premises was a large two-storey house, that could accommodate six residents. At the time of the inspection, there were two resident vacancies, and a new potential resident was visiting the centre. The house contained residents' bedrooms, bathrooms, an office and a staff room, a kitchen, a dining room, and two sitting rooms. The house was warm, comfortable and homely. Residents' bedrooms were personalised and reflected their interests and tastes. There was accessible information for residents displayed on notice boards, including information on the staff rota, complaints and HIQA inspections. The inspector observed a lack of suitable storage; for example, a resident's wheelchair was stored in a bathroom, which posed an infection cross contamination risk. Some minor upkeep was also required in areas, such as repainting in the dining room.

The inspector met all four residents in the house at different times. One resident did not verbally communicate and was having a day off from their day service due to a planned medical intervention. The resident did not express their views, but staff were able to tell the inspector how they supported the resident to communicate, such as through the use of objects of reference. Staff engaged with the resident kindly and professionally; for example, they sat at eye level and spoke warmly to the resident when they helped them with their meals.

Three other residents spoke with the inspector. One of the residents spoke with the inspector when they returned from their day service. They told the inspector that they were happy in the centre and was looking forward to an upcoming holiday.

They said that they knew and liked all the staff working in the centre, and that the residents were friends. The resident said that they liked playing games and swimming in their day service, and planned to relax and watch television for the evening. The resident said that everything was working in the centre, and they knew to evacuate if the fire alarm sounded.

The other two residents were retired and were relaxing in the centre by watching television; they did not want to go on an outing. One resident showed the inspector some of their personal possessions. They spoke about recent concerts they had attended. The resident also looked at photos of staff with the inspector, and told the inspector the staff names. The other resident said that all the staff were great. The resident had had a busy summer with a big party for their milestone birthday and a foreign holiday with staff and another resident. They said that they had a great time. The resident also told the inspector about a recent trip into Dublin city with staff to meet one of their favourite television personalities.

The second premises comprised a two-bedroom apartment that accommodated one resident. The inspector did not have the opportunity to meet the resident as they were in their day service for the day and went to a social club in the evening. The apartment was very clean, comfortable, well equipped, and nicely decorated; for example, the resident's memorabilia, photos and certificates of achievement were displayed.

Overall, both premises were observed to be restraint-free; however, some restrictive practices were implemented for individual resident's health and safety. The rationale for the restrictions was clear, but some improvements were required to the associated documentation.

The inspection was facilitated by a social care worker in the absence of the person in charge. The inspector also spoke with three other social care workers and a clinical nurse manager. Staff spoke positively about the quality and safety of the care and support residents received. Some staff had worked in the centre for many years and had a very good understanding of the residents' individual personalities, preferences and needs. They told the inspector that the atmosphere in the centre had improved since the incompatibility issues had been resolved, and that residents were happier and safer. However, staff did express concerns about the compatibility of the new proposed resident to live with other residents, and how effectively their needs could be met in the centre.

Overall, this inspection found that residents had a good quality of life and were receiving person-centred and safe care and support from staff. The centre was homely and warm. Some improvements were required to meet full compliance with all the regulations inspected. These matters are discussed further in the next sections of the report.

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

Capacity and capability

Overall, the inspector found that there were good management systems in place to ensure that the service provided to residents living in the centre was safe, consistent, and appropriate to their needs. However, some improvements were required in relation to the oversight of staff training and the implementation of audit actions.

The provider had ensured that the centre was well-resourced. For example, staffing levels were appropriate to residents' needs at the time of the inspection. The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and reported to a service manager, and there were arrangements for them to communicate with each other.

The registered provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre. However, the timely response to improvement actions required improvement. The inspector also found discrepancies in information in governance and management report that compromised the purpose of the reports.

The staff skill-mix was appropriate to the number and assessed needs of the residents. Residents told the inspector that they liked the staff. The inspector viewed the recent staff rotas and found that they clearly showed the staff working in the centre and the hours they worked. Relief and agency staff covered vacant shifts. Minor improvements were required to the system for inducting agency staff to ensure that induction records were completed for all staff and maintained in the centre.

Staff were required to complete training relevant to their role, and as part of their professional development. However, the training records were not well maintained and contained discrepancies. These discrepancies required improvement from the provider.

There were good arrangements for staff to raise concerns. In addition to support and supervision arrangements, staff could attend team meetings, which provided an additional forum to raise potential concerns. The inspector viewed staff team meeting minutes from January to June 2026. They noted discussions on incidents, the premises, training, staffing, safeguarding, and residents' updates.

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix of nurses, care assistants and social care workers was appropriate to the number and assessed needs of the residents living in the centre at the time of the inspection.

Residents spoken with told the inspector that they knew the staff working in the centre and that they liked them. Staff were observed kindly engaging with residents and spoke warmly about them.

The inspector reviewed the June, July and August 2026 planned and actual rotas. They showed the names of staff, and the hours they worked. There were 1.5 whole-time equivalent vacancies, and staff leave was covered by staff working additional hours and relief and agency staff.

The inspector reviewed a sample of three staff Schedule 2 files, including references, vetting disclosures and copies of their qualifications. The records met the requirements of Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete training and refresher training as part of their professional development and to support the delivery of quality and safe care to residents. Staff told the inspector that there were issues with maintaining and accessing training records, and the inspector also read correspondence to the provider about the issue.

The inspector reviewed the most recent staff training matrix with a social care worker. It showed that a number of staff were due or overdue training in areas including fire safety, safeguarding, infection prevention and control (IPC), manual handling and first aid. The matrix was not accurate as the social care worker was able to show the inspector evidence of training that was not reflected on the matrix. However, evidence was not available to show if three staff members had completed refresher training in safeguarding residents from abuse.

Overall, the provider's system for managing and overseeing staff training was not effective, and posed a risk to the quality and safety of service provided in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, there were good management systems in place in the centre. The inspector also found that the centre was adequately resourced in line with the statement of purpose. For example, staffing levels at the time of the inspection were appropriate. However, the oversight systems required improvement to ensure that audit actions were responded to in a timely manner.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time, and reported to a service manager. There were arrangements for the management team to communicate, including meetings and informal communications.

As part of the management and oversight systems, governance and managements reports were completed with information on residents' plans and personal goals, fire safety, incidents, notifications, finances, staffing and restrictions. The inspector found errors in the 2026 reports in relation to incidents. These errors posed a risk to purpose of the reports and required review.

There were systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. The provider carried out annual reviews and six-monthly unannounced visit reports which consulted with the residents, and staff and local management team had completed audits on medication management, finances, fire safety, infection prevention and control, and health and safety. However, the most recent unannounced visit report from March 2026 and annual review from April 2026 were not readily in the centre. They were made available to the inspector later in the inspection, but the inspector found that some of the actions had not been addressed and had passed their completion dates, such as actions to update support plans and assessments. This demonstrated that actions to improve the quality and safety of the service in the centre were not being addressed in a timely manner.

There were effective arrangements for staff to raise concerns, including scheduled team meetings and supervision.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support in the centre. Residents spoken with told the inspector that they were happy in their home and had no complaints. Not all residents gave feedback to the inspector, but the inspector observed that they appeared to be content and staff engaged with them kindly. However, improvements were required to the upkeep of residents' care plans, the timeliness of residents' assessments, and the maintenance and storage facilities in the main house.

Staff told the inspector that residents had a good quality of life and the atmosphere in the centre had greatly improved since the previous incompatibility issues had been resolved; for example, residents were safer, more relaxed and had more access to their home. Staff spoke warmly about residents and it was clear that they were committed to delivering person-centred care and support to residents and to help them achieve their personal goals. Staff were found to be well informed on the matters discussed with the inspector, including residents' individual needs and interests, communication styles, how to report incidents, and how residents were support to make choices.

Staff told the inspector about their concerns about the compatibility of the new potential resident and the current residents; for example, they said that there had been some concerns raised during the previous resident's visits to the centre. They had reported their concerns to the person in charge. The provider was reviewing the resident's potential admission through ongoing meetings with members of its multidisciplinary team and the centre's management team.

The premises comprised a large house and an apartment. Both were homely and comfortable. However, maintenance and better storage facilities were required in the main house.

Regulation 10: Communication

Residents communicated using individual and various means. Most residents could communicated using speech. One resident communicated non-verbally, and there was a written communication plan for staff to refer to. Staff were found to have a good understanding of residents' communication plans. The inspector also observed an array of easy-to-read information that used pictures to help residents understand matters, such as the staff rota, HIQA inspections and how to make complaints.

However, one resident had been referred for a communication assessment in 2024 and had not yet been assessed. This required review to determine if the assessment was still required, and if so, how it would be progressed.

The provider had ensured that residents had access to various media sources, including televisions and the Internet. Some residents also had smart devices for streaming entertainment.

Judgment: Substantially compliant

Regulation 17: Premises

The premises comprised a large house and an apartment. Overall, the premises were appropriate to the residents' needs.

The house contains individual bedrooms, a kitchen, a dining room, two sitting rooms, bathrooms, a staff room, and an office. It was seen to be bright, homely, clean, nicely decorated, well equipped, and comfortable. Residents' bedrooms were personalised to their tastes, and their equipment, such as electric beds, appeared to be in good working order.

However, some upkeep of the house was needed; for example, paintwork was damaged in the kitchen and dining room, there was no light shade on the ceiling light in the small sitting room, and roller blinds in the small sitting room and dining room were stained. Staff also told the inspector that there were issues with a lack of suitable storage, and the inspector observed a wheelchair stored beside a toilet which posed an infection risk, and cardboard boxes on the landing of the stairs that posed a trip hazard.

The apartment was homely, warm, nicely decorated and furnished, and well maintained and equipped.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Overall, the person in charge had ensured that residents' health, personal and social care needs had been assessed to inform the development of written care plans.

The inspector reviewed a sample of two residents' assessment and care plans. Most were found to be up to date and readily available to guide staff practice. They also reflected input in residents' care and support from a range of multidisciplinary team services, including psychology, chiropdy, occupational therapy, physiotherapy, nursing, speech and language therapy, specialist services, and the resident's general practitioners (GPs).

However, an important plan in relation to a specific safeguarding issue was overdue review. This had been identified in a recent audit but had not been addressed. This posed a risk to how the issue may be responded to. The plan had also not been signed by all staff to indicate that they read and understood it.

Furthermore, as discussed under Regulation 10: Communication, one resident was awaiting a communication assessment.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider had ensured that residents received good support to manage their behaviours of concern. Staff were required to complete behaviour support training and there were written plans to guide them in supporting residents. However, one resident's behaviour support plan had not been signed by all staff working in the centre to indicate that they read and understood it. Staff told the inspector that the plans were effective and that there had been a reduction in behaviours of concern since the last inspection.

There were some restrictive practices implemented in the centre. The person in charge maintained a log of the practices. The inspector reviewed records pertaining to a sample of restrictions. The rationale for their use was clear, and they had been discussed with residents' representatives. However, approval for use from the provider's oversight group had expired for some of the restrictions. This required review to ensure that the restrictions were managed in line with the provider's policy.

Judgment: Substantially compliant

Regulation 8: Protection

Overall, the registered provider and person in charge had implemented good systems to safeguard residents from abuse. Residents spoken with indicated to the inspector that they were happy and had no concerns in their home.

The provider had prepared a written policy on the safeguarding of residents. It was readily available in the centre for staff to refer to along with other relevant information for them to refer to such as a reporting flowchart. Staff were required to completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. However, as discussed and actioned under Regulation 16: Training and development, the maintenance of staff training records required improvement.

There had been reduction in the number of safeguarding concerns since the previous incompatibility issues had been resolved. The inspector found that where concerns had arisen, they were reported to the relevant parties.

Intimate care plans had been prepared to support staff in delivering care to residents in a manner that respected their dignity and bodily integrity. The inspector reviewed two plans and found that they were up to date and readily available to guide staff. The provider had also prepared a written policy for staff on how to provide intimate care. The policy was available in the centre, and highlighted the

importance of informed consent, communication and promoting residents' independence while providing intimate care and support.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the registered provider, person in charge and staff team had ensured that the centre was operated in a manner that respected residents' disabilities and promoted their rights. The inspector found that residents were being supported to exercise their rights and make decisions about their lives. For example:

- residents attended regular house meetings to discuss matters related to the running of the centre. The inspector reviewed a sample of the meeting minutes from January to July 2026 in both locations. The minutes noted that residents said that they were happy, and a wide range of topics were discussed, such the premises, fire safety, menu and activity planning, road safety, infection prevention and control, safeguarding, and the new resident potentially moving to the centre
- topics had also been discussed at the meetings to support residents' understanding of their rights. For example, residents were reminded of how to make complaints
- residents were supported to engage in activities of their choice. Some residents were more active than others depending on their preferences and individual needs. The inspector reviewed two residents' recent monthly reports, which noted activities such as going on holidays, art classes, spending time with family, listening to music, day services, going to the cinema, using public transport, shopping, swimming, and playing sports. Four residents were also going to the provider's holiday home for the weekend after the inspection
- residents were supported to plan and achieve personal goals such as going on holidays, attending social clubs, going to concerts and doing classes. For example, last year residents had gone on a holiday to see Christmas markets, this year two residents had gone a foreign holiday during the summer, and other residents were planning a holiday to forest holiday park later in the year.

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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Substantially 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	Compliant

Compliance Plan for Coolfin/Canices Square OSV-0002375

Inspection ID: MON-0047941

Date of inspection: 29/07/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The training matrix has been reviewed, and all completed training and scheduled training is now accurately reflected. The training matrix on 31.08.2026 is now at 95% compliance. • The PIC and team reviewed the current system of returning completed training certificates to the training department at the team meeting on 28.08.2026. A more effective system was agreed and is now in place.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The PIC reviewed the monthly data reports on 24.08.2026 and the identified errors have now been rectified. PIC will review the monthly data with PPIM monthly to ensure the reports are completed correctly. • The most recent six-month internal audit action plan has now been reviewed and updated to accurately reflect the current status of the actions. This action plan is printed and filed in the governance and management folder. To monitor the governance and management of the centre, The Service Manager and PIC will review the progression/and	

or barriers of completing the action plans including monthly data reports at every management meeting.

• The service manager will share the annual report, audits and governance tools with both the PIC and PPIM to ensure timely access and effective implementation of time bound actions. The PIC will delegate actions between PIC, CMN1, PPIM & staff team and ensure the actions are completed within the requested timeline.

• PIC to oversee that all governance tools such as the annual report and six-monthly audit are printed and filed and made available to all staff immediately.

Regulation 10: Communication	Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication:
• The Service Manager contacted the SLT Manager on the day of inspection for an update on SLT inputs- SLT confirmed that the resident remains on the waitlist for communications supports with communications referrals opening in quarter three of 2026. The resident will be called for an appointment within the next three months.

• PIC to seek an update from SLT department if an appointment is not received by November 2026.

• Staff will continue to use current SLT supports already in place such as easy reads and social stories.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Small sitting room: Light shade has been reinstated.

• Stains on roller blinds in small sitting room & dining room: blinds contactor is scheduled to call to quote for new blinds on 01.09.2026. A capex will be submitted and approved for these works ahead of the next capex meeting on 07.09.2026.

• Paint Work: A list of works (paint Kitchen, dining room & sitting room, new skirting boards, plastering, metal plates at bottom of doors) was sent to TSD. TSD confirmed the

job is now on their schedule of work and will be completed by Quarter Three 2027

• Storage: An insulated shed was sourced (MCD Garden Sheds) 10ftx8ft for the back garden. Capex will be resubmitted for the attention of the Director of Service and Finance department ahead of the next capex meeting on 07.09.2026.

• Storage boxes on landing have now been removed.

• Risk assessment has been reviewed and updated for the current storage concerns.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• Service User Support Guidelines were obtained on the day of inspection 29.07.2026. These guidelines were discussed and reviewed by all staff at the most recent team meeting on 28.08.2026. All staff have read and signed the guidelines, and they have been printed & filed in residents' folder. These Support Guidelines to be reviewed by psychology again by 31.09.2026.

• The current keyworker monthly checklist was reviewed and updated on 24.08.2026 and now includes a section on reviewing all guidelines in the resident's folders and ensuring these are always within review date.

• The SLT Manager confirmed that the resident remains on the waitlist for communication supports with communications referrals opening in quarter three of 2026. The resident will be called for an appointment within the next three months. PIC to seek an update from SLT department if an appointment is not received by November 2026.

• The PIC updated team meeting rolling agenda items. All new and updated guidelines will be presented at all monthly team meetings for team review, discussion and sign-off.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • The residents' behavioral support plan has now been updated, read and signed by all staff working in the centre. • PAMG restrictive practice –the updated PAMG approval letter is now filed in the resident's folder. • The current keyworker monthly checklist was reviewed and updated on 24.08.2026 and now includes a section on reviewing all guidelines and restrictive practice approvals in resident's folders and ensuring these are always within review date. • The PIC updated team meeting rolling agenda items. All new and updated guidelines will be presented at all monthly team meetings for team review, discussion and sign-off.	

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	31/12/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/08/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/09/2027
Regulation 17(7)	The registered provider shall make provision for	Substantially Compliant	Yellow	30/09/2027

	the matters set out in Schedule 6.			
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.	Substantially Compliant	Yellow	18/09/2026
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	31/08/2026
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/08/2026