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:	Landscape
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Unannounced
Date of inspection:	21 July 2026
Centre ID:	OSV-0002397
Fieldwork ID:	MON-0046104

About the designated centre

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

Landscape is a designated centre operated by St Michael's House located in South County Dublin. It provides a community residential service to five adults with a disability. Residents with additional physical or sensory support needs can be accommodated in the designated centre. The designated centre can support residents with additional support needs such as alternative communication needs, specialist diet and nutrition programmes, and residents with well managed health conditions.
The centre comprises a two-storey house with five resident bedrooms, an office, a staff sleepover room, two sitting rooms, a dining room and kitchen, three bathrooms and a utility room. The centre is staffed by a person in charge and social care workers. Staff are educated and trained to provide care and support to people with intellectual disabilities in a social care model.

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
Tuesday 21 July 2026	09:45hrs to 16:00hrs	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. The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre. Overall, the inspector found that residents were in receipt of good quality and safe care and support, and that the centre was operating at a high level of compliance. Some improvements were required to the medication management systems and to ensure that all staff were up to date with their refresher training.

The centre comprises a large two-storey house in a busy Dublin suburb. The house is very close to many local amenities and services, including shopping centres, eateries and public transport links. The inspector carried out a thorough walk-around of the house with a resident and the person in charge. The house was observed to be bright, clean, well maintained, and nicely decorated. There were two sitting rooms, an open plan kitchen and dining room, a utility room, an office, a staff sleepover room, bathrooms and residents' bedrooms. The kitchen was well equipped and there was a good selection of food and drinks for residents to choose from. The house was very homely with comfortable furniture and framed photographs of residents displayed throughout. A notice board in the kitchen displayed accessible information with pictures on the staff rota, assisted decision-making and how to make complaints. Residents' bedrooms were personalised to their tastes and reflected their individual personalities and interests. There was also a nice rear garden that provided an inviting outdoor space for residents to enjoy. There were no environmental restrictions, and the inspector observed residents freely accessing their home and the facilities.

The inspector also observed good fire safety precautions such as fire detection equipment and fire doors. The premises, food and nutrition, restrictive practices and fire safety are discussed further in the quality and safety section of the report.

On the day of the inspection, four residents attended day services, and one resident went for lunch and to a road safety course with a staff member. The inspector met all of the residents at different times during the inspection.

One resident said hello to the inspector but did not want to speak to him. Another resident used non-verbal communication and did not express their views to the inspector. Both residents appeared relaxed and comfortable in their home and and freely moved around.

Two residents briefly spoke with the inspector. One resident said that they felt safe, liked their bedroom and living in the centre. They said that they got on well with staff and the other residents and had enjoyed a recent holiday with them. The other resident told the inspector about their family members and showed him an invitation

to their upcoming big milestone birthday party that they were really looking forward to. The resident said that they liked the food in the centre and was happy with the menu option that day. They liked their day service and looked forward to going on a day trip to Croke Park the day after the inspection.

One resident spoke with the inspector in more detail. The resident sat with the inspector as they reviewed and discussed their care plans. The resident said that they were happy living in the centre. They liked their bedroom and showed the inspector some of their family photos and personal effects. They had recently returned from a foreign holiday with their family and spoke about how they liked to regularly see and spend time with their family. The resident also liked to attend a day service, swim, play bingo, go to the cinema, eat out, and play sport with a Special Olympics group. The resident spoke about their personal goals; one related to road safety course that they were attending on the day of the inspection. Within the centre, the resident liked to watch DVDs and listen to CDs, and showed the inspector some of their favourites. They also told the inspector that they had seen their favourite band in concert. The resident said that they could access their own money and spend it as they wished to. They had also participated in fire drills and knew to evacuate if the alarm sounded.

The inspection was facilitated by the person in charge, and the inspector also spoke with three social care workers during the inspection. Staff told the inspector that residents were safe and happy, and had no concerns for their safety or wellbeing. They discussed with the inspector residents' interests, personalities, preferences, care plans, and how they were supported to make decisions and exercise their rights. Overall, they were found to be well informed on the matters discussed. The inspector also observed staff engaging kindly with residents; for example, chatting to them about their plans for the day, offering drinks and snacks, and providing assurances about speaking with the inspector.

Overall, this inspection found that residents were safe and had a good quality of life in the centre. The centre was well managed, homely and met residents' needs, and staff provided person-centred care and support. Some minor improvements were required to meet full compliance with two of the regulations inspected.

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 effective governance and management systems in place to ensure that the service provided to residents living in the centre was safe, consistent, and appropriate to their needs.

The provider had ensured that the centre was well-resourced. For example, staffing levels were appropriate to residents' needs and the premises were well maintained. The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and based in the centre. They reported to a service manager, and there were effective arrangements for them to communicate with each other. The person in charge had ensured that incidents and adverse events were notified to the Chief Inspector of Social Services (Chief Inspector) in line with the requirements of the regulations.

The 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. Actions identified from audits and reports were monitored to ensure that they were progressed. There was also an effective complaints procedure for residents to utilise if they wished to.

The staff skill-mix was appropriate to the number and assessed needs of the residents. The inspector viewed the recent staff rotas and found that they clearly showed the staff working in the centre and the hours they worked. A minor improvement was required to the maintenance of staff induction records, which the person in charge actioned during the inspection.

Staff were required to complete training relevant to their role, and as part of their professional development. However, improvements were required to demonstrate that all staff had completed necessary refresher training.

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 July 2026. They noted discussions on various topics, such as staff training, incidents, safeguarding, the provider's policies and procedures, complaints, fire safety and infection prevention and control. Staff told the inspector that they could easily raise concerns, and felt well supported in their roles.

Regulation 14: Persons in charge

The person in charge commenced in their role in June 2026 and was found to be suitably skilled and experienced to fulfil their role. They also possessed relevant qualifications in social care and management.

The person in charge had previously worked as a social care worker in the centre and was very familiar with the residents' individual needs and personalities.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix of 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 could also avail of the provider's multidisciplinary team services as they required.

The person in charge was satisfied with the staffing arrangements and described the team as being very caring towards residents. Social care workers also told the inspector that there was always enough staff on duty to meet residents' needs. The inspector reviewed the June, July and August 2026 planned and actual staff rotas. They were well maintained and clearly showed the names of staff, and the hours they worked. There were two vacancies; however, regular relief staff were used to ensure consistency of care for residents.

Staff were observed engaging kindly and respectfully with residents; for example, they provided gentle assurances and offered a choice of drinks and snacks. They also demonstrated a good understanding of the residents' individual needs and personalities.

The inspector did not review staff Schedule 2 files during this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Overall, the person in charge had ensured that staff had access to appropriate training as part of their professional development and to support the delivery of effective care and support to residents. However, improvements were required to ensure that up-to-date training records were available.

The inspector reviewed the most recent training log with the person in charge. The log showed that staff had completed relevant training programmes, including on the safeguarding of residents from abuse, fire safety, behaviour support, hand hygiene, manual handling, supporting residents with modified diets, first aid and medication management. However, one staff member was noted as being overdue refresher training in safeguarding residents from abuse by approximately 12 months. The inspector read correspondence from the staff member to the provider's training and development department about issues they had in accessing the online training platform. However, the issues had not been resolved. There is a risk to the quality and safety of the care and support provided to residents when staff have not completed relevant refresher training as part of their ongoing professional development.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were good management systems in place to ensure that the service provided in the centre was safe and effectively monitored. The inspector also found that the centre was well-resourced in line with the statement of purpose. For example, staffing levels were appropriate, multidisciplinary team services were available, there was a vehicle to facilitate residents' activities, and the premises met their needs.

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

There were good 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 the local management team completed audits on infection prevention and control, fire safety, medication management, falls, and health and safety. The audits were found to identify actions for improvement where required, which were monitored by the management team to ensure progression. For example, the recent unannounced visit report noted areas for improvement that the person in charge subsequently addressed such as updating risk assessments.

There were effective arrangements for staff to raise concerns, including scheduled team meetings and supervision. Staff spoken with told the inspector that they could easily raise potential concerns and felt supported in their role.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents, as detailed under this regulation, which had occurred in the centre were notified to the Chief Inspector. For example, the inspector reviewed a sample of the records of incidents that had occurred in the centre since 2026, such as use of restrictions and injuries to residents, and found that they had been notified in accordance with the requirements of this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established an effective complaints procedure for residents. The procedure was underpinned by a written policy and had been prepared in an easy-to-read format to make it more accessible to residents. The policy was up to date, and included information on advocacy services how complaints are to be managed.

There was information for residents on the notice board in the kitchen on how to make complaints, and they were also reminded of the procedure during their house meetings. To make the procedure easier to use, the provider had prepared posters with a QR (quick-response) code that residents could scan with their smart devices to instantly raise complaints.

Residents spoken with told the inspector that they were happy in the centre and had no complaints. The inspector also read in the recent annual review that residents' representatives had no concerns or complaints.

Judgment: Compliant

Quality and safety

This inspection found that residents' wellbeing and welfare was maintained by a high standard of care and support in the centre. Residents spoken with told the inspector that they were happy living in the centre and were satisfied with the care and support they received. They told the inspector about their interests and personal goals, such as going on holidays and attending day services and training programmes.

The inspector also read in the recent annual review that residents said that they were happy, had no concerns, and were involved in the running of their home. Residents' families said that they were happy with the care their loved ones received, had no complaints, and felt welcome in the centre.

The premises comprises a two-storey house. The house was comfortable, well maintained, clean, and provided individual bedrooms and communal spaces. The kitchen was well equipped and there was a good selection of food and drinks for residents to choose from. There were no environmental restrictive practices, and residents could freely access their home. They could also receive visitors as they wished.

The inspector reviewed two residents' health, social and personal care assessments and plans. These files were found to be up to date and outlined the relevant

supports that residents required. They also reflected input from the residents, their representatives, and multidisciplinary team services as required.

The provider had implemented effective arrangements to safeguard residents from abuse. There had been no recent safeguarding concerns in the centre, and staff told the inspector that residents were compatible living together.

Good arrangements were in place for the management of residents' medicines. However, minor improvements were required to the maintenance of some documents and to ensure that prescribed medicines were readily available in the centre.

There were good fire safety precautions. For example, there was fire fighting and detection equipment throughout the house, and staff had received fire safety training. Written evacuation plans had also been prepared, and were tested during scheduled fire drills. However, the inspector observed items stored under the stairs that posed a risk to the effectiveness of the precautions. The person in charge cleared the items during the inspection.

Overall, the inspector observed a homely environment, where residents were supported to have choice in their lives and exercise their rights. Staff engaged with residents and attended to their needs in a kind and professional manner, and had a good understanding of their individual means of communication.

Regulation 10: Communication

The registered provider had arrangements to assist and support residents to communicate their needs and wishes through their own individual means.

The residents living in the centre communicated using different means. Some communicated verbally, while most used gestures, body language and objects of reference to express their needs and preferences.

Information on how residents communicated was reflected in their care plans for staff to refer to. The inspector reviewed two residents' communication plans and found that they described the residents' individual communication means for staff to refer to. Visual aids, such as pictures of menu options and staff working in the centre, were also used to help residents make decisions and be informed on the running of the centre.

The provider had ensured that residents could access different media forms in their home, including smart televisions and the Internet. Some residents also had their own smart devices.

Judgment: Compliant

Regulation 11: Visits

Residents could freely receive visitors in their home as they wished. The centre's complaints policy was displayed in the hallway and noted that residents' families and friends were welcome in the centre.

There were suitable communal facilities for residents to receive visitors, including a dining space, two sitting rooms, and a garden. The recent annual review noted that residents' families said that they felt welcome in the centre.

Judgment: Compliant

Regulation 17: Premises

The centre comprised a large two-storey house in a busy suburb close to local amenities and services, such as shops, eateries, and public transport links. The premises were found to be appropriate to the needs of the residents living in the centre at the time of the inspection.

The house was clean, bright, homely, comfortable, and nicely furnished and decorated with photos of residents displayed in communal areas. The communal areas included two sitting rooms, and an open-plan kitchen and dining room. There was also a nice rear garden for residents to use, bathrooms, and a utility room, an office, and a staff sleepover room.

Residents' bedrooms were personalised to their tastes with posters, family photos, electronics and their personal effects. One resident showed the inspector around the house and their bedroom and said that they were satisfied with the facilities and space.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents received appropriate support with their eating and drinking needs, and were able to choose their meals.

The inspector observed that the kitchen was well equipped with cooking appliances and equipment. There was a wide selection and variety of food and drinks for residents to choose from. Resident chose their main meals during weekly meetings, but could change their mind if they wished to.

Residents spoken with told the inspector that they liked the food in the centre. They liked the menu on the day of the inspection, and said that they could have their favourite meals. They also enjoyed eating out and having takeaways.

Some residents required modified diets. The inspector viewed three associated care plans. The plans had been prepared by the provider's speech and language therapy service to guide staff in preparing residents' meals. Staff had also received training in supporting residents with modified diets to guide their practices. The inspector spoke with some of the staff working during the inspection about the care plans, and found that they had a good understanding of how to prepare residents' food and drinks.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety precautions in the centre. There was fire detection and fighting equipment, and emergency lights throughout the house, and it was regularly serviced to ensure that it was maintained in good working order. The fire panel was addressable and found in the front hallway.

The inspector observed good fire containment measures. The person in charge activated the fire alarm and the inspector observed that all of the fire doors, including the kitchen, utility room and bedroom doors fully closed.

The provider's fire safety officer completed a risk assessment of fire safety in the centre in January 2026, and staff and the person in charge completed daily, weekly and quarterly checks of the fire safety precautions.

There was an evacuation plan for the centre and individual evacuation plans for the residents. Fire drills were carried out to test the effectiveness of the fire plans. The next day-time drill was scheduled for the week of the inspection. The exit doors were fitted with easy-to-open locks to aid a prompt evacuation.

Residents were reminded about fire safety during their house meetings, and a resident told the inspector that they knew how to evacuate the centre if the fire alarm sounded.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the medication management, administration and storing practices in the designated centre. The practices were underpinned by a written

policy and training for staff in the safe administration of medicines. Overall, appropriate practices were found to be in place; however, some minor improvements were required.

A social care worker showed the inspector where residents' medicines were stored, and they were seen to be securely and hygienically stored. The inspector reviewed two residents' medicines and records with a social care worker. The social care worker had a good understanding of the medicines, their purpose and how they were to be administered. The inspector reviewed residents' recent administration records, which indicated that their medications were administered as prescribed.

There were audits for monitoring medication practices. The inspector reviewed recent stock counts of nine medicines with the social care worker. While the records were correct, there was no stock of two PRN medicines (medicines only taken as required). These medicines were not regularly used; however, if residents required them, they would not be readily available. This posed a risk to how promptly the medicine could be administered. Before the inspection concluded, the person in charge contacted the residents' pharmacists to order the medicines.

Assessments of residents' ability to self-administer their own medicines had been carried out in 2025. The assessments noted that they had been reviewed in 2026; however, it was not noted how residents had been involved in the review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' social, health and personal care needs had been assessed and were kept under review. The assessments informed the development of written care plans.

The inspector reviewed two residents' assessments and care plans. They were found to be up to date, and readily available to guide staff in delivering care and support in line with the residents' needs. The plans also reflected input from the residents, their representatives, the person in charge and staff in the centre, and members of the provider's multidisciplinary team.

Overall, the inspector found that appropriate arrangements were in place to meet residents' assessed needs in the centre.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs had been assessed and were kept under regular review. The inspector found that residents were in receipt of appropriate health care and services in respect of their assessed needs.

The inspector reviewed two residents' health care plans. The plans were available to guide staff on the care and support residents required. Residents' health care records showed that they were supported to avail of a range of multidisciplinary team services, including internal and external services, such as speech and language therapy, dentists, nurses, psychology, psychiatry, and their own general practitioners. Residents were also supported to attend specialist and consultant services, and had the opportunity to attend national screening programmes where applicable.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that residents were in receipt of positive behaviour support where needed. Staff had completed behaviour support training to inform their practices, and written care plans had been prepared to guide staff on how to support residents to manage their behaviours. The person in charge told the inspector that the plans were effective, and that there was good support and input from the provider's multidisciplinary team.

There was one restrictive practice in place for one resident. The rationale of the practice, for the resident's safety, was clear. The resident had been consulted with about it using easy-to-read information to help them understand its purpose. It had also been referred to the provider's oversight group and discussed at a recent management meeting attended by the person in charge, service manager and members of the provider's multidisciplinary team.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented good systems to safeguard residents from abuse. There had been no safeguarding incidents since the last inspection of the centre in August 2024.

The provider had prepared a written policy on the safeguarding of residents. It was readily available in the centre for staff to refer to. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. However, as noted under Regulation 16:

Training and development, it could not be verified if all staff members had completed refresher training.

The provider had also prepared a written policy for staff on how to provide intimate care. The policy highlighted the importance of informed consent, communication and promoting residents' independence while providing intimate care and support. 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. One plan lacked detail on the exact type and level of support a resident required, and this posed a risk to their dignity. The person in charge updated the plan during the inspection to ensure that it included clearer guidance.

Judgment: Compliant

Regulation 9: Residents' rights

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 had control in their lives and were being supported to exercise their rights, and be active participants in their community and in the running of the centre. For example:

- information about residents was written using person-centred language, and described what is important to them and their individual personalities, skills and traits, such as being caring towards others and having a good sense of humour
- 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 May to July 2026, and found that a wide range of topics were discussed, such as the menu planning, infection prevention and control, activities and fire safety
- topics had also been discussed at the meetings to support residents' understanding of their rights. For example, residents were reminded of the right to privacy and personal space, being kind to each other, and how to make complaints
- residents had their own financial accounts, and were consulted with during the meetings regarding the storage of their monies in the centre; they said that they were satisfied with the current arrangements
- the minutes noted that when asked, residents said that they were happy, felt safe and did not want to change anything in the centre
- residents were supported to engage in activities of their choices. The inspector reviewed two residents' recent monthly reports, which noted activities, such as going to shopping centres, attending social clubs and day

services, swimming, going to the cinema, festivals, bowling, attending parties, spending time with friends and family, and eating out

- residents were supported to choose and achieve personal goals with support from their key workers and families. Their recent goals included going on holidays (earlier in the year all five residents and two staff member went on a four night overseas holiday), concerts, maintaining important relationships, completing courses and training programmes (one resident attended a road safety course on the day of the inspection), and celebrating big milestone birthdays.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Landscape OSV-0002397

Inspection ID: MON-0046104

Date of inspection: 21/07/2026

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 one staff completed their safeguarding training on the 23/07/2026	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The two PRN Medication were ordered and now in the centre on the 21/07/2026 The resident's self administration Support Plan was reviewed with residents and placed in their medication folder on the 30.07.2026	

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)(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	23/07/2026
Regulation 29(1)	The registered provider shall ensure that a pharmacist of the resident's choice, in so far as is practicable. a pharmacist acceptable to the resident, is made available to each resident.	Substantially Compliant	Yellow	21/07/2026
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is	Substantially Compliant	Yellow	30/07/2026

	encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.			