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:	Parkview
Name of provider:	St Michael's House
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	07 July 2026
Centre ID:	OSV-0002406
Fieldwork ID:	MON-0050481

About the designated centre

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

Parkview is a designated centre operated by St. Michael's House. The centre is located in county Meath, and aims to provide a homely environment where individuals are supported to live as independently as possible and make choices about their lives. The centre provides residential services for five individuals with intellectual and physical disabilities. The centre consists of a five bedroom bungalow. There is a kitchen and dining area which is fully accessible to all residents. There is also a separate sitting room and sun room for individual activities. Parkview is managed by a person in charge and the staff team comprise of one nurse and social care workers. Residents can also access multidisciplinary team services.

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 7 July 2026	09:55hrs to 17:30hrs	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 staff and a resident's family member, engagements with residents, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents. The inspector found that residents received good quality and safe care in the centre and that effective governance and management systems were in place. Overall, and the centre was operating at a good level of compliance. However, improvements were required to meet full compliance in relation to the premises, staffing, residents' health care plans, and restrictive practice arrangements.

The centre accommodates five residents. It comprises a large detached house in a busy town with many amenities and services. There are two vehicles available for residents to access their community and beyond.

The inspection was facilitated by the person in charge, and they showed the inspector around the house. The house was observed to be clean, bright, homely, comfortable, and well equipped; for example, mobility equipment, such as ceiling hoists, were available for residents use. The house contained an open-plan kitchen and dining room, two sitting rooms, bathrooms, staff offices and residents' bedrooms. The bedrooms were personalised and decorated to residents' tastes; for example, with family photos and personal effects, and provided sufficient storage. Two bedrooms had external doors to aid residents' prompt exit in the event of a fire.

The inspector observed a large amount of signage and notices in the kitchen for residents and staff; for example, there was information for staff on how to access emails. While this information was important, it took away from the homeliness of the space. The person in charge told the inspector they would review the need for all the signs and notices.

There was a well maintained and pleasant rear garden with mature and bright plants. It was fully accessible to residents, and contained sensory aids and seating. There were two external rooms, one for storage, and one that was intended to provider extra space for residents to do leisure activities. However, the person in charge told the inspector that the room was not used as residents were not interested in it.

Overall, the premises was well maintained and met the residents' needs. However, some upkeep was needed, such as repainting to scuffed walls and repair of damaged flooring.

There were some environmental and rights restrictions in place. The rationale for the restrictions, for residents' safety and wellbeing, was clear and proportionate to

the associated risks. However, the inspector found that some of the associated records required improvement to demonstrate how and when the restrictions were implemented.

The inspector observed good fire safety precautions, including fire fighting equipment and a fire panel in the hallway. The premises, restrictive practices and fire safety are discussed further in the quality and safety section of the report.

The inspector met all five residents. Two residents usually attended the provider's day services, but they were closed on the day of the inspection. The other three residents were supported by staff in the centre with their social and leisure day programmes. On the day of the inspection, one resident went horseriding and for coffee with staff in the morning before going to visit their family in the afternoon. Two residents went to the beach with staff. One resident spent most of the morning relaxing in their room, and went shopping with staff in the afternoon. One resident stayed in the centre for the day due to the hot weather, and relaxed by watching television in the sitting room. Staff made sure that the resident was comfortable by offering them cool drinks and putting an electric fan in the sitting room.

Residents communicated using different means, including facial expressions and gestures, body language, and vocalisations; some residents also used words. Residents smiled at the inspector, shook his hand, made eye contact and shared some verbal communication, but they did not express their views. One resident briefly spoke about a family holiday they were going on the day after the inspection.

One resident was visited by a family member during the inspection. The family member was happy to speak with the inspector. They said that overall they were satisfied with the resident's care in the centre, and that the resident was listened to and liked the staff. They shared some areas for improvement, and with their permission, the inspector told the person in charge about these areas. The person in charge was already aware of these matters.

The inspector also spoke with two relief staff and a permanent social care worker during the inspection. They told the inspector about residents' communication means, health care needs and plans, how residents liked to spend their time, how to report incidents and the support residents required to evacuate the centre in the event of an emergency. They demonstrated a good understanding of these matters, and spoke about residents with warmth and respect.

Overall, this inspection found that the centre was well run and managed. Residents were safe and received good care and support to meet their assessed needs. However, improvements were required in relation to Regulation 6: Healthcare, Regulation 7: Positive behaviour support, Regulation 15: Staffing and Regulation 17: Premises, these matters are discussed 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 affect the quality and safety of the service being delivered.

Capacity and capability

The inspector found that there were effective management systems in place to ensure that the service provided to residents living in the centre was consistent and appropriate to their needs.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and met the requirements of Regulation 14: Person in charge. They demonstrated a good understanding of the residents' needs and the service to be provided to them in the centre. They reported to a service manager, and there were effective arrangements for them to communicate.

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, as well as various audits had been carried out in the centre to identify areas for quality improvement. Actions from the audits were monitored by the management team and escalated to the provider as needed.

The person in charge was satisfied that the staff skill-mix and complement was appropriate to the assessed needs of the current residents. However, there were some vacancies. The vacancies were well managed; however, the reliance on relief and agency staff presented a risk to residents' consistency of care. The person in charge maintained planned and actual rotas. The rotas clearly noted the staff on duty and the hours they worked.

Staff were required to complete training as part of their professional development and to support the delivery of appropriate care and support to residents. There were also arrangements for the ongoing support and supervision of staff such as scheduled supervision meetings.

Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The meetings were scheduled monthly. The inspector read a sample of the January to June 2026 minutes. The minutes noted discussions on various topics, such as updates on residents' needs, safeguarding, risk management, infection prevention and control, and fire safety. Some meetings had also been attended by members of the provider's multidisciplinary team services, including a medication trainer, a psychologist and a physiotherapist.

Regulation 14: Persons in charge

The person in charge was full-time and based in the centre. They possessed relevant qualifications in social care and management, and was suitably experienced and skilled for their role. The person in charge demonstrated a rich understanding of the residents' care and support needs and the service to be provided to them, and the regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had determined that the staff complement and skill-mix of the person in charge, a nurse 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 could also avail of the provider's multidisciplinary team services as required.

The inspector reviewed the May, June and July 2026 rotas. The rotas were well maintained and recorded the names of staff and the hours they worked, and showed that planned staffing levels were maintained.

However, there were vacancies of approximately 3.5 whole-time equivalents, which posed a risk to residents' continuity of care. The provider was recruiting for the vacancies. The person in charge had risk assessed the potential impact of the vacancies as a red risk. They were endeavouring to minimise the risk by using regular relief and agency staff, and ensuring that a permanent staff member was always on duty. The person in charge maintained induction records for new staff, and had arrangements to verify the identity of agency staff members. The rotas showed that 10 relief staff had worked in the centre each month, and the number of agency staff each month ranged from one to five.

Staff Schedule 2 files were not reviewed as part of this inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were required to complete training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training included safeguarding of residents, administration of medication, manual handling, supporting residents with modified diets (FEDS), management of behaviours of concern, hand hygiene, emergency first aid, and fire safety. The inspector reviewed the staff training matrix with the person in charge. The training

records showed that staff were up to date with their training requirements, and where refresher training was due, it had been scheduled by the person in charge.

Some staff had also completed supplementary training in areas such as human rights; however, these training programmes were not recorded on the matrix.

The person in charge provided informal support and formal supervision to staff working in the centre. The inspector reviewed three staff supervision records, and found that they had received formal supervision in line with the provider's policy. The supervision meeting minutes noted discussions on topics such as key working, residents' plans, communication and training.

Staff spoken with said that they were satisfied with the support they received, and that they could raise concerns. They could also utilise an on-call service outside of normal working hours if they required support.

Judgment: 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. Overall, the inspector also found that the centre was well-resourced in line with the statement of purpose. For example, multidisciplinary team services were available and the premises met the residents' needs. Staffing resources are discussed under Regulation 15: Staffing.

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 a service manager. There were arrangements for the management team to communicate, including meetings and informal communications. The person in charge also completed monthly governance reports that they shared with the service manager. The inspector reviewed a sample of the reports from 2026. They included information on residents' plans, safeguarding, health and safety, incidents, staffing and training, infection prevention and control, and restrictions.

The provider and person in charge had implemented 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, as well as audits on fire safety. Within the centre, the person in charge and staff team completed medication, infection prevention and control, and health and safety audits. The audits were found to identify actions for improvement where required, which were monitored by the management team to ensure progression.

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

Judgment: Compliant

Quality and safety

The inspector found that the residents' wellbeing and safety was maintained by a good standard of care and support in the centre. However, some improvements were required to the maintenance of the premises, one resident's healthcare records, and the arrangements for a restrictive practice.

Residents did not express their views to the inspector but appeared content in their home and familiar with the staff supporting them; for example, they smiled at staff and were supported to make decisions about how they spent the day. Staff were also observed engaging warmly with residents and had a good understanding of residents' non-verbal communication.

One resident's family member spoke positively about the care their loved one received in the centre. The inspector also read feedback from residents' families in the recent annual review. They complimented the care and support from the staff team.

Staff spoken with told the inspector that residents were happy, safe, that their needs were met, and that they were supported to make choices about how they spent their time. They told the inspector about residents' interests and favourite social and leisure activities. The inspector also reviewed two residents' May 2026 activity records. They noted that residents had spent time with their families, gone to the cinema, sensory gardens, horse riding, the beach, shopping, swimming, bowling, parks, for picnics and ate out.

Staff were found to have a good understanding of residents' behavior and health care plans, and knew how to report incidents and evacuate residents if the fire alarm sounded.

Residents' healthcare needs had been assessed and associated care plans had been prepared. The plans were up to date and noted that residents could access various multidisciplinary team services as required. However, one resident's specific healthcare plan and the associated records required improvement to ensure that the interventions were clearly outlined for staff to follow and that staff then recorded if they were implemented.

The inspector found that good arrangements were in place for the management of residents' medicines. For example, medicines were securely stored, and staff had completed safe administration of medication training.

There were some restrictive practices in the centre. The rationale for the restrictions was clear. However, improvements were required to the description of one

restriction and the associated records to ensure that it was implemented in a consistent manner.

The provider had implemented effective arrangements to safeguard residents from abuse, including training for staff and a written policy to their inform practices.

The premises comprises a large house containing residents' bedrooms, staff offices, bathrooms, sitting rooms, a kitchen and dining room, gardens garden, an external storage room, and another external room that was not in use. The house was seen to be homely, comfortable, clean, and nicely decorated. Some upkeep and maintenance was required in areas, and had been reported to the provider's maintenance department.

The inspector observed good fire safety precautions. For example, there was fire fighting equipment throughout the house, and staff had received fire safety training. Fire drills were also regularly carried out to test the effectiveness of the evacuation plans.

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, expressions and body language 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 follow. Staff were seen during the inspection to have a good understanding of residents' verbal and non-verbal communication. One resident's family member told the inspector that their loved one was listened to and understood by staff.

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

Judgment: Compliant

Regulation 17: Premises

The centre comprises a large two-storey house close to many amenities and services in a large town. Generally, the premises were found to be appropriate to the needs

of the residents living in the centre at the time of the inspection. However, some upkeep was needed.

The house was seen to be clean, bright and comfortable. There was sufficient communal space including bathroom facilities, a kitchen and dining room, and two sitting rooms. There was a utility room, an office, medicines room, an external storage room, and an unused activity room. There was also a lovely large rear garden. It was accessible to residents and contained some sensory equipment and seating furniture. The mature garden and bright plants and flowers provided and inviting space for residents to use.

The residents' bedrooms were nicely decorated and personalised to their tastes and interests; for example, family photos were displayed. Specialised equipment, including electric beds, ceiling hoists, shower trays and wheelchairs, was available to residents, and there were arrangements to maintain them it in good working order.

Some upkeep of the premises was required, such as repainting of scuffed paintwork and repair to damaged bathroom flooring, and had been identified in the provider's audits, including the annual review, unannounced visit reports, and health and safety audits. While the maintenance issues had been reported to the provider's maintenance department, there was no time frame for them to be completed.

Judgment: Substantially 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. The inspector released a sample of the fire doors, including bedroom doors, and observed that they closed fully. The fire panel were addressable and easily found in the front hallway The equipment and lights were regularly serviced to ensure that they were maintained in good working order.

Staff completed daily, monthly and quarterly checks to ensure that the fire precautions were in place. The provider's fire safety officer had also visited the centre in March 2026 to audit the fire safety measures.

There was an up-to-date evacuation plan for the centre and individual evacuation plans for residents. Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the fire plans. Staff had completed fire safety training and told the inspector that residents evacuated well during drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate medication management, administration and storing practices in the designated centre. The provider had prepared a written policy on the practices, and staff were required to complete training in safe administration of medications.

The inspector saw that medicines were stored hygienically and securely. The inspector reviewed a sample of medicines and found that they were clearly labelled and had not passed their expiry dates.

The inspector reviewed two residents' medication records, including prescription sheets and recent administration records. The records were well maintained and indicated that residents' medications were administered as prescribed.

There were audits in place for monitoring medication documentation and practices, including scheduled stock counts. The inspector reviewed recent stock count records for six medicines, and found that they were correct in line with the number of medicines on the day of the inspection.

Judgment: Compliant

Regulation 6: Health care

Overall, the registered provider and person in charge had ensured that residents received appropriate health care. The service operated under a social care model and there was a full-time nurse allocated to the centre to oversee residents' health care. Residents also had access to the provider's multidisciplinary team and community healthcare services as they required. For example, general practitioners, physiotherapists, speech and language therapists, psychologists, occupational therapists and specialist services.

Written support plans had been prepared and were readily available in the centre, to inform staff on residents' healthcare needs and the associated interventions to be followed. The inspector reviewed a sample of three residents' care plans and associated records.

Improvements were required to one resident's documents. A specific care plan required revision to ensure that the information was clearly outlined for staff to follow. The care plan referred to specific interventions that were to be carried out by staff. However, the associated records were inconsistent in recording if the interventions had been carried out. This posed a risk to the effectiveness of the plan and the resident's health.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider had ensured that residents received support to manage their behaviours of concern as required. Positive behaviour support plans had been prepared by specialist services. The inspector reviewed two plans and found them to be up to date and readily available to guide staff on the interventions to be followed. Staff told the inspector that the plans were effective. Staff had also completed behaviour support training to inform their practices and understanding of positive behaviour support.

There were some environmental and rights restrictions implemented in the centre. The person in charge kept the restrictions under regular review to ensure that they were the least restrictive options. For example, restrictions were recorded on a log and reviewed every three months. The inspector reviewed the arrangements for some restrictions and found that the rationales were clear, residents and the provider's multidisciplinary team had been involved in the decision to use the restrictions, and that they had been reported to the provider for its oversight.

However, some improvements were required in relation to the night-checks of a resident. The guidance required more detail on how the checks were to be carried out to ensure that staff practice was consistent and as least invasive as possible. There were also no records to verify if the checks were being completed, and this posed a risk to the effectiveness of the management of the associated risk.

Additionally, while the person in charge had referred the checks to the provider's oversight group for approval. The group were not reviewing rights restrictions of this type. The provider intended to form a group for these types of restrictions. However, in the mean time, there was a gap in the provider's oversight and assurances on the use of some restrictions within its centres.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had implemented good systems to safeguard residents from abuse. The provider had prepared a written policy on the safeguarding of residents. It was readily available in the centre along with additional guidance for staff to refer to.

Staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with had no concerns for residents' safety, but knew how to report potential concerns.

Safeguarding matters were also discussed at staff meetings to remind staff of the reporting procedures.

The inspector found that two safeguarding concerns recorded in 2025 had been appropriately reported and that actions were taken to protect residents.

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 residents' plans. The plans were up to date and readily available to guide staff.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Parkview OSV-0002406

Inspection ID: MON-0050481

Date of inspection: 07/07/2026

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: In response to Substantially Compliant under Regulation 15 (3) the following actions have been taken: • General Recruitment continues for the whole Organisation with a schedule of Interview dates planned • The PIC and Service Manager held Interviews on 9th July with one successful Candidate • One Staff member is returning from maternity leave Aug 26 and a second Staff member is returning from maternity leave Oct 26 • One Staff member is returning from sick leave expected Sept 26 • 4 Relief Staff are block booked on a monthly basis to cover the vacancies • Agency Staff are always working alongside permanent staff members • Sign off by the CEO is imminent to progress the specific recruitment of approved additional vacancy posts • A Risk Assessment remains in place identifying a Red Risk in the area of Staffing • The PIC and Service Manager have escalated this risk to the Director of Adult Services • The PIC is maintaining Induction Checklists for all Agency staff. • The skill mix on the Staff Team is being reviewed to address changing and future needs of Residents	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: In response to Substantially Compliant under Regulation 17 (1) (b) • The PIC has re-submitted maintenance requests for repainting of communal areas including scuffed paintwork, doorframes and the replacement of bathroom flooring • The Service Manager will escalate to the Director of Adult Services to secure a time frame for completion	

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
In response to Substantially Compliant under Regulation 06 (1):

• The PIC and Keyworker reviewed and updated the relevant Support Plan
• This followed a discussion with the GP about the arrangements
• Further review by Respiratory Consultant is planned for 14th Aug 26
• Any additional requirements will be put in the Support Plan
• The PIC has added a daily recording mechanism for Staff to complete in relation to a specific intervention
• Support Plans are reviewed by Keyworkers and PIC on a quarterly basis or sooner if any changes are required

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
In response to Substantially Compliant under Regulation 07 (4):

• The PIC updated the relevant Support Plan immediately to include very specific instructions for all staff to follow
• The PIC has introduced an additional recording system for staff to complete
• The Organization's Positive Approach Management Group (PAMG) approved nighttime checks with a Rights Letter due to the complexity of the Residents Medical needs
• The restriction is reviewed annually with the Resident and their Decision-Making Representative
• The Provider plans to establish a Rights Committee
• The current proposed aim of the Rights Committee is to promote and uphold the rights of individuals with intellectual disabilities, support self-advocacy and empower service users in decision-making, review and monitor rights-related issues (e.g., consent, privacy, freedom of choice) that impact on the lives of service users, and to provide a forum for discussion on rights-based concerns raised by Service Users ensuring we are adhering to the principles of the ADM Act and the UNCRPD
• Currently the PAMG Administrator collates rights restrictions within services. That will move to Quality, Safety and Risk directorate

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/03/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2026
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31/07/2026

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	31/12/2026