



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

## Issued by the Chief Inspector

Name of designated centre:	Taliesin House & Log Cabins
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	23 February 2026
Centre ID:	OSV-0003383
Fieldwork ID:	MON-0047423

## About the designated centre

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

Taliesin House and Log Cabins is a designated centre operated by Nua Healthcare Services Limited. The centre can cater for the needs of up to thirteen male and female residents, who are over age of 18 years and who have in intellectual disability. The centre is located on large private grounds, close to a town in Co. Laois, and comprises of one main building, which can accommodate three residents, another building accommodates four residents, and there are also six single occupancy cabins. In the main building, each resident has their own bedroom, some of which are en-suite, with shared access to bathrooms, sitting rooms, staff office and kitchen and dining area. The cabins provide residents with their own living, kitchen and dining space, bedroom and bathroom. Large and well-maintained grounds surround this centre for residents to use as they wish. Staff are on duty both day and night to support the residents who live here.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	11
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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
Monday 23 February 2026	09:30hrs to 17:30hrs	Anne Marie Byrne	Lead
Monday 23 February 2026	09:30hrs to 17:30hrs	Ivan Cormican	Support

## What residents told us and what inspectors observed

This was an unannounced inspection carried out to assess the provider's compliance with the regulations. Over the previous number of months, the provider had notified the Chief Inspector of Social Services, of several safeguarding incidents that had happened, which informed the lines of enquiry into this inspection. The day was facilitated by the person in charge, and inspectors also got to meet with various staff members who were on duty, and with seven of the residents. While some residents only engaged briefly with inspectors, a number of them did take time to speak about the specific care and support they received. Overall, while there were examples of where care and support was being delivered to a good standard, there were certain areas that required review. This was particularly found in regards to aspects of fire safety, which required an immediate action to be issued to the provider, to address significant concerns raised in relation to fire containment. This will be discussed in further detail later on in this report.

The centre was located a short distance from a town in Co. Laois, comprising of multiple buildings on large grounds. The main building comprised of three resident bedrooms, bathrooms, a kitchen and dining area, two sitting rooms, and a staff office. Recent to this inspection, a resident engaged in an incident of significant property damage, and there were multiple windows being replaced in this main building at the time of this inspection, which will be discussed again later in this report. Adjacent to this main building, was another two-storey premises which provided one single occupancy apartment, and three resident bedrooms. This premises also comprised of a large upstairs activity and recreational area and a staff bedroom. To the rear of both of these buildings were one-bedroom cabins. These cabins were linked by a well-lit walk-way, and each resident had their own outdoor covered porch, kitchenette, living area, bedroom, bathroom, and spare room. Some of the residents also had sheds and garages at the rear of their cabin, providing them with additional storage space. Since the last inspection, the provider had addressed the fire safety concerns that were identified upon the last inspection in relation to these cabins, with each now having a fire exit door within each bedroom.

At the time of this inspection, there were eleven residents living in this centre, one of whom was transitioning out of the centre in the coming weeks, and there were two vacancies. They primarily required staff support in relation to accessing the community, some had complex behavioural support needs, others had identified risks relating to ligature, self-harm and substance abuse, with some also having risks that the provider named as absconsion. There were a large number of restrictions in place in this centre so as to maintain these residents' safety in response to their assessed needs. Furthermore, in light of the volume of safeguarding related incidents that had also occurred, multiple safeguarding arrangements were required so as to ensure the safety and welfare of these residents.

Shortly after inspectors arrived, they were brought on a walk-around of the centre. Some residents had already gone out, while others were getting ready for their day, with one having a lie on in bed. There was a very relaxed, calm and homely atmosphere, and staff were observed to interact warmly with residents. In the main building, one resident greeted an inspector and welcomed them into their bedroom. They spoke of how they followed a particular soccer team and were hoping to watch them play later on. They were looking forward to getting their bedroom re-painted, and were planning to go out for a coffee later in the afternoon. While on their walk-around of this main building, a significant concern was raised by inspectors, in relation to the fire containment of a room containing a gas fired boiler. This will be discussed in more detail later on in this report.

As inspectors approached the cabins, they were able to meet with many residents, and were welcomed to come in. One resident who previously resided in the main house, had transitioned to one of these cabins since the last inspection. They had a very keen interest in models of cars, planes and buildings, and had set up a large display area within their kitchen and living space. They also liked computers and had set up a desk area in their bedroom, and another in their spare room. The resident spoke of how they were very happy since they moved into their cabin, and loved the independence it had given them. However, due to their display area of the figures and fixtures they had created, along with their computer stations, this it had greatly compromised their actual living space, which did require the review of the provider. Another resident was sitting outside their cabin when inspectors arrived. They spoke of their love for horses and how they very regularly visited nearby stables to feed the horses. They had previously taken part in horse shows, and had many ribbons displayed on their front door of their achievements over the years. They told of how they accessed the community on a regular basis, and of how staff supported them with their online banking needs. Another resident who was just finished cleaning their apartment also welcomed both inspectors in. They remembered meeting one inspectors on a previous inspection, and spoke of how they still maintained very regular contact with their spouse, had continued to sell items at car boot sales, and of their on-gong love for their home county. This resident loved music, and had their own sound system which allowed them to DJ with. They spoke of how they got out very often, and were enjoying going to the provider's social club and going on the sensory bus. They had a shed to the rear of their cabin to allow them to store their stock for car boot sales, and told inspectors that they were delighted that their business was still going well for them. The last resident in the cabin area that inspectors met, with also remembered meeting one of the inspectors on previous inspections. This resident spoke of how they were still caring for their pet rabbit, and had set up various areas in their cabin to ensure it was pet friendly. They had a particular interest in mind fullness, and had many items representing this interest decorating their cabin.

All residents led very active lifestyles, to include, going out for a bite to eat, going shopping, meeting with friends and family, and going to various social events. Along with heading out and about, residents could use the communal spaces to relax in the main building, with the recreational room also containing comfortable seating, pool tables and exercise equipment. The staffing arrangements for this centre was instrumental to how it operated daily, as some residents were assessed as requiring

a certain level of staff support, and this was consistently provided. At the time of this inspection, this centre was coming out of a period where they had been operating at reduced staffing levels, with newly recruited staff undergoing induction. The person in charge was cognisant of the specific high risks associated with some of these residents, and ensured that a core staff team were in place for these particular residents, so as to ensure continuity of care.

As earlier mentioned, this centre had experienced incidents over several months in relation to on-going safeguarding concerns, some of which had escalated in nature more recent to this inspection. Although this had been very challenging for local management and staff to manage, at the time of this inspection, there were safeguarding arrangements in place that were working well, and were maintained under very regular review.

The specific findings of this inspection will now be discussed in the next two sections of this report.

## Capacity and capability

Following the last inspection of this centre, the provider satisfactorily implemented their own compliance plan response, resulting in better arrangements being found upon this inspection with regards to aspects of the premises, and fire escape arrangements for those residing in the cabins. However, this inspection did identify where some review was required to the provider's own arrangements for monitoring the quality and safety of care.

The person in charge held the overall responsibility for this service, and was supported in their role by three shift lead managers, and their staff team. This was the only designated centre operated by the provider in which they were responsible for, and this allowed for them to base themselves full-time at the service. They had good knowledge of the residents' needs and of the operational needs of the service delivered to them. They held regular meetings with their staff team, and maintained frequent contact with their line manager about operational issues. Each week, they also prepared a governance report for senior management review, outlining any issues arising within key performance aspects of the service. There was also an on-call arrangement in place, ensuring that staff had access to managerial support, outside of standard office working hours. Suitable arrangements were also in place for the person in charge to raise any resource related concerns or requests directly with senior management.

In the lead up to this inspection, this centre had encountered some challenges with regards to maintaining required staffing levels. To mitigate against this, members of local management were rostered for direct care duty, and recent to this inspection the provider had also recruited new members of staff who had commenced induction. In response to some incidents of significant nature which had occurred,

the provider was responsive to this, and had adjusted and increased staffing levels to support residents. Planned and actual rosters also took into account local management team, ensuring at least one of them was at all times on duty.

The monitoring of the quality and safety of care in this centre was largely attributed to local audit and review processes, and also through the provider's own six monthly provider-led visits. However, some review of how these were being carried was required, to ensure that these systems had the capacity to specifically focus on aspects of care and support relevant to the assessed needs of residents, the nature and type of incidents that had occurred, and emerging resident risks.

### Regulation 15: Staffing

The person in charge maintained an actual and planned rota which outlined the day and nighttime staffing arrangements in the centre. The centre was assessed as requiring 10 staff during daytime hours and four waking night staff. On the day of inspection the person in charge and shift lead manager highlighted recent challenges in terms of meeting the staffing requirements in the centre. These challenges had been risk assessed and a procedure was in place to notify senior management, should the staffing compliment fall below eight staff members during the day.

A review of the rota indicated that the centre had sometimes dropped below the required staffing allocation. On these occasions, as the person in charge and shift lead managers were supernumerary to the staffing requirements, they were placed on duty to provide additional staff cover, and as a result there was no sustained negative impact on the provision of care. In addition, the provider was actively recruiting and new staff members were due to commence in March 2026.

Judgment: Compliant

### Regulation 23: Governance and management

Although there were many aspects of this provider's governance and management arrangements that were working well, a review of some monitoring arrangements was required.

Routinely, the provider completed six monthly provider-led visits, with the last visit having being completed in September 2025. These visits were found to be in expansive in nature, reviewing areas such as, governance and management, risk, health care, statement of purpose, behavioural support, safeguarding, personal planning, residents' rights, personal possessions, general welfare and development, fire safety, staff training, staffing, premises, food and nutrition, records, infection control, medication management, directory of residents, and complaints. The report

from the most recent visit was reviewed by an inspector and was found that the review of these areas was largely focused on documentation reviews. Given the size and scale of this centre, information provided through complaints and incident process, and profile and assessed needs of the residents availing of this service, this methodology of monitoring would benefit from a more condensed and focused approach, informed by the specific assessed needs of these residents, and review of the operational needs of the service delivered to them.

Furthermore, a review of what internal audits being completed by local management required review, to ensure their overall effectiveness in monitoring for the quality and safety of care in this centre, in between the provider's own six monthly visits.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector of Social Services was notified of all incidents, as and when required by the regulations.

Judgment: Compliant

### Quality and safety

Inspectors found that many aspects of care were held to a good standard and that residents generally received a good level of care and support. Some areas relating to behavioural support and the premises required further attention; however, fire containment measures in one aspect of the centre was of significant concern to inspectors, and an immediate action was issued to the provider to review fire safety in this area of the centre, prior to the conclusion of the inspection.

Fire safety systems were in place such as fire doors, emergency lighting and a fire alarm system. The person in charge stated that the fire alarm had been recently reviewed by a competent person, and a new system for giving warning of fire was due to be installed. Staff who met with an inspector had a good understanding of how to evacuate residents from the different areas of the centre, and fire drills were scheduled to occur throughout the year. Although fire safety was generally promoted, an inspector identified a serious issue relating to the containment of fire in the main building, that required an immediate action to be issued.

There was a good incident reporting culture in this centre, with staff providing a clear account of the context and response to every incident they were presented with. Each incident was reviewed by the person in charge and escalated to senior

management, as and when required. There was also a good response from the provider to instigate additional multi-disciplinary review of residents' care, where certain trends in incident occurrence was observed. However, improvement was required to ensure risk assessments and protocols associated with some residents' identified risks were developed and in place to guide staff practice.

Due to the escalation in safeguarding relating incidents over the past number of months, this became a large focus of the provider, local management, and staff to ensure the safety and welfare of residents. Most of these were in relation to residents voicing their own safety concerns to the provider in relation to one of their peers who often engaged in behaviour related incidents. This had been on-going for a number of months, and there was heavy involvement from safeguarding and behavioural support in the review of safeguarding arrangements. Local management were well-aware of these concerns, and were maintaining all arrangements under very regular review to ensure they were consistently implemented by staff, communicated with all residents, and sustaining effectiveness.

## Regulation 17: Premises

The design and layout of this centre was unique in nature, providing shared living accommodation, and cabins for single occupation. The centre also provided residents with a communal recreational room, kitchen/dining room, a small living area, and a large reception room in which residents could relax and watch television.

Although the centre was pleasantly decorated and promoted residents' independence, some improvements were required in regards to maintenance and cleaning. In addition, two residents had a lot of electrical equipment in their living spaces, and extension leads were being used to provide power to these. At the time of this inspection, the provider had not yet reviewed this so as to give consideration for the installation of additional electrical sockets to these residents' living spaces.

The exterior of the building required extensive painting which had been identified by the provider; however, a number of timber windows, doors, fascia and soffits required attention in terms of maintenance. In addition, some waste water pipes were not suitably covered and in general, the exterior of the centre required review in terms of general up-keep.

As discussed in the opening section of this report, a resident who resided in one of the on site cabins, had a particular interest in models and computers. They had an extensive collection of model cars, trucks and aircraft in their living area which also contained an impressive model city and airport. Although their love of model collecting and building was actively promoted, their actual living space was greatly reduced and a review of this resident's living space was required.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

Over the course of this inspection, a number of incident reports were reviewed by inspectors. These were well-written by staff, and provided a clear account of the context of each incident, and how they responded. However, for one resident, a number of incidents had occurred in previous months, where the resident had engaged in varying levels of substance abuse, both at the centre and while they were out in the community. Some of these incidents had been quite challenging for staff to respond to, and had resulted in a recent multi-disciplinary review of this resident's independent community access arrangement. The report from this review was made available to an inspector, which provided clear and proportionate safety measures to be implemented by staff, should this resident present in a dysregulated state before accessing the community, to include, enhanced monitoring both at the centre and within the community, and structured planning and boundary setting. However, at the time of this inspection, there was no risk assessment in place in relation to this resident's independent community access. Furthermore, despite the outcome of the multi-disciplinary review, no protocol had been developed to provide staff with step-by-step guidance as to how they were to assess, respond to, and monitor the safety and welfare of this resident, should they present above baseline behaviour, prior to leaving the centre to gain access into the community. In addition, this resident also had an identified named absconsion risk; however, similarly, there was no protocol in place to guide staff on what to do, should an incident of this nature occur in the centre, or while the resident was out in the community. Furthermore, the risk assessment in place for this resident's named absconsion risk required review, as the control measures identified within this document contradicted the most recent review of this residents' community access arrangements.

With regards to residents who were assessed with a ligature risk, improvements were also required so as to provide clarity in relation to how this was being risk assessed, managed and monitored. For example, for one resident, their risk assessment and protocol with regards to this aspect of their care didn't clearly guide staff on what to do, should a resident voice any intent to self-harm using ligature, giving due consideration to incidents of this nature that had previously been reported. For example, recent to this inspection, an incident had occurred where a resident voiced their wish to engage in self-harm. However, the protocol that was in place, didn't consider or provide guidance to staff on whether or not they were to instigate interim environmental checks in such incidents, or what other measures were instead to be put in place to protect the safety and welfare of this resident, should they engage in such incidents.

Over the course of this inspection, a number of risk assessments reviewed in conjunction with the person in charge. The risk-rating and control measures documented within some of these required review, to ensure proportionate

additional controls were in place for any risk identified that required on-going monitoring and review.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Inspectors observed significant issues in terms of fire containment in the main aspect of the designated centre, that contained a gas-fired boiler located within a room, which was adjacent to the evacuation route of a resident bedroom, which was vacant at the time of this inspection. A number of fire containment issues were identified in regards to the building fabric of this room, and also in relation to the installation of this room's fire door. On the day of inspection, an immediate action was issued to the provider to review the fire containment measures in this aspect of the centre. In the afternoon, a competent person reviewed these fire containment measures, informing that a full review of this room in terms of fire containment was required, which the provider scheduled to immediately complete.

The fire safety measures in the remaining areas of the designated centre were generally held to a good standard and staff who met with an inspector had a good understanding of residents' individual requirements, should an emergency occur. Although staff could outline how each resident would be supported to evacuate the centre in the event of a fire, better clarity was required in regards to the collective evacuation of the centre, considering it's unique design and layout.

Fire drills were completed with residents and associated records indicated that all residents could evacuate their aspect of the centre, during the day when a higher compliment of staff was on duty. However, a fire drill had been not completed to reflect night time staff support arrangements.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had suitable storage in place for medicinal products. An inspector reviewed two medication prescription sheets, which had been signed by the residents' general practitioner, and contained the required information for the safe administration of medications. Associated medication administration records indicated that residents received the medications as prescribed. There were no trends in terms of medication administration or recording errors, and records reviewed clearly indicated where some residents had refused their medications.

The management of medications was generally held to a good standard in this centre, and the provider had a stock take and control system which assisted in the identification of potential medication errors. However, some improvements were required as one medication did not have a label in place, and the provider was unable to verify that an accurate stock take was in place for this particular medication.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Some residents who used this service required additional supports and interventions in relation to their behaviours, which had the potential to cause concern to themselves, other residents, and staff members. An inspector reviewed information in regards to how best to support two residents in relation to this area of care, and found that this information was comprehensive in nature and gave clear guidance of how best to support both residents.

The centre's shift lead manager discussed these residents' care, and they clearly described interactions with both residents which actively reduced the likelihood of behaviours of concern occurring. For example, for one resident the manager explained it was important not to ask them 'how they were' as this could trigger an escalation in behaviours. They also explained how this resident responded best to staff with a cheerful demeanour and who respected their personal living space. For the second resident, the manager described the precursors which may be evident prior to an escalation in behaviours of concern which included pacing, declining meals, lack of sleep and increased demands.

There were a number of restrictive practices in place such as access to sharp items, environmental searches and supervised access to some communal areas. These practices were required due to safety, behavioural and safeguarding concerns and a restrictive practice committee was in place to provide oversight of all restrictions in the centre. In general there was good oversight of the use of restrictive practices, with specific plans in place to support the reduction of restrictive practices. Although there were areas of good practice observed upon inspection, the consent process for the use of these practices was not clearly evident on the day of inspection and required further attention.

Judgment: Substantially compliant

### Regulation 8: Protection

There were safeguarding procedures in place, and all staff had up-to-date training in safeguarding. The topic of safeguarding was often discussed with residents, and they were aware to report any concerns that they had to staff.

There was a high volume of safeguarding related incidents being reported in this centre, and each were subject to review and referral to the designated officer for safeguarding. Multiple of these were in relation to one overall safeguarding concern, which was well-known and documented. At the time of this inspection, there were several safeguarding plans developed in relation to this one concern, which the person in charge was in the process of reviewing so as to develop one overall safeguarding plan, that clearly outlined the mitigating safeguarding measures had been put in place by the provider.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Taliesin House & Log Cabins OSV-0003383

Inspection ID: MON-0047423

Date of inspection: 23/02/2026

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> <li>1. The Director of Regulation, Quality and Safety and the Head of Quality and Safety will complete a service wide review of the existing six-monthly monitoring process. The revised process will move beyond documentation review and will use Individuals outcomes, complaints, incidents, safeguarding concerns, restrictive practice data, and operational risk to inform a more focused assessment of quality and safety.</li> <li>2. The Person in Charge and Quality Assurance Officer will complete a full review of all internal audits currently carried out by local management to ensure they effectively monitor the quality and safety of care between the provider's six-monthly visits. The review will assess whether each audit remains relevant, is completed at the appropriate frequency, identifies trends, and results in timely corrective action, with any gaps addressed through a revised audit schedule and action-tracking process.</li> </ol>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> <li>1. A registered electrician will review and install additional fixed sockets in identified rooms to reduce extension lead use and ensure safe power access. Evidenced by installation records.</li> <li>2. The Person in Charge will update the daily safety walk checklist to include electrical equipment checks, implement it, brief staff, and audit completion. Evidenced by revised checklist and audits.</li> <li>3. Post-exterior review, the Maintenance Manager will create and monitor a prioritised schedule for external works (windows, doors, fascia, soffits, walls, paint, pipes). Evidenced by records and signoffs.</li> </ol>	

4. The Maintenance Manager will assess Centre maintenance resources, address gaps via revised schedule, and monitor them via preventative checks. Evidenced by records review.
5. The Provider will install an outdoor storage solution for excess items; keyworkers will educate the individual on safe storage. Evidenced by installation records and session notes.
6. The Person in Charge will update the Cleaning SOP with clear schedules, clean to standard, and monitor daily. Evidenced by updated SOP and monitoring records.

Regulation 26: Risk management procedures	Substantially Compliant
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- Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
1. The Person in Charge, with multi-disciplinary input, will review/update all residents' risk assessments as per inspection feedback, developing specific protocols for community access, absconion, above-baseline behaviour, and ligature/self-harm risks (with staff guidance, triggers, interim checks, controls). Evidenced by dated protocols/plans.
  2. Post-update, the Person in Charge will brief team members via meeting/competency checks and monitor via monthly audits of records, incidents, protocol use (escalating gaps). Evidenced by meeting records and feedback on findings.

Regulation 28: Fire precautions	Not Compliant
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- Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1. The Provider ensured that a competent person completed a full fire containment review of the boiler room, covering compartmentation, penetrations, door integrity/closers, and building fabric. Findings documented for review and any required follow-up actions implemented.
  2. The Provider will complete all remedial works identified in the fire containment review of the boiler room, including the replacement and installation of a certified, self-closing fire door set that meets the specified fire resistance rating. Completion will be evidenced through installation records, sign-off, and documentation of all remedial works
  3. The Person in Charge will develop and implement a schedule of section-specific fire drills reflecting the centre's unique design and layout. Separate drills will be conducted for each part of the centre to ensure team members can effectively support individuals during both individual and collective evacuation scenarios. Completion will be evidenced through drill records, team member attendance, and post-drill evaluations.
  4. The Person in Charge will, schedule and complete a full nighttime fire drill using actual nighttime staffing levels to ensure team members can safely and effectively evacuate

<p>individuals under reduced staffing conditions. Completion will be evidenced through drill records, team member attendance, and post-drill evaluation reports.</p>	
<p>Regulation 29: Medicines and pharmaceutical services</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ol style="list-style-type: none"> <li>1. The Person in Charge will complete a full review of all individuals' medication stocks to ensure that every medication is correctly labelled and that accurate stock counts are in place. Any missing, unclear, or incorrect labels identified during this review will be immediately reported to the dispensing pharmacy for correction.</li> <li>2. The Person in Charge will also ensure that the weekly medication audit tool is consistently completed, with any discrepancies or labelling issues identified during audits addressed.</li> </ol>	
<p>Regulation 7: Positive behavioural support</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ol style="list-style-type: none"> <li>1. The Person in Charge will review all restrictive practices in use across the Centre to ensure that clear, documented consent is in place for each practice. Any missing or unclear consent documentation identified during the review will be completed or updated in consultation with the individual, their representative (where appropriate), and the multidisciplinary team.</li> </ol>	

## 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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/05/2026
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	07/07/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/04/2026
Regulation 23(1)(c)	The registered provider shall	Substantially Compliant	Yellow	30/04/2026

	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.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/05/2026
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	17/04/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	23/02/2026
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all	Substantially Compliant	Yellow	31/03/2026

	persons in the designated centre and bringing them to safe locations.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	28/02/2026
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	15/04/2026