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:	Four Winds
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	12 May 2026
Centre ID:	OSV-0003651
Fieldwork ID:	MON-0041346

About the designated centre

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

This centre is a detached bungalow in Co. Louth. It can provide full-time residential services for up to four adults. The residents' home is staffed twenty-four hours a day, by a team of staff nurses, a social care worker and health care assistants. The house is within commuting distance of a number of nearby villages and larger towns. Transport is also provided for residents to attend day services and local community-based activities. Residents' healthcare needs are comprehensively provided for, and they have access to GP services and a range of other health and social care professionals. Each resident has their own bedroom (one being en-suite), and communal facilities include a kitchen cum dining room, a sitting room, a separate utility room, and communal washroom facilities. There are also well-maintained gardens to the front and rear of the house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 12 May 2026	10:30hrs to 18:45hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, this centre was well-resourced and the staff team were promoting person-centred care to the residents living here. The residents appeared to have a good quality of life, and were supported by a team of staff who were respectful to the residents, and knew them well. Some improvements were required under three regulations to include, governance and management, residents' rights and training.

This inspection was announced and was conducted to assure ongoing compliance with the regulations, and to inform a decision to renew the registration of the centre.

The centre is registered to support four residents but at the time of the inspection only three residents lived here. The person in charge confirmed that there was no other resident due to be admitted to the centre at the time of this inspection.

Over the course of the inspection, the inspector met the three residents, the staff on duty and the person in charge. One family member was also contacted by the inspector on the day of the inspection to seek their views on the quality of services provided in the centre. The inspector also reviewed a sample of records specific to the residents care, and the governance and management arrangements to assure a safe, quality service was being provided to the residents living there.

On arrival to the centre, residents were either having breakfast, watching television or were in the process of getting up. All of the residents looked well cared for, and were making plans for the day ahead. The residents did not attend any day service, but rather planned what they wanted to do for the day, each day or at residents' meetings which took place each week. Residents also met with their key workers to discuss some long term plans they had for the next month or year. For example; one resident was planning to go on a holiday abroad and the resident and staff were making plans to achieve this.

At the time of the inspection, one resident was visiting another centre to see whether, they would like to move there. This was because the residents long term needs could not be met in this centre due to their changing needs. The inspector found from reviewing the resident's personal plan that this proposed move was being completed in consultation with the residents' relatives and was planned for on a very phased basis. The phased move enabled the resident to become familiar with the new setting, to see if they would like to live in that centre.

One of the residents was non speaking and used specific signs and gestures to communicate their needs. The inspector observed some interactions between the staff and the resident and it was clear that the staff were familiar with what the resident was communicating, when they used these signs and gestures. All of the

residents looked comfortable in the presence of staff and the atmosphere in the house was relaxed and homely.

The inspector observed examples, of residents interests and hobbies being promoted in the centre. One example, included a resident who was really interested in specific models of cars. The resident had recently completed a sponsorship event to raise funds for a specific charity by washing cars. The resident told the inspector they were very happy that they had completed this. Another resident loved music and had their own vinyl collection of albums by music artists that they liked. Residents had also been to rugby matches, the theatre, or went on holidays.

The centre was spacious, homely and maintained to a good standard. There were two living rooms, which meant that residents could spend time alone there if they wished. Residents also had their own bedrooms, one of which had an en-suite bathroom. The bedrooms were spacious, had adequate space to store residents' personal possessions and were decorated and furnished in line the residents own unique preferences. One of the residents was observed relaxing after breakfast looking through photo albums and listening to music on their record player. The inspector observed that the resident had two pictures of specific cars in their bedroom, this was a picture of their relatives cars as the resident liked to know what cars their relative drove.

Residents also had access to telephones and other such media like the Internet, televisions, radios and some had personal electronic tablets. One resident showed the inspector how this worked as they used it to watch, and, or listen to music.

The inspector also observed that residents had their own areas in the centre to store some of the activities they liked to do, such as games and art supplies. This meant that the residents own unique preferences and personal possessions were respected.

The kitchen dining area was spacious and well equipped. Residents were observed over the course of the inspection spending time in the kitchen, enjoying meals, watching staff preparing meals, or just sitting chatting to staff or listening to music.

The centre was clean and hand sanitising points were observed throughout the centre, and sinks had a supply of soap and disposable towels. There was a separate utility room where residents could launder their clothes. A staff member went through the procedures for managing and laundering clothes, including soiled linen. Colour-coded mops were used in the centre to clean specific areas and the staff were aware of the system in place for the coloured mops that should be used to clean specific rooms in the centre. Staff were observed supporting residents using gloves and aprons where appropriate, and there was a procedure for additional cleaning precautions in some shared spaces. These procedures were required to meet the needs of one resident in the centre.

The back garden was mature and spacious and the house had beautiful views from each room in the house. During the summer residents enjoyed barbecues or sitting out at the table and chairs they had. One of the chairs outside had been adapted to suit the needs of one resident which meant they could sit comfortably in the back

garden and enjoy the views and the garden. The front door also had ramps installed to support residents who had mobility issues.

While the residents did not wish to engage formally with the inspector to discuss their views on the quality of care, the inspector spent time talking to the residents about their likes and dislikes. The residents informed the inspector, or communicated through gestures and signs, that they were happy living in their home, they spoke about some of the things they liked doing and all of them appeared to get on well with the staff. Staff were observed giving residents time to sit and chat or responding to some of the residents' requests in a timely manner.

Easy-to-read documents and plans were in the designated centre in key areas for the residents to see. The menu plan for the week was done out in picture format and in one resident's bedroom, the communication signs the resident used were on the wall in the residents bedroom with a picture of the resident performing the signs so as a staff could understand the way in which the resident liked to use the signs. This was a good example of respecting the resident's right to privacy and including the resident in educating the staff members about their needs.

As part of the inspection process, questionnaires are sent out by the Health Information and Quality Authority (HIQA) to collect the views of residents and or their family representatives prior to the inspection. The inspector was provided with four completed questionnaires that residents had completed with the support of staff members. Overall the feedback was positive, with residents recording that they were happy living there and liked their home. However, while all residents reported that they felt safe most of the time, they also reported that it could be better. The person in charge explained to the inspector that this was due to negative interactions that could occur in the centre between residents from time to time. The inspector followed up on these issues and found that improvements were required under Regulation 9: Residents rights with regard to these negative interactions.

The inspector spoke to a relative of one resident over the phone to talk about their views on the services provided. The relative was very complimentary about the care and support provided. They said that the staff always '' go the extra mile'' to ensure that the residents are supported in the centre. They spoke about events that were planned for special occasions in the centre so as, relatives and family could celebrate together. For example; each year a Christmas party took place. The relative also stated that staff kept them informed about everything about their family member, and that they were included in decisions with the resident concerned. For example; they were very happy that there was a plan in place for the resident to go on holiday abroad. The relative also informed the inspector that they were aware of the negative interactions between residents that concerned their family member in the centre. They informed the inspector that they were happy with the way this was being managed by the staff team.

The staff went through some of the needs of the residents and also the systems in place to assure a safe service to the residents. For example, the fire evacuation procedure to be followed in event of a fire, the different types of abuse and who to report them to, some infection prevention and control measures in place, and some

of the specific supports that residents needed in relation to their healthcare needs. The inspector found that staff were knowledgeable about these systems and supports.

The inspector observed, a number of forums where residents could express their views or be informed about the management of the centre. Residents' meetings were held each week to inform residents about things that were happening in the centre, to collect their views on aspects of the service, and to provide some education about the residents' rights, keeping safe, to plan meals, and to make some plans for the coming week about things they wanted to do. For example; one of the residents was planning to go the cinema to see a recently released movie that they were interested in. Another resident was going to a local theatre to see a show.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements affected the quality of care and support being provided to residents.

Capacity and capability

There were clear management structures outlining who was accountable for areas of care and the services provided in the centre. However, some improvements were required to ensure that the registered provider had appropriate systems in place to assure that all equipment in the centre was serviced, to assure that the training provided to staff met the needs of the residents, and to ensure that the staff rotas in the centre included the names of the staff who had worked in the centre.

The person in charge had good oversight of the service and ensured that the staff team provided person-centred care to the residents living here.

The skill-mix of staff and the number of staff on duty each day was appropriate to meet the assessed needs of the residents. A consistent staff team was employed in the centre.

Training had been provided to staff to ensure they had the necessary skills to support the residents.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to the Chief Inspector of Social Services to renew the registration of the designated centre which included all of the documents that are required to be submitted with this application.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis in the organisation. They had a management qualification and experience working in the disability sector. They were also responsible for another designated centre under this provider. The inspector found that this was not impacting on the quality of care provided in this centre at the time of this inspection. The person in charge was found to be responsive to the inspection process and to meeting the requirements of the regulations. They demonstrated a commitment to providing person-centred care to the residents living here and implementing continued improvements to enhance the quality of life of the residents.

The person in charge was also aware of their legal remit under the regulations and supported their staff team through supervision meetings and team meetings.

Judgment: Compliant

Regulation 15: Staffing

The centre was adequately resourced and included a staff team of nurses, health care assistants and a social care worker. A shift lead was assigned each day to assure effective oversight of the centre. There were three staff rostered to work each day and two staff at night time.

A planned and actual roster was maintained, in the centre showing for the most part the staff that had worked each day in the centre. However as discussed under Regulation 23: Governance and management, this system needed to be reviewed to assure that the actual staff who worked in the centre were recorded on the rota.

A review of a sample of rosters worked in December 2025, May and April 2026 showed that the staffing arrangements outlined above were in place. This review also showed that where relief staff were employed, they were the same consistent staff members. The rosters were also planned around the needs, or specific plans of the residents. For example, on the day of the inspection an additional staff member was rostered to work in the afternoon to support a resident going to an appointment the resident had.

On call arrangements were in place on a 24 hour basis by senior managers to provide guidance or assistance to staff and residents if required. Clinical nurse specialists were also employed in the wider organisation to offer advice, additional training and guidance to staff about some of the residents' healthcare needs.

The person in charge completed supervision with staff members in line with the registered providers policy. A sample of records viewed showed that, staff had not raised any concerns about the quality and safety of care in the centre, and that staff's personal development, such as additional training needs, were considered as part of these meetings.

The inspector reviewed a sample of records that are required to be in place under Schedule 2 of the regulations, in three staff personnel files and found that the records were in place and no concerns were noted. The sample of records viewed for each of those staff included:

- vetting disclosure
- photo identification
- two written references
- contracts of employment
- copy of their qualifications

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with a suite of training divided into mandatory training and training specific to this designated centre. Some of the training records were not all available in the centre on the day of the inspection, as discussed under Regulation 21: Records, the person in charge, however, confirmed in writing after the inspection, that this specific training had been completed by the staff members concerned. A sample of the training provided that staff had completed included:

- Safeguarding of Vulnerable Persons
- Fire Safety
- Dysphagia
- Antimicrobial Resistance and Infection Control (AMRIC)- Hand Hygiene
- AMRIC - Personal Protective Equipment
- AMRIC - Respiratory Hygiene and Cough Etiquette
- AMRIC - Standard and Transmission-Based Precautions
- AMRIC- Management of Blood and Body Fluid Spillages
- Manual Handling (including people handling)
- Basic Life Support
- Safe Administration of Medicines (including rescue medicines for epilepsy
- Crisis Prevention Interventions
- Human Rights-Based Approach to Care

Some staff had also completed dementia training, however this training was not completed by all staff as it was not mandatory, even though it was an assessed

need for one resident in the centre. This is discussed under Regulation 23: Governance and management of this report.

The person in charge completed supervision with staff members in line with the registered providers policy. A sample of records viewed showed that, staff had not raised any concerns about the quality and safety of care in the centre, and that staff's personal development, such as additional training needs, were considered as part of these meetings.

The inspector spoke to two staff who demonstrated a very good knowledge of the residents' needs and outlined some of the residents' healthcare needs, and the residents' goals and aspirations.

Judgment: Compliant

Regulation 21: Records

Some of the records stored in the centre were not available for review and some of the documents had gaps in them. The records with gaps in them included:

- End-of-life Plans
- Complete vaccination history for one resident
- Fire drill records, did not record the exits used during the fire drill and weekly fire checks conducted by staff did not include checking the fire blanket in the kitchen.

The records that were not available included:

- All training records for staff
- A copy of the actual worked roster in the centre

Judgment: Substantially compliant

Regulation 22: Insurance

As part of the application to renew the registration of the centre, the registered provider had submitted a valid insurance certificate which included cover for the building and all contents and residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements in the centre were ensuring that the service was monitored, audited and reviewed on a regular basis. This meant that residents were provided with a safe quality service. However, some of the systems in place by the registered provider required review. These included:

- Ensuring that there was a clear system in place with clear lines of accountability around the maintenance of equipment in the centre as they were difficult to retrieve on the day of the inspection.
- Assuring that the training provided to staff was consistent with meeting the needs of the residents. For example, training in dementia care was not mandatory even though it was an assessed need for a resident living there,
- Ensuring that there was a clear system in place to maintain an actual rota in the centre to included the names of all staff who worked there.

The person in charge reported to the director of nursing who was also appointed as a person participating in the management of the centre. The director of nursing is, also accountable for the care and support provided. The registered provider also had other directorates and committees within the organisation to oversee services like risk management, medicine management practices and restrictive practices.

The registered provider had personnel appointed to conduct a six monthly unannounced quality review, along with an annual review of the designated centre. The last unannounced quality and safety review was conducted in April 2026 where some minor improvements were identified in staff refresher training. The person in charge also carried out other audits in medicine management and residents personal finances. Any actions from the audits conducted were compiled onto a quality enhancement plan. This assured that the director of nursing and the person in charge had oversight of these actions to assure that they were addressed. The inspector followed up on some of the actions following these audits and found that they had been completed. The inspector also found that the person in charge was responding to and acting on potential risks in the centre. For example, medicine errors in the centre had been investigated, and it was found that some improvements could be made to try and reduce the likelihood of them occurring again. Some of the improvements included, putting reminders in the mobile phone to alert staff around the varied medicine administration times for residents. The inspector found that this had been implemented.

Arrangements were in place to ensure staff could exercise their personal and professional responsibility for the quality and safety of the services that they were delivering. This included monthly staff meetings and arrangements in place for staff supervision meetings and staff appraisals.

The staff spoken with were aware of the residents' needs and were observed over the course of the inspection, to include the residents in all decisions being made.

There were adequate resources in place to support residents achieving their individual personal plans, and in line with the assessed needs of the residents. For example, there was two vehicles available in the centre so residents could choose different activities each day, the centre was well maintained and there were sufficient staff in place to meet the needs of the residents at the time of the inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The information outlined in the statement of purpose was evident in practice. The provider had systems and processes in place to ensure that the statement of purpose was reviewed on an ongoing basis and in response to any changes in the services provided.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the residents living in this centre, were being provided with a safe quality service. They appeared comfortable and relaxed in their home and the staff and residents appeared to get on well. The residents were being supported with their health and emotional needs and had timely access to health and social care professionals, clinical nurse specialists and doctors where required. One improvement was required under residents' rights, to assure that an independent review was conducted with residents to assure that they liked the people they shared their home with.

Regulation 13: General welfare and development

Residents were supported to keep in touch with family, and staff organised special events during the year that brought residents and family together. A family member spoken with on the day of the inspection, said that they were very satisfied with the service provided and the contact maintained.

As discussed under the section 'What the residents told us and what the inspector observed' of this report, residents were provided with opportunities to take part in a variety of activities that they liked, both in the centre and in the wider community.

Judgment: Compliant

Regulation 17: Premises

The premises was clean, spacious and maintained to a good standard. As outlined in section one of this report each resident had their own bedroom and could choose the specific styles they wanted their bedroom laid out. There was a large well equipped and adapted bathroom for residents who required support around their mobility, which included, grab rails, shower chairs.

There was a large driveway to the front of the property and a well matured garden to the back of the property where residents could sit out.

The registered provider had systems in place to ensure that equipment in the centre was maintained and in good working order. However, as recorded under Regulation 23: Governance and management, these systems needed to be improved.

Judgment: Compliant

Regulation 18: Food and nutrition

There were adequate amounts of food, refreshments and beverages available to residents. Where required, there were specific eating, drinking and swallowing plans in place which outlined the specific food consistency that a resident required due to known swallow difficulties, and to prevent the risk of choking or aspiration. Staff were aware of the specific requirements in place for one resident who needed adaptive cups and utensils, while having their meals or drinks. These adaptive utensils were also a way of ensuring that the resident maintained as much independence as possible when having their meals.

Residents usually planned their meals at residents' meetings and the menus were displayed in an easy-to-read version to inform residents of their choices.

Staff informed the inspector that residents were not interested in cooking, but liked to watch and observed staff sometimes when they were interested.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre. This guide was available to the residents and included a summary of the services to be provided, how residents should be included in the running of the centre and where residents could access inspection reports carried out in this centre by the Health Information and Quality Authority (HIQA).

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

At the time of the inspection, there was a proposed plan in place for a resident to transfer to a new designated centre under this provider that was more suitable to meet the changing needs of the resident. This was being completed in consultation with relevant staff members, the residents' relatives and senior management. Due to the residents anxieties, it had been agreed not to inform the resident of the proposed move until the resident had visited the new proposed centre and had spent some time there to see if the resident liked it there. There was a plan in place to have a meeting to discuss this proposed placement with the resident at a later date to see if they would like to move to the proposed new centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place and other supplementary policies, such an incident management policy, to guide how risks were managed in the centre.

The systems included a process for reporting and reviewing incidents and, the management and review of risk assessments. As an example, any risk assessments rated red were escalated to senior managers in the centre. Residents had individual risk assessments in place showing the measures that were in place to mitigate potential risks.

Incidents in the centre were reviewed by the person in charge and any actions agreed to mitigate risks were discussed at staff meetings. For example; prior to the inspection a resident had sustained a fall and the resident had been reviewed by a physiotherapist after this fall. As well as this, the person in charge had organised a

meeting, to assess the root cause analysis for medicine errors that were occurring in the centre, and controls identified to mitigate this risk had been implemented.

The registered provider, provided two vehicles in the centre. Both of these vehicles were in for repairs at the time of the inspection and two alternative vehicles had been provided. Those vehicles had an up to date insurance certificate and a record to show that they were in a road worthy condition. The registered provider also had systems in place to assure that vehicles were serviced and checked. For example, monthly checks were completed on all vehicles by qualified authorised persons.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had fire safety systems in place which included the provision of fire safety training for all staff. Fire precautions such as fire doors, emergency lighting and fire extinguishers had been fitted. There were records showing that the emergency lighting and fire alarm had been serviced quarterly as required under the providers own fire safety policy.

Fire drills had been conducted during the day and, during hours of darkness to demonstrate that the residents and staff could evacuate the centre in a timely manner. The residents had personal emergency evacuation plans in place indicating the support they needed in the event of an evacuation of the centre.

At residents meetings, information was provided to the residents in an easy-to-read format about the importance of fire safety and evacuating the centre. A review of the fire drills showed that the residents participated in all fire evacuation drills.

The inspector observed that the double doors to the back of the property did not have thumb turn locks on the them, instead the keys to the door were kept in the door at all times, to allow for a quick safe exit to mitigate the risk. The person in charge agreed to review whether thumb turn locks maybe more effective, with the risk manager after the inspection.

Judgment: Compliant

Regulation 6: Health care

The residents had a personal plan that included details about their needs and outlined the supports required to maximise their personal development and health and well being.

Residents had timely access to a range of health and social care professionals, nurses, clinical nurse specialists and doctors. Some of the health and social care professionals available by referral within the organisation included an occupational therapist, a physiotherapist and a speech and language therapist. Residents also had their own general practitioner, attended dental services and other community services.

The staff were knowledgeable around the residents' healthcare needs. For example; where a resident had a known infection prevention and control risk, the staff were knowledgeable about the procedures to follow, and the measures in place to reduce this risk. The staff were observed for example, using personal protective equipment where required on the day of the inspection. One resident also had a respiratory condition that required monitoring. A staff member was knowledgeable about what to do to support the resident should the residents' health decline in this regard.

Residents that met the criteria for community healthcare screening programmes had availed of these services.

Residents were also afforded the opportunity to decline certain medical interventions and when this occurred, their doctor was informed and support was provided to the resident around potential anxieties they may have.

Judgment: Compliant

Regulation 8: Protection

All staff had completed training in safeguarding vulnerable adults. Where incidents had been reported to the Chief Inspector of Social Services the provider had reported it to the relevant authorities and taken steps to safeguard residents.

Most of the incidents reported were in relation to negative interactions between residents living together. The registered provider had taken steps to address this by including some safeguards to keep the residents safe and happy. From talking to the relative of one resident concerned and the staff team, the residents generally got along well together. The person in charge was also continually reviewing the measures in place to assure that they were effective. However as discussed under Regulation 9: Residents' rights, there was no review of these issues from the perspective of the residents concerned to assure that they were happy living in this situation.

The staff who met with the inspector was aware of the different types of abuse and the reporting procedures in place should an incident occur. The person in charge, and the staff informed the inspector that they had no concerns about the quality and safety of care provided at the time of the inspection, and if they did they would report those concerns immediately.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found some examples of where each residents' rights were considered in the centre. For example; residents could refuse specific medical treatments and they were included in decisions about what was happening in the centre through resident's meetings. However, as discussed under Regulation 8: Protection, there were some negative interactions from time to time between residents, along with this, the feedback provided from the residents' questionnaires about feeling safe, showed that residents said that things could be better in this centre around feeling safe. The inspector found that there had been no review of impact of the negative interactions, with each resident to gain their perspective and views, and that the situation had not been referred to the human rights committee within the organisation for their consideration on this matter.

Judgment: Substantially 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Four Winds OSV-0003651

Inspection ID: MON-0041346

Date of inspection: 12/05/2026

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • All outstanding training for staff is booked as per schedule this includes Dementia training. • Planned and actual roster is now in place in the designated center and located in the roster folder. • The Person in Charge will conduct a full audit of resident records to ensure all End-of-Life Plans, vaccination histories, and other required documentation are complete, accurate, and available for review. • Fire safety documentation has been communicated to all staff and will be discussed at the team meeting to ensure recording exits used during fire drills are documented. Weekly fire safety checks now include inspection of the kitchen fire blanket.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Maintenance log now in place recording work identified and when completed. • Folder incorporating all maintenance works developed and available in the Designated Centre	

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• A review of the negative interactions between residents is being completed, residents will be consulted individually to obtain their views on any impact of these interactions noting the importance of feeling safe in their home.

• Following the review, referrals will be considered to the Equality and Human Rights Committee as appropriate.

• One resident involved in perceived negative interactions is transitioning to another designated centre. Ongoing monitoring of resident compatibility and safety will continue to ensure residents feel safe and supported in Four Winds.

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 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	31/07/2026
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	31/07/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents'	Substantially Compliant	Yellow	05/06/2026

	needs, consistent and effectively monitored.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	03/07/2026