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:	St Vincent's Residential Services Group C
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	04 August 2026
Centre ID:	OSV-0003926
Fieldwork ID:	MON-0042697

About the designated centre

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

This service provides residential accommodation for up to five residents, male and female with moderate to severe intellectual disability with behaviours that challenge. The designated centre is a five-bedded bungalow located in a cul de sac on a campus based on the outskirts of a city. There are four bedrooms in the main part of the house with an adjoining one bedroom apartment. The house has two sitting areas, a kitchen, dining room, two shower rooms, laundry, office and a garden to the rear. The apartment is comprised of a dining/sitting room, bedroom and bathroom with separate garden space to the rear. An appointed person in charge provides day to day oversight of service provision within the centre. Residents are supported through a social model of care to engage in a range of meaningful activities in accordance with their individualised personal plans. Staff provide supports to residents at all times both by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 4 August 2026	09:15hrs to 16:05hrs	Kerrie OHalloran	Lead

What residents told us and what inspectors observed

Overall, from meeting and speaking with residents, staff and management of the centre, observing practices and reviewing records pertaining to the care and support provided, the inspector found that residents were being provided with a good service. Some improvements were required. These are outlined under Regulation 28: Fire precautions, Regulation 29: Medicines and pharmaceutical services and Regulation 9: Residents' rights.

This was an announced inspection completed in the designated centre, St. Vincent's Services Residential Services Group C. This inspection was carried out to make a decision regarding the registered provider's application to renew the registration of this designated centre for a further three-year cycle. This centre was registered to provide residential supports to five residents in one building, which comprises of a main four bed bungalow and had an adjoining one bedroom apartment.

On arrival to the designated centre, the inspector was greeted by the person in charge and signed into the visitors book. The inspector was given a tour of the main bungalow. Three residents lived here. The inspector greeted one resident briefly as they were in the kitchen finishing their breakfast. The resident did not want to engage with the inspector and this was respected. Two staff members were supporting the resident to leave the centre for a planned day trip to a town in a neighbouring county. This was part of the residents goals for 2026. Shortly after this the resident left for their planned day ahead.

During the walk around of the centre, two of the residents were relaxing in bed and the inspector greeted them later in the morning when they were up and ready for the day. The residents were observed to enjoy spending time in their bedrooms and in the communal sitting rooms. During the inspection, one resident was observed to enjoy looking out the main hallway window to see people moving around the campus, the staff informed the inspector that the resident liked doing this. The three residents living here had assessed communication needs, with some residents using minimal words, gestures, pointing at objects, and body language to communicate. The staff on duty were seen to be very familiar with residents communication needs and were observed throughout the inspection to engage in a respectful and fun manner with residents. Staff were seen to support residents at mealtimes and support the residents with drinks and snacks throughout the day. These two residents both enjoyed a drive out in the community. Both residents appeared to be happy in each others company.

Overall, the main building was seen to be clean, warm and homely. Residents had some art work and pictures on the walls and an outdoor garden area was available to the rear of the house which had outdoor seating. Some noticeable wear and tear was present in the kitchen and to fire doors but both were in full working order. The provider had a maintenance plan in place to have these replaced in 2027. Some

painting work was seen to be required to some areas of windowsills and door frames, this was also identified as an action by the provider to complete.

Later in the morning, the inspector visited the resident living in the adjoining apartment. This resident was supported by one staff member during the day and into the later evening. The inspector viewed their home which had completed upgrade works to fire doors. The resident had decorated their home to their preferences and told the inspector they liked living their and they also liked visiting their friends who also live on campus. The resident was observed to enjoy the company of their support staff along with the person participating in management and person in charge. The person in charge informed the inspector that the resident likes to choose what they do each day and this is supported.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre and were presented to the inspector on the day of the inspection. The inspector received four forms. The feedback in general was positive and indicated satisfaction with the service provided in the centre. Some residents answered did identify it could be better regarding the question: "do you get along with the people you live with?"

Overall, the findings of this inspection indicated that residents were provided with a safe level of service and that they had a good quality of life in their home. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for residents who lived in this centre, and that residents' quality of life was well supported.

The organisational structure in this centre ensured that the service was well managed. There was a suitably qualified and experienced person in charge who was responsible for the overall management of the centre. They were supported in their management role by a clinical nurse manager who was based in the centre. Throughout the inspection, the person in charge was very knowledgeable of the provider's processes and residents' support needs.

There were sufficient staff on duty during the inspection to support residents to take part in activities of their choice. It was clear from observation throughout the day and meeting residents and staff that activity plans were led by residents' preferences. Staff were in receipt of training which enabled them to effectively

complete their role and support the residents in line with their specific assessed needs.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included. For example, the provider submitted an updated statement of purpose outlining the type of service available to residents in the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services. They were found to be aware of their legal remit regarding the regulations and were responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, the provider had ensured that there were enough staff with the correct skills, qualifications and experience to meet the assessed needs of residents. There were no staff vacancies on the day of inspection. There was four staff present on the day to support residents.

The provider had arranged staffing to ensure that the needs of the residents were met at all times. Therefore the number of and skill-mix of staffing was arranged in line with residents' specific needs. For example, on the day of the inspection one resident had a planned day trip as part of their goal for 2026, staffing was in place to facilitate this trip for the resident.

The inspector reviewed a sample of rosters from June to August 2026 and found that all rosters were well maintained. Continuity of care was evident with the same names represented on the roster across the relevant period reviewed.

Judgment: Compliant

Regulation 16: Training and staff development

There was a good level of compliance with mandatory and refresher training in the centre. The inspector reviewed the training records for all staff and saw that for the most part staff were up to date in training in key areas including safeguarding, fire and manual handling. One staff was awaiting training in understanding and responding to behaviours of concern. The inspector was informed that the staff member had been booked into the training course, however this had been rescheduled and would be completed in the coming weeks.

Staff had also received training in other areas to support residents needs, this included dysphasia training. Staff were in receipt of regular support and supervision through staff meetings and individual staff supervisions which took place twice a year. The inspector reviewed the supervision matrix in place and this indicated supervisions were taking place and were also planned for the rest of 2026.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

Regulation 23: Governance and management

The provider had governance and management systems in place to oversee and monitor the quality and safety of care of the residents living in the designated centre. There was a management structure in place with staff members reporting to the person in charge, who was also supported in their role by a clinical nurse manager.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits had taken place in December 2025 and June 2026. An annual review for 2025 of the care and support of residents had been prepared in accordance with the regulations. This was a review which examined areas of the operation of the designated centre. Feedback from staff, residents and family members had been sought, and this was included in the review, and positive comments were received.

The person in charge had ensured to maintain an internal audit schedule, the inspector reviewed a sample of these audits such as a mattress audit, mealtime audit, medication and pharmacy audits. These were all seen to be completed as scheduled.

The annual review, audits and the six-monthly unannounced audit were identifying actions for improvement, and these required actions were seen to be completed or in progress. Actions reviewed by the inspector that were completed included review of feeding, eating, drinking and swallowing support plans, updates to skin integrity supports and reviews and updates to activity records maintained by the designated centre. Some actions that the provider had identified in these audits that were still in progress included painting of identified areas in the centre, along with two actions that had been delayed in 2026, but were due to be completed in 2027. This included upgrade works to fire doors due to wear and tear and a new kitchen.

The inspector reviewed the minutes of staff meetings in place. These meetings were completed on a monthly basis and provided an opportunity for shared learning and information for the staff team. The inspector reviewed the meetings in place from January to June 2026.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation relating to notifications which the provider must submit to the Chief Inspector under the regulation were reviewed as part of the inspection process. This

included a review of a sample of daily notes and accident and incident forms. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact residents. All notifications had been submitted as required. For example, the provider had submitted all notifications in relation to safeguarding incidents that had occurred in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. For example, there was an organisational policy in place. The inspector observed that complaints was a standing agenda item for staff team meetings and residents meetings. There was an easy-to-read complaints procedure in place and the complaints officer was displayed in the designated centre.

The inspector reviewed the complaints log. No complaints had been received in the designated centre in 2026. Three complaints were reviewed from 2025, these had been closed and resolved to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

The inspector found that residents' well being and welfare were maintained to a good standard of care and support in the centre. Residents appeared to be happy and content in their home and with the service provided to them. The inspector observed a homely environment where staff engaged with residents and attended to their needs in a kind and professional manner.

The staff spoken with during the inspection were aware of personal preferences and choices of each resident. For example, one resident liked to change an item of their clothing throughout the day and the staff member supported and encouraged the independence of the resident to do this.

Residents were supported with activities both in their home and community. The inspector was informed that residents could lead their own day and decide what they would like to do and if they changed their mind this was also respected. Residents had access to a day service staff to support additional activities.

Some review was required to Regulation 28: Fire precautions, Regulation 29: Medicines and pharmaceutical services and Regulation 9: Residents' Rights. This will be discussed below under the relevant regulations.

Regulation 12: Personal possessions

The inspector reviewed the current systems the provider has in place to support residents with their finances. This included the policy the provider had in place for the management of personal finances, property and possessions. The inspector reviewed a sample of these systems which monitor residents' finances. Resident's finances were found to be secure, accounted for and well protected. Receipts were in place, along with transaction records to account for all residents' monies. Residents living in the centre also had a money management assessment completed which outlined supports each resident required with their finances. Residents also had personal inventory list in place which recorded had outlined all residents belongings and these had been reviewed in recent weeks.

Three residents living in this centre had their own bank accounts and received all banking correspondence to their home. In the last inspection that took place in September 2025 one resident was being supported to open their own bank account, however at that time they were experiencing different barriers with this. At the time of this inspection, this was still an ongoing issue for the resident. The person in charge had accessed the help of the providers human rights officer and was in the process of engaging with the residents family. The inspector was informed that the resident had no issues in accessing money with the support of family. However, some review is required which will be discussed under Regulation 9: Residents' rights, as it was not clear if the resident had been consulted with this. Along with this, it was not clear what their will and preference was with regards to their finances.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge had ensured that residents had access to opportunities for leisure and recreation. Residents engaged in activities in their home and community and were supported to maintain relationships with family and friends. On the day of the inspection the inspector observed some residents going for a drive, walks, day trips and to the shop. Staff and management spoke to the inspector that choice is provided to the residents daily with regard to activities or plans for the day ahead and the resident lead their own day with the support from staff.

From a review of three residents records the inspector observed residents were offered several activities both in their home and community such as baking, listening to music, going to the hairdressers, shopping, and doing the recycling. Residents were supported in hobbies they enjoyed, such as walking.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service and the needs of residents. The inspector found that the centre was clean and comfortably decorated. Communal areas were adequate and residents' bedrooms were personalised and decorated to each person's liking. There were laundry facilities available. There was an enclosed garden area to the rear of the property, outdoor seating and parasols were available for residents to enjoy in good weather.

The provider had oversight measures in place with regard to the premises and had identified areas that required improvement. As mentioned previously in the report, this included painting to specific areas such as some door frames and windowsills. The kitchen was also on a maintenance list which would be replaced in 2027, this was mainly due to wear and tear. The fire doors in the centre also had some wear and tear in place but were in working order and these were also actioned and due to be completed in 2027.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date care plans on file. The inspector reviewed three FEDS care plans and found that there was guidance regarding resident meal time requirements including food texture modification and their likes and dislikes.

Staff spoken with were knowledgeable regarding FEDS care plans and were observed to adhere to the directions from specialist services such as speech and language therapy. The centre had main meals delivered to the house during weekdays from a kitchen that was located on campus. This provided residents with dinners. Staff spoke to the inspector about how they adjust the residents meals as per their support plans and ensure they are reheated as per food safety guidelines in place. Residents were observed to access drinks and snacks throughout the inspection day when they requested, and ample supplies of food and snacks were available for residents for other meals throughout the day.

Residents were consulted with menu planning. A staff member spoke to the inspector about how they support residents with their meals. The inspector was also informed by a staff member that if a resident changed their mind about an option, the staff would help them to pick another meal from the products in the house or go out for dinner.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the residents' guide which was submitted to the Chief Inspector prior to the inspection taking place. This met regulatory requirements, for example, the residents' guide contained information regarding the facilities and services provided, along with the terms and conditions relating to resident's residency.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management system and procedure in place which provided for the identification, assessment and management of risk. A risk register was in place for the centre which outlined identified hazards. The inspector reviewed a sample of risks from the risk register. Each risk had an assessment in place that outlined control measures for mitigating the risk. When reviewing these risk assessments, it was noted that that they were being regularly reviewed. A system for recording incidents was also in operation which is important as part of a risk management system. The inspector also reviewed a sample of three residents individual risks. These were also found to be recently reviewed and contained clear control measures in place to mitigate from the risk identified.

Judgment: Compliant

Regulation 28: Fire precautions

On the walk around of the premises, the inspector saw that fire containment measures were in place. Automatic closure mechanisms on doors were working, as mentioned earlier in the report the provider had a plan in place to upgrade the doors in the main building. Emergency lighting was in place and suitable fire fighting

equipment was available. Records reviewed indicated that all equipment was being serviced as required.

Systems were in place to review the effectiveness of fire safety measures in the centre. For example, daily checks were taking place on fire escape routes, weekly checks on the fire alarm system and emergency lighting. On review of the records in place from May to July 2026, these all had been signed off by staff to say these checks had been completed.

On review of fire drill records, it was demonstrated that all residents could be evacuated in a timely fashion when required to do so. Personal evacuation plans were in place and had clear guidance for staff. The inspector reviewed a night time stimulated drill, this identified the minimum staffing on duty during night time hours. This had been last completed in June 2025. This required review to ensure it was completed on an annual basis.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines in the designated centre.

The inspector was informed and shown during the inspection the safe practices in place for the storage and administration of medications in the centre. A sample of medicines within this storage were reviewed and these were found to be appropriately labelled and in-date. Aside from the storage facilities, a sample of medicine prescription and administration records were reviewed and found that the system in place were effective in ensuring medicine received was in line with the resident's prescription.

Residents were supported with prescribed as necessary (PRN) medication. Protocols were in place for which were seen to provide clear guidance for staff. Records were also in place and maintained to ensure the effectiveness of this medicine was recorded.

However, some review was required. From the personal plans reviewed, residents living in this designated centre had not been supported to have capacity assessments completed regarding their medications.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three of the residents' assessments related to social and personal development. These plans guided staff in the assessed needs and supports for each resident.

Overall, assessments and plans were person centred and evidence based. Where a resident had an identified healthcare need this was clearly recorded and support plans in place. For example, plans were in place to guide staff on intimate care, likes and dislikes of residents, eating and drinking supports in place and activities residents enjoyed.

Residents had been supported with annual planning meetings which supported the residents with goals and aspirations they would like to achieve on an annual basis. Residents had identified goals such as planning trips, gardening, signing up for a mini marathon and going to a new hairdresser in the community. Recording sheets were in place and staff supported residents with their goals and documenting progress on their goals. The inspector observed pictures of residents enjoying many activities such as purchasing plants for gardening and enjoying the hairdressers. On the day of the inspection, one resident was being supported with a day trip to town in a neighbouring county.

Judgment: Compliant

Regulation 9: Residents' rights

Through speaking with and observing residents and staff and reviewing evidence related to care plans and personal objectives, the inspector found good examples of how the rights and choices of residents were being protected and respected. Staff demonstrated a good knowledge of residents' preferences in their routine, activities, and living spaces. They told the inspector that they meet regularly with residents and support residents with advocacy meetings. These meetings keep residents informed of any changes in their home and with the provider. For example, the inspector seen that residents were informed of a restructure to some designated centres and that these now had a new organisational management structure in place. One staff discussed that they will often use pictures as a form of communicating things to residents. Residents that wished were also supported to register to vote.

However, some issues were impacting residents' rights and required review. There was no evidence in place to support consultation with one resident regarding their finances to identify what their will and preference is. The resident was in the process of being supported to open a bank account and was experiencing difficulties since the last inspection in September 2025. This remained ongoing at the time of the inspection. The resident also had a completed money management assessment

form completed, but this did not identify any actions to support the residents choices or steps that were being taken to support the resident.
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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Vincent's Residential Services Group C OSV-0003926

Inspection ID: MON-0042697

Date of inspection: 4/Aug/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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A night time stimulated fire drill has been completed for the designated centre.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The four residents who reside in the designated centre have being supported to have capacity assessments completed regarding their medications.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The documentation related to the resident's finances has been reviewed and updated by the PPIM to ensure it is accurate and reflects the consultation that has occurred with the resident. Actions to support the resident's choices regarding their own finances are clearly documented following discussion.	

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 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	6/Aug/2026
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	5/Aug/2026

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	8/Aug/2026