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:	Tall Timbers
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	29 April 2026
Centre ID:	OSV-0005298
Fieldwork ID:	MON-0046005

About the designated centre

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

The centre provides residential care and support to six residents aged 18 years and older with disabilities. The centre comprises of a large six-bedroom two-storey detached house in Co. Westmeath and in close proximity to a number of towns and villages. Each resident has their own large bedroom (one en-suite) which is decorated to their individual style and preference. Communal facilities include two large fully furnished sitting rooms, a large well-equipped kitchen/dining room, a utility facility, an entrance lobby, communal bathrooms, a staff office and a staff sleepover room. There is also an outhouse provided to the residents where they can have family over for visits, engage in hobbies of interest such as exercise activities and playing drums. The centre has a large private parking area to the front of the property and a two acre back garden which is fully equipped with garden furniture, swings and a trampoline for the residents to avail of. Private transport is provided to residents so as they can avail of trips to town, go on holidays and social outings. Systems are in place so as to ensure the assessed needs of the residents are comprehensively provided for and as required access to GP services and a range of other allied healthcare professionals form part of the service provided. The centre is staffed on a 24/7 basis with a full-time person in charge who is supported in their role by a team of social care and healthcare professionals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Wednesday 29 April 2026	09:00hrs to 18:30hrs	Brendan Kelly	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out in Tall Timbers following the receipt of solicited information of a peer-to-peer safeguarding incident that occurred in the centre. The inspection reviewed the resident's wellbeing following the incident, the provider's risk management arrangements and their response and subsequent actions following the incident. The inspection also monitored the providers ongoing compliance with The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Overall, the inspection showed that the incident was the first of it's type in the centre. The inspection showed a strong response from the provider in terms of an internal multi-disciplinary led review and subsequent learning that has been shared with the staff team. The inspection also showed improvements were required to maintain the upkeep of the premises and to ensure food items were stored and disposed of in line with package recommendations.

Tall Timbers is a large two storey seven bedroom house that can accommodate up to six residents. On the day of this inspection there were no resident vacancies.

On the day of this inspection the inspector had the opportunity to meet with and speak to all six residents living in the centre, the person in charge, person participating in management, a member of the providers quality and risk team and two of the front line staff. The inspector also observed the day-to-day operations of the centre, including interactions between the resident's and interactions between staff and the resident's. The inspector observed that all resident's on the day of the inspection were in good form and interacted with each other throughout the day. The inspector observed the care and support provided to the resident's from the staff team was person-centred, caring and positive throughout the day.

On arrival at the centre the inspector was met by a resident and a staff member. The resident proudly showed the inspector at the door a flag they had of their favourite sports team. The inspector observed the resident to be in great form and readily introduced themselves to the inspector.

The inspector first met with the residential manager who completed a walk-around of the centre with the inspector. On the walk-around of the centre the inspector observed a number of rooms that either required a deep clean or maintenance repair works. The observations from the inspector's walk-around are discussed in greater detail in Regulation 17: Premises in this report. The ground floor of the centre comprised of three bedrooms one of which are en-suite, a bathroom, kitchen/dining area, food pantry, staff office, utility space and, two sitting rooms. The first floor of the centre consisted of four bedrooms, one of which was en-suite and one was a staff sleep over room and, a bathroom. The centre had a large back

garden that contained swings and a trampoline. In the garden was also a sensory room that contained a number of sensory items for resident's to use.

On the day of this inspection it was a warm and sunny day. The inspector observed and briefly engaged with all resident's to in the garden at various times throughout the day. The inspector observed resident's using swings, trampoline and a large walking track that had been installed in the garden. All resident's observed by the inspector appeared to be very happy in each others presence and company. The inspector observed staff attentively supporting residents to apply sun cream throughout the day. Resident's were also observed enjoying spending time outside in the garden area eating ice-cream and drinking juices throughout the day.

The inspector was able to spend some time with one resident who was relaxing in their bedroom watching their favourite sports team on television on the morning of the inspection. The resident told the inspector that they were very happy in the centre. The resident told the inspector that they like the staff team and they also commented that they get on with their housemates. The resident told the inspector that they would not be worried about telling the staff if they had any concerns or issues and, would be happy issues would be resolved. The resident told the inspector that they enjoy the food that is prepared and they were able to have choice into the food they eat. The resident told the inspector about some of the activities they enjoyed including horse riding and playing the drums. On the day of this inspection the resident was going horse riding. The resident also told the inspector that they were going to England in the next few weeks to watch their favourite football team play. This had been a dream for the resident and something they had always wanted to do.

The inspector met with two staff throughout the day of the inspection. The staff who met with the inspector all had knowledge of a peer-to-peer incident that had occurred and the learning that was taken from the incident. Staff told the inspector they had not seen an incident of this type before or since in the centre. Staff were knowledgeable in terms of changes made to key plans and assessments since the incident.

One of the staff who met with the inspector had been working in the centre for a number of weeks. The staff member spoke positively regarding their induction process and the dynamic within the staff team. The staff member told the inspector that they felt confident they could approach their colleagues if they needed advice or guidance. Both staff who met with the inspector spoke positively regarding centre management, training that is completed and the quality of supervision sessions.

The inspector observed that despite the complex nature of the centre, the staff team engaged with each other and resident's in a relaxed and caring manner. The inspector observed that the residents in the centre appeared wholly comfortable in the presence of the staff team on duty.

The next two sections of this report will outline in greater detail the findings of the inspection in relation to the governance and management systems operated in the

centre and how these systems impact on the quality and safety of the service provided to residents.

Capacity and capability

This inspection showed that resident's had not shown any long term effects of a peer-to-peer incident that occurred in the centre. Resident's appeared happy and content in their home and the provider had adequate systems in place to meet their assessed needs.

The provider had a clearly defined management structure with clearly defined roles and responsibilities. The centre had an experienced person in charge and residential manager who over saw the day to day operations in the centre.

The provider had systems in place that regularly audited and monitored the centre. Where required action plans were developed to rectify issues identified.

The provider had ensured an adequate number and skill mix within the staff team. Staff working in the centre had been in receipt of adequate training to meet the assessed needs of the resident's and where in receipt of supervision in line with the providers policy.

Regulation 15: Staffing

The provider had ensured that the number and skill mix of the staff team was sufficient to meet the assessed needs of the residents living in the centre. The provider had actual and planned rosters in place that were maintained by the person in charge as part of their oversight responsibilities. On the day of this inspection the inspector reviewed the rosters from February and March 2026. The provider had three staffing vacancies in the centre, however, all three vacancies had been filled with new staff expected to commence in May 2026.

Following the roster review the inspector observed the following:

- seven staff on duty each day
- two shift patterns for day duties, one staff worked 07:30-19:30, four staff worked 08:00-20:00
- 1 sleep over shift per day working 08:00-08:00
- 1 waking night duty working 20:00-08:00

The inspector also observed that the rosters identified who was the shit lead for each shift. In addition to the shift lead, responsibilities such as fire safety person,

car checks, water checks and, health and safety checks were assigned to staff across the weeks.

The rosters also outlined team meeting dates and training dates for staff. The inspector also observed new staff were assigned shadow shifts before commencing their own line on the roster.

The inspector observed that on the day of a peer-to-peer incident the provider had all shifts covered. It was acknowledged by the provider that when the incident occurred staff had been preparing medications and a review of staffing arrangements at specific times in the centre may be required as this may have been a contributing factor. The inspector spoke to members of the staff team regarding the peer-to-peer incident. It was clear to the inspector that all staff had been made aware of this potential control break and were aware of the updated strategies in place regarding staffing to mitigate against potential future incidents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff working in the centre had been in receipt of mandatory training, training required to work in the centre and refresher training when required. The provider also had an effective system in place for staff supervision and noted that training was a standing item on all centre meetings.

The provider ensured that a training log was in place to monitor staff training and evidence the scheduling of refresher training. The training log was maintained by centre management as part of their oversight responsibilities. The inspector reviewed the training log and a sample of supervision records on the day of this inspection.

In reviewing the training log the inspector observed the provider had a suite of external, internal and online training that staff had completed. Training was completed in areas such as:

- safe administration of medication
- health and safety
- first aid
- challenging behaviour
- fire safety
- self-harm
- risk assessments
- lamh
- restrictive practice
- safeguarding
- autism awareness

The inspector reviewed the system in place in the centre regarding the supervision of the staff team. The inspector observed a supervision schedule that planned supervision every three months for new staff and every six months for long term staff. All staff were also in receipt of an annual appraisal.

The inspector reviewed the supervision records in place for two staff. Discussion topics were regulations, safeguarding, knowledge, skills, training, teamwork, continual professional development.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a clear and robust governance structure in place. Each level of the management team in the centre had a clearly defined role with responsibility and accountability. The centre had team leads, house manager, a person in charge and, a person participating in management. The person in charge had oversight responsibility for a second centre and the house manager worked solely in the centre. The house manager maintained regular contact with the person in charge.

The provider had effective systems in place to ensure auditing which was aimed at service improvement. The provider carried out an annual review, provider led unannounced six monthly inspections, governance meetings, local team meetings and local audits. On the day of this inspection the inspector reviewed these documents. The inspector also reviewed the providers response to a peer-to-peer incident that occurred in the centre.

The inspector observed that the provider had carried out an incident review that discussed possible causes of the incident such as the cancelling of an event for one resident and staff completing medication tasks. The review outlined the need for a behaviour support review and the inspector observed that this had been completed. The inspector also observed that the incident had been discussed at length in team meetings with staff provided with updated guidance including changes to the system of administering medications. Staff who met with the inspector spoke of the updated guidance regarding administration of medication. The person in charge also informed the inspector that one resident had been subject to a funding application for an individualised service.

In reviewing the providers auditing and monitoring systems the inspector observed that audits and meetings in the centre led to action plans being developed. The inspector observed actions in place such as:

- staff training to be completed
- risk assessments and care plans to be updated with increased guidance
- maintenance issues identified
- purchasing of items for residents

- organisational policies to be updated and signed by staff

The inspector observed that the provider had completed or had a timed action plan in place to address the actions identified. For example, the inspector observed updated guidance for staff in intimate care and communication plans. The person in charge also had plans in place in regard to staff training and the staff team had reviewed and signed organisational policies.

Judgment: Compliant

Quality and safety

The inspection showed that improvements were needed in relation to the maintenance and upkeep of the centre. Improvements were also identified as required in the storage and disposal of food items past their use by dates.

The inspection showed that resident's were in receipt of a quality and safe service. Resident's communication, health, behaviour support and care needs had been appropriately assessed and subsequent plans in place that guided staff practice.

Systems were in place to identify, assess, review and mitigate risk. Where required risk had been appropriately escalated through the providers governance structure to senior management with appropriate responses in place.

Resident's were supported to access their local communities on a regular basis, achieve long terms goals and also maintain family contacts as they wish.

Regulation 10: Communication

Resident's living in the centre had individualised communication supports that were based on their assessed needs and preferred method of communication.

The inspector reviewed communication supports in place for two residents on the day of this inspection. Each resident had a communication passport that was compiled following a speech and language assessment. The inspector observed that each assessment also had a review date.The inspector also observed during a walk around of the premises visual supports in place for residents. The inspector observed each resident had their own individualised visual timetable and schedule for the week ahead.

In reviewing the communication supports for both residents the inspector observed one resident had trialled a communication aid, however, the resident had chosen

not to engage in using such a device. The inspector observed that the residents' communication passport informed and guided staff on the preferred methods of communication of the resident. For example, staff were informed that visuals are important to the resident and the inspector observed there use on the day of inspection. Guidance was given on how the resident displays important communications such as what they want and how pain is displayed. Guidance was also given to staff in terms of key do's and don'ts with the resident. For example, it was important that staff spoke slowly and clearly to the resident with time given for the resident to process and respond to what the staff were asking. The inspector observed staff interacting with the resident in the manner outlined in their communication passports.

The inspector observed that a second resident had consented to the use of a communication aid along side the use of Lámh (manual and key-word sign language system). The inspector observed guidance for the staff team in relation to what the vocalisations of the resident are communicating and what Lámh signs the resident uses. For example, guidance was given to staff on how the resident can display pain. When the resident is displaying these communications, staff were informed of what Lámh sign the resident uses for pain and when staff use the sign with the resident they will confirm if they are pain or not.

Staff were also guided on key do's and don'ts with the resident. For example, staff were well informed on not rushing the resident, not to use unfamiliar communication aids, the importance of visuals and, to use Lámh signs. The inspector also observed that the staff team had completed Lámh training with further sessions planned by the provider.

Judgment: Compliant

Regulation 13: General welfare and development

Residents in the centre were being supported and encouraged to engage in social and recreational activities in line with their assessed needs and preferences. Residents were also supported to maintain family contact and connections as they wished.

The inspector observed that resident's were supported to engage in skills teaching of independent living skills in their home such as:

- loading and unloading of dishwasher
- laundry
- changing bed sheets
- dressing independently
- emptying bins

The inspector also observed in residents person centred plans that resident's were active members in their communities. The inspector saw evidence of resident's engaging in:

- swimming
- horse riding
- visits to local lakes and walking areas

On the day of this inspection resident's were supported by staff to go horse riding. The inspector also observed resident's engaging in meaningful goals. For example, one resident recently attended a family wedding. The inspector observed that the date of the wedding was noted on the staff roster and that significant planning was in place to ensure the resident attended.

The inspector observed that a second resident was going on holiday with staff to watch a football match of their favourite sports team. The resident proudly told the inspector about the plans that had been in place for the resident to go and that this was a dream of the resident who had never been to a match before.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk-around of the premises with centre management. The inspector observed that the premises was laid out to meet the assessed needs of the residents.

The inspector observed that each of the resident's bedrooms was decorated in line with their expressed wishes. The inspector observed that some resident's preferred to have posters and photographs in their bedrooms and others preferred to have little to no personal effects. Resident's were supported in line with these choices.

The centre had ample relaxation space for all resident's living in the centre. However, the inspector observed that the centre required upgrades and improved cleaning in some areas. For example, the centre required works in the kitchen such as new counter tops, cupboards and, table and chairs. All were worn with chips that would be a infection control hazard. Some flooring in resident's bedroom required replacing as it was loose. The inspector also observed peeling plaster on a resident's bedroom wall.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The centre used a restrictive practice in relation to locking of a pantry at all times and the locking of a kitchen fridge as part of a resident's behaviour support plan arrangements. The inspector observed that on the day of the inspection the resident was in great form and that the fridge was not locked at any point. The inspector also observed that while the pantry was locked, the keys to the pantry were accessible to all resident's should they wish to access foods.

The inspector reviewed the foods stored in the centre. Resident's had access to a wide variety of snacks, water, juices, fruits, vegetables and dairy products. Meals were planned at resident's weekly meetings and resident's had the option of alternative meals if they changed their mind on the agreed meal. The inspector observed a visual meal planner with agreed choices and alternatives in the kitchen.

In reviewing food items stored in the centre's fridge the inspector observed a number of items that should have been disposed of according to the package guidelines. For example, meats, including hams, bacon and chicken, had not been disposed of in line with the package guidelines of once opened to be used by. The inspector also observed the same issues with some dairy products such as cheeses.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had ensured they had effective systems in place that identified, assessed, reviewed and mitigated risk in the centre.

The centre had risk registers in place for each resident and centre specific risks. Centre management maintained and reviewed risk registers as part of their oversight responsibilities. On the day of this inspection the inspector reviewed the risk registers in place and observed that centre specific assessments were in place in areas such as:

- manual handling
- stress
- fire evacuation
- infection prevention and control
- medication administration
- incidents

The inspector observed that all centre specific risk assessments had been reviewed by centre management in March 2026.

As outlined through this report, the centre had notified the Chief Inspector of Social Services of a peer-to-peer incident that had occurred in the centre. On the day prior to this inspection the provider had raised one risk assessment for a resident to a red

or high rated risk. The risk assessment had been escalated to head of care of the provider and a number of additional control measures were to be put in place.

The inspector observed that an occupational therapy review and subsequent report was in place to aid the risk assessment control measures. Additional measures identified in this report included increasing visual supports, calming strategies, a wind down schedule for the resident and, a weighted blanket. A review of the additional control measures had been scheduled for six to eight weeks.

The inspector also observed that the provider had, since the incident, applied for an individualised service for the resident and were awaiting the outcome of the application.

The inspector observed that other resident specific risk assessments included:

- property damage
- peer-to-peer incidents
- seizure activity
- refusal of medical treatment
- self-harm
- intimate care

The inspector reviewed the risk assessment in place regarding a resident who can refuse medical treatment. Control measures in place to mitigate this risk included additional staffing during appointment times, easy reads in place for the resident, key-working sessions for the resident regarding appointments and, the staff team had completed training in positive behaviour support.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured residents living in the centre had a comprehensive suite of individualised assessments and care plans that guided staff on meeting the assessed needs and personal preferences of residents.

On the day of this inspection the inspector reviewed the individualised assessments and care plans in place for two residents. The inspector observed all resident assessments and plans had last been reviewed between July 2025 and April 2026. Each resident had a detailed assessment of need in place that guided staff on key areas of daily supports residents required.

The inspector also observed care plans in place in areas such as:

- lack of sleep
- hearing
- medications

- social needs
- skin integrity
- blood pressure

The inspector reviewed the care plans in place for two residents regarding the impact of a lack of sleep in greater detail. The inspector observed that a resident can stay awake for prolonged periods of time. Staff were guided on strategies to help promote a healthy sleeping pattern for the resident including:

- increased physical activity
- ensuring the resident eats well
- ongoing multi-disciplinary review and supports
- if the resident is awake for prolonged periods, when staff need to seek additional medical attention

The inspector observed on the day of inspection the resident engaging in physical activities in the garden with staff and that a psychology review had taken place in April 2026.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with health care related needs and had access to a range of health and social care professionals.

On the day of this inspection the inspector reviewed resident's personal plans and observed resident's attending the following:

- general practitioner (GP)
- dentist
- chiropody
- massage therapy
- occupational therapy
- psychiatry
- optician

The inspector observed that resident had access to regular medication reviews. One resident had a recent review of their medications from psychiatry. The inspector observed bi-monthly reviews of the resident's medications with reviews in both February and April 2026. The latest review reduced medications for the resident.

The inspector also observed that this resident also had a health check completed in April 2026, dental check in February 2026 and a sight and hearing check in March 2026.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required residents had access to positive behaviour supports. Residents had detailed plans in place that were specific to their assessed needs, for example some residents required formal behaviour support plans and other residents required less formal behaviour support guidelines.

On the day of this inspection the inspector reviewed both formal behaviour support plans and behaviour support guidelines in place. The inspector observed that a function or rationale of resident behaviours had been identified that were based on a detailed background and history of the resident. Proactive strategies were in place that gave staff clear guidance and were aimed at maintaining residents positive mindset. For example, staff were told of the importance of positive reinforcement, skills teaching and effective communication with the resident.

Where proactive strategies were not successful, detailed reactive strategies were outlined that guided staff in a number of various incident types such as property damage, self-injurious behaviour and physical aggression. Staff were also given supports on how to effectively re-engage with the resident post incident.

The behaviour support plan had a review date and also guided staff on data that was required to be collected in order to facilitate a meaningful review of the resident's plan.

In reviewing a resident's behaviour support guidelines the inspector observed less formal instructions and supports for staff that were appropriate for the resident's presentation. Guidance was available to staff that indicated the purpose of behaviours such as the resident wanting to access or as a means of escape. Triggers and warning signs were also discussed. The guidelines also indicated reactive strategies such as re-direction and the use of block techniques if required. The inspector also observed that the staff team had received appropriate training on the use of block techniques.

The inspector reviewed a sample of the incident reports in the centre including the report of the peer-to-peer incident referred to in this report. In reviewing the incident reports the inspector observed that an incident of this type had not occurred in the centre.

The incident had been discussed at a team meeting with all staff either attending the meeting or having signed the team meeting minutes. The review discussed the likely trigger and the additional measures were discussed at the team meeting. The incident review outlined the need for a behaviour support review and the inspector observed that this had occurred.

Staff who met with the inspector were aware of the outcomes of the review from both the multi-disciplinary (MDT) professionals and team meeting reviews.

Judgment: Compliant

Regulation 8: Protection

The provider had effective systems in place to ensure resident's were protected and safe in the service. While a peer-to-peer incident had occurred in the centre, this inspection had shown that this incident had a clear trigger and no such incident had occurred before or since. The provider had implemented a number of key strategies as discussed through this report to ensure the ongoing safety and protection of residents.

The person in charge maintained a safeguarding log that documented all recorded incidents of a safeguarding nature. The inspector observed that the incidents that had been recorded on the centres safeguarding log had also been reported in line with statutory and regulatory requirements.

Where safeguarding incidents remained open, interim safeguarding plans were in place. The inspector observed that actions from interim safeguarding plans such as incident reviews, increased MDT supports, designated officer reviews and, increased resident supervision had been completed.

The inspector observed that all staff in the centre had completed training in safeguarding, children first and communicating effectively through open disclosure. The centre also had appropriate signage located through the centre that indicated key individuals such as the safeguarding and designated officers. The inspector also observed that safeguarding was a standing agenda item in all centre meetings.

The inspector also reviewed intimate care plans in place for residents. The inspector observed that intimate care plans were individual to each resident and offered staff guidance on resident preferences in relation to intimate care. Plans guided staff on the support needs in relation to oral care, hair care, showering, toileting and, dressing and undressing. The level of staff support needed and resident independence for each task was clearly outlined for staff. For example, where a resident required verbal prompts only, staff were guided on what the verbal prompts were and how the resident would indicate that they are happy with the level of support offered.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Tall Timbers OSV-0005298

Inspection ID: MON-0046005

Date of inspection: 29/04/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Deep cleaning tasks were completed later in the morning of the inspection. A team meeting was held and staff were reminded that deep cleaning tasks need to be acted upon with high priority at the centre. Management at the centre have increased their on the spot checks of IPC measures in the centre. The table and chairs in the kitchen area have been replaced. The flooring in the resident's bedroom was repaired on the day of the inspection. The peeling plaster in the resident's bedroom has been touched up. The replacement of kitchen countertops and cupboards have been added to the centre's schedule of works.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: All food items that had been open longer than the manufacturer's recommended discard after opening date were disposed of on the day of the inspection. The Service Manager provided new food labels to staff on the day, and all food items were updated with new labels that reflected the opening date and discard after opening date, as per manufacturer's instructions. Management and staff at the centre have since prioritised the monitoring of fridge items to ensure that all food items are disposed of within the manufacturer's recommended timeframes	

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)(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	03/07/2026
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 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Substantially Compliant	Yellow	30/04/2026