



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

Issued by the Chief Inspector

Name of designated centre:	Fair Winds
Name of provider:	St Catherine's Association CLG
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	15 April 2026
Centre ID:	OSV-0005580
Fieldwork ID:	MON-0049945

About the designated centre

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

Fair Winds is a designated centre operated by St Catherine's Association. The centre is a large detached residential home located in County Wicklow and provides full-time residential services with a maximum capacity for three male or female residents at any one time. The current registration conditions for this centre state that only persons 18 years or older shall be accommodated at the designated centre. The centre provides residents with single bedrooms which are decorated in line with their personal tastes and interests. Communal spaces in the property include two living room spaces, a kitchen and dining area and a utility room. A garden space is located to the rear of the property. There are two separate outside cabins; a staff office and a sensory room for residents. The person in charge works in a full-time capacity and manages this designated centre and one other designated centres within St. Catherine's Association. A deputy manager also forms part of the management team alongside nurses, social care workers and social care assistants. The centre is resourced with two transport vehicles to support residents' participation in community activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 15 April 2026	11:30hrs to 16:30hrs	Julie Pryce	Lead
Thursday 16 April 2026	11:00hrs to 15:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted over two days in order to monitor on-going compliance with the regulations, and to inform the registration renewal decision.

The inspection was conducted by one inspector over the course of two days and was facilitated by the person in charge. To gather an impression of what it was like to live in the centre, the inspector observed residents daily routines, spent time discussing residents' specific needs and preferences with staff, and completed a documentation review in relation to the care and support provided to residents.

There were three residents living in the centre on the day of the inspection, and the inspector met with all of them. On the first morning of the inspection all three residents were out at their day services with their supporting staff members. The person in charge explained that residents enjoyed their day services, and that they each had their own ways of communicating their choices on a daily basis. For example, one resident would get up and go out to the vehicle if they wanted to go out, or would not go out to the car if they were choosing to stay at home that day.

The inspector conducted a 'walk-around' of the communal areas, and found that the designated centre was laid out to meet the needs of residents. Each had their own room, and there were various communal areas including spacious gardens with a sensory cabin for the use of residents.

There was easy-to-read information available for residents throughout the centre, including information about staff on duty, and about how to make a complaint.

Residents returned home during the afternoon of the first day, and the first resident to return went for a rest in their room after staff helped them with personal care. They got up later, and came to meet the inspector and had a good look at the visitor. They did not communicate verbally, however they wandered off when they wished to draw the meeting to a close. Staff were familiar with the ways in which this resident communicates, for example they would put on their shoes and get the keys to the vehicle if they wished to go out.

The second resident arrived home and immediately made themselves at home in one of the living room with items of their choice. The resident appeared to be happy for the inspector to spend some time with them, and they continued with their activity and their vocalising. Staff explained that the resident would get up and leave the room if they were not happy. The resident later moved into the kitchen to listen to some music, and to play along with a set of maracas.

The third resident to arrive home also chose which room they wanted to go to, and put on their own music on their tablet, and was seen to be listening and vocalising

to the music. The resident later came to ask the person in charge (PIC) for something, and indicated their request by taking the PIC by the hand and leading them to the area of the kitchen where their chosen snack was.

The PIC maintained a log of any compliments received, and recent compliments included family members thanking staff for a family day which they had enjoyed, and a compliment from staff of a community facility about the care and support of residents in the community.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and there was a good standard of care and support in this designated centre, although some improvements were required in the required review of policies and the contracts of care to be agreed with residents as further discussed under Regulation 4: Written policies and procedures and Regulation 24 Admissions and contract for the provision of services of this report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective, although required actions identified in previous inspections had not been implemented as agreed by the provider.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents.

There was a clear and transparent complaints procedure available to residents.

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced, and had good oversight of the designated centre. He was knowledgeable about the support needs of residents, and about his role in relation to the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents, including a relief staff and two additional members of staff had been recruited and start dates for their commencement had been agreed.

There were four staff and the PIC on duty each day, and the complement of staff at night had recently increased from two to three, to include a registered nurse on night duty due to the changing needs of one resident.

A sample of three staff files was reviewed by the inspector, and all the information required by the regulations was in place, including garda vetting.

The inspector spoke to four staff members on duty and the person in charge during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

It was evident that the staffing arrangements were in accordance with the needs and preferences of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, safeguarding and positive behaviour support. Training in relation to the specific needs of residents had been undertaken, including the management of epilepsy, and autism awareness. Staff has also undertaken training in human rights, the safe administration of medication, food safety and first aid. Staff could describe their learning from their training, and relate it to their role in supporting residents.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date. The inspector reviewed the records of three supervision conversations and found a detailed discussion took place with each staff

member around all aspects of the operation of the designated centre and the care and support needs of residents.

It was evident that staff development and training was supported, and that staff were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The person in charge was supported by a deputy, and there were clinical nurse managers who were involved in the clinical supervision of staff.

However, the inspector found that the agreed actions in relation to updating written policies and procedures and contracts for the provision of services as identified in the inspections of 23 March 2023 and 15 July 2025 had not been implemented. The policies were significantly out of date, and the inspector reviewed a risk assessment and management plan relating to the delay in policy review, and found that the control measures listed made no mention of reviewing the policies, or even scheduling a review. The inspector was therefore not assured that the monitoring systems were effective in this regard. These matters will be discussed further under Regulation 4: Written policies and procedures and Regulation 24 Admissions and contract for the provision of services,

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place in May and October 2025 and the reports of these visits were a detailed overview of the care and support offered to resident in the designated centre, and also monitored any actions identified from the previous visit. Any required actions were monitored by the PIC by a tracker in which all required actions remained open until complete.

A range of audits had taken place, for example an audit of staff training had been undertaken, and where any gaps in training or any training identified as needing refreshers was addressed.

The designated centre was appropriately resourced, for example there were sufficient staff to meet the needs of residents, and all equipment was in place. There were two vehicles for the use of residents, and all required maintenance was completed in a timely manner.

Accidents and incident were reported and recorded appropriately. A detailed form was completed on each occasion, and all were reviewed as appropriate by senior management, the safeguarding team or the positive behaviour support specialist.

Staff were appropriately supervised, and there was good oversight of the care and support offered to residents.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose which included all the information required by Schedule 1 of the regulations.

The statement of purpose outlined a range of information about the centre, including the facilities and services in the centre, the organisational structure, and the arrangements for consultation with residents.

Judgment: Compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to the Office of the Chief Inspector, including notifications of any incidents of concern.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations.

There was a process whereby any complaints were recorded, including any actions taken to address the complaint, and information as to whether the complainant was satisfied with the outcome.

Staff had recently made a complaint on behalf of a resident who had indicated by going for their shoes that they wanted to go out on the bus on a day that the vehicle was temporarily available, and the resident couldn't understand this. The issue was rectified swiftly, and a social story was developed so that if it ever happened again, staff could explain the situation to the resident.

It was evident that residents and their families and friends were supported to raise any concerns, and that there was a transparent process for the management of complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the required policies were in place in accordance with Schedule 5 of the regulations. However, the policies had not been updated or reviewed as required by the regulations.

Of the policies required under Scheduled 5, 15 of them were out of date. For example the policy on positive behaviour support was dated September 2017, the policy on food and nutrition was dated December 2016 and the Restrictive practices policy was dated March 2019. The regulations require the policies to be reviewed at intervals not exceeding 3 years.

In addition this issue was identified on two previous inspections of the designated centre which took place on 23 March 2023 and 15 July 2025. The provider had undertaken after the first inspection to ensure that all policies would be reviewed by 31 December 2023, and after the second inspection by 31 January 2026. This agreed action had not been implemented on either occasion.

Policies and procedures guide practice for staff working in the centre, they should set out best practice and the most up to date information for staff. In the absence of this information there is a risk to residents that best practice would not be adhered to and practice may be outdated.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The provider is required to agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre. There were no current contracts of care in place for any of the three residents.

Contracts of care that were in file for each resident dated from when the residents were still children, and had not been updated since they became adults. For example, one resident was 23 years old at the time of the inspection, but their contract was dated December 2018 at which time they were 16 years old.

In addition this issue was identified in a previous inspection of the designated centre which took place on 23 March 2023. The provider had undertaken to ensure that all contracts would be developed and put in place by 31 May 2023, but this had not taken place.

The lack of up to date contracts meant that the residents and/or their representative may not be aware of the current terms in which the resident resides in the centre and what charges the resident incurred.

Judgment: Not compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which included the information specified in paragraph (3) of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

All required records required by the regulations under Schedule 3 in relation to information in respect of each resident was in place including personal information, including the required care and support of residents and the information in relation to healthcare and a record of any belongings.

All required records required by the regulations under Schedule 4 were in place including a Statement of Purpose and Function, a Residents' Guide, and copies of previous inspection reports were maintained in the centre.

Judgment: 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

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

There were risk management strategies in place, and each identified risk had a detailed risk assessment and management plan. Residents were supported to be protected from all forms of abuse.

Where residents required positive behaviour support there were detailed behaviour support plans in place. There were some restrictive practices in place, each of which was based on a detailed assessment of needs and with a documented rationale which indicated that the intervention was the least restrictive to mitigate the identified risk.

The rights of the residents were well supported, and residents indicated that they were happy in their home. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

Regulation 10: Communication

Each resident had detailed information about the ways in which they communicate in their person-centred plans. For example, the ways in which a resident might ask to go on an outing was described as them going to their room and getting their shoes.

The speech and language therapist had reviewed each resident, and various communication aids were in place. For example; one resident used their tablet to show staff any requests, and another was learning to use objects of reference. Staff were familiar with the communication understood by each resident. One resident understood verbal communication, and another better understood sign language

which staff utilised with them. It was evident from discussions with the PIC and a review of records that effective communication with one resident had significantly reduced the occurrence of self-injurious behaviour.

Easy read information was readily available to residents throughout the designated centre, including information on activities, menus and staff on duty, as well as social stories for various aspects of daily life.

Staff could describe the various ways in which residents communicated, and the inspector observed effective communication with residents throughout the inspection.

Judgment: Compliant

Regulation 17: Premises

The premises were well maintained, and were appropriate to meet the assessed needs of residents. Each resident had their own room which they arranged and decorated as they chose. For example; one resident chose to have very few items in their bedroom, and others had various items of interest to them.

There were various communal areas including living areas, a sensory cabin and spacious gardens. The designated centre was well maintained and visibly clean, however not all areas had a homely feel. The PIC explained that parts of the house had just been painted and refurbished, and that improvements were planned to create a more homelike environment, within the restrictions posed by the behaviours of concern of some residents.

Otherwise it was evident that the designated centre was laid out in a person centred way, and that the rights of resident to have an appropriate and well maintained home were upheld.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide in respect of the designated centre which included all the information required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy in place which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks.

Individual risk assessments included the risks relating to behaviours of concern, the use of social media and the use of transport. There were detailed management plans in place for all the identified risks which outlined all the required control measures. Staff were knowledgeable about the risks in the centre, and could tell the inspector what their response would be if an emergency arose.

General risks were identified, and each of these also had detailed management plans, including fire safety, staff training and infection prevention and control.

The inspector was assured that control measures were in place to mitigate any identified risks relating to residents in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There was well maintained fire safety equipment, and there were fire doors throughout.

All staff members had received fire safety training and regular fire drills had been undertaken, including drills under night time circumstances where there were reduced staff numbers, and records were maintained of each drill. The records included details of the response of each resident, and indicated that residents could be evacuated in the event of an emergency. There were sufficient staff numbers to ensure the safe evacuation of residents, and one member of staff was allocated to be the fire officer on each shift.

There was a detailed personal emergency evacuation plan (PEEP) in place for each resident and the inspector reviewed all three of these plans. Each PEEP included information specific to the resident in relation to the supports they would require to evacuate in an emergency. Where a resident had declined to engage in a recent fire drill, and had not evacuated with the others, the PEEP had been updated with additional information. However, there was no guidance for staff as to the action to be taken as a last resort in the event of an actual emergency. The PIC rectified this during the course of the inspection, and the guidance was then available for staff.

The inspector was assured that all required control measures were in place to ensure the safety of residents in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident which were regularly reviewed and were based on a detailed assessment of need.

Each resident had a 'comprehensive assessment' which was detailed in all aspects of care and support including medical issues, eating and drinking, and mobility. They had been reviewed in January of this year.

There was an 'all about me' section which included detailed guidance for staff in aspects of care including personal care, communication and likes and dislikes. Care plans also included sections on positive behaviour support and eating and drinking, and maintaining safety.

Residents had been supported by staff to set goals for themselves, and were each involved in learning a new skill. For example one resident was learning how to use their bank card independently, and another was learning how to use a call bell, which ability could significantly improve their privacy and dignity.

A task analysis had been developed which broke down these skills into smaller steps to aid learning, and progress was recorded on a daily basis.

The personal planning system was effective in ensuring that guidance for staff was available in all aspects of daily life, and that residents were supported to maximise their potential.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. For example, where a resident had been observed to have developed a new presentation which may have been related to their epilepsy, they had been referred back to their neurologist immediately for review.

There was a detailed care plan in place relating to epilepsy which included a description of a typical seizure, and the measures to be taken by the staff team. Interventions relating to care plans were recorded, for example the resident's

temperature was regularly taken as a high temperature had been identified as a possible trigger to seizures, and the record was well maintained.

The staff team were monitoring and responding to the mental health of another resident, and the resident was supported to have mental health review meetings every quarter.

Residents had access to various members of the multidisciplinary team including speech and language, physiotherapy, positive behaviour support and the mental health intellectual disability team.

Overall the inspector was assured that the healthcare needs of each resident were monitored and addressed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place, based on a detailed assessment of needs. Information included possible triggers or setting events that should be reduced or avoided.

The plans included a description of the behaviours of concern, and the interventions required from staff on each occasion. They also included skills building plans whereby residents were learning more functional behaviours, or reducing the likelihood of behaviours of concern occurring.

Staff had all received training in the management of behaviours of concern, and all staff engaged by the inspector were knowledgeable about their role in supporting residents, and could identify the strategies in place for each resident.

Where restrictive practices were in place to ensure the safety of residents, they were monitored to ensure that they were the least restrictive measures available to mitigate the identified risks. Each restrictive intervention was clearly documented, and there was a clear rationale for their use.

The inspector discussed a restrictive intervention in place for one resident throughout the night, and found that as the resident was a high risk from a medical condition through the night, more restrictive practices than normally considered were required. This particular restriction was kept under constant review.

The inspector was assured that restrictions were only in place if they were necessary to safeguard residents, and that residents were supported in a person-centred and way in the management of behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

Staff were aware of their responsibilities in relation to safeguarding residents. All staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training.

Where there had been incidents of the behaviour of a resident having the potential to affect others, detailed safeguarding plans were in place, and evidence that the control measures outlined in these plans were being implemented. For example, as mentioned, one resident was learning how to use a call bell, which would improve the privacy and dignity of themselves and the other residents.

In addition social stories had been developed for each resident whose behaviour might have an impact on others, and appropriate supervision by staff members was in place.

The inspector was assured that residents were safeguarded from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Staff had all received training in human rights, and could discuss various aspects of supporting the rights of residents. Staff spoke about the importance supporting residents in making choices, and described the different ways in which each resident would indicate their choices.

Residents were regularly consulted about their daily lives, and as they chose not to have residents' meetings, this was done on an individual basis. Residents shoes various activities, including horse therapy, music and hydrotherapy. One resident particularly enjoyed this because they found the noise in the local swimming pool overwhelming.

Resident were happy living together in the centre, and had done so since 2028. While they did not interact directly with each other for the most part, they were observed to be comfortable in each other's presence.

Overall residents were supported to have a good quality of life, and to be supported to make choices in ways which were meaningful to them.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Fair Winds OSV-0005580

Inspection ID: MON-0049945

Date of inspection: 15/04/2026

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. The registered provider is in the process of recruiting two senior management posts, in the areas of quality compliance and facilities management, to strengthen overall organisational governance and increase senior management capacity to review Schedule 5 policies. Advertisements for posts will issue no later than 19th June 2026. 2. The registered provider has prioritised actions to address concerns under; a. Regulation 4: policy review has commenced for Quality Safety and Risk Management policy, and a commitment to review high risk policies within three / six months. b. Regulation 24: contracts of care have been reviewed, updated, and are due to issue no later than 19th June 2026. 3. Current Action Plan Trackers monitor tasks but lack escalation and accountability mechanisms, as such, the registered provider will introduce a traffic light status system to Action Tracking System. Whereby Green denotes "On Track", Yellow denotes "At Risk", and Red denotes "Overdue". The registered provider will ensure; a. Actions not completed by deadline escalate to the Head of Operations within 5 working days. b. Actions will be further escalated to the registered provider if not resolved within an additional 10 working days. 4. The registered provider will add regulation 4 and regulation 24 compliance as a standing agenda item at senior management meeting, no later than 5th June 2026, to ensure governance oversight, and identify delays in timely manner.	

Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: 1. No later than 26th June 2026, the registered provider will introduce a structured policy review programme. a. Recognising the limited senior management capacity available in St Catherine's, the registered provider will; i. Establish a Policy Review Task Group comprising one senior operational lead, two experienced Person(s) in Charge, and subject matter expert support as required (i.e. behaviour specialist, nursing, etc.). ii. Allocate policies across the group based on expertise / competency. 2. Phased Review Completion Plan a. The registered provider will implement a phased schedule to ensure compliance without overwhelming existing resources; i. Phase 1 (High Priority); quality safety and risk management, restrictive practice, behaviour support, etc. Completion target date within three-six months. ii. Phase 2 (Moderate Priority); food and nutrition, medication, etc. Completion target date within six-nine months. iii. Phase 3 (remaining Sch. 5); all other policies. Completion target date within nine-twelve months. 3. Governance a. No later than 26th June 2026, the registered provider will i. Review and update the centralised policy register and ensure policy owner, last review date, next review due date, and status are clearly captured. ii. Introduce automated reminders at 6 months prior to expiry, 3 months prior, and month of expiry. iii. Include Regulation 4 compliance as a standing agenda item at senior management meetings.	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: 1. The registered provided delegated responsibility for the review and update of Contracts of Care to the Head of Operations. The Head of Operations will; a. Review and update current Contracts of Care no later than 5th June 2026. Review will reflect the adult status of the resident, their current service provision, a clear breakdown of charges and fees, and outline their rights, responsibilities and terms of residency. b. The Head of Operations, via relevant Persons-in-Charge, will issue contracts to all residents and / or representatives for review and signature no later than 19th June 2026.	

- c. The Person-in-Charge will provide appropriate support to the residents to understand their contract; incl. social stories, family engagement, etc.
- d. The Person-in-Charge will follow-up with residents and/or representatives to ensure signed agreements are returned and filed appropriately.
- 2. The registered provider will introduce a centralised contracts register, no later than 26th June 2026, which includes resident names, contract issue date, signature date, and review date (where applicable; i.e. change of circumstances).
- 3. The registered provider will introduce an annual audit, to be completed by the Head of Operations, of resident contracts to ensure contract are valid, in-date, signed, and accurate for change of circumstances.
- 4. The registered provider will include Regulation 24 compliance as a standing agenda item at senior management meetings until issue is resolved.

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 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' needs, consistent and effectively monitored.	Not Compliant	Orange	19/06/2026
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	19/06/2026
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in	Not Compliant	Orange	09/06/2027

	paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
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