

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	St Columban's Nursing Home
Name of provider:	Missionary Sisters of St Columban (Ireland) CLG
Address of centre:	Magheramore, Wicklow
Type of inspection:	Unannounced
Date of inspection:	28 May 2025
Centre ID:	OSV-0000760
Fieldwork ID:	MON-0047261

About the designated centre

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

The centre is a purpose built single-storey building that accommodates up to 24 residents. It is located adjacent to the main convent building. There were 24 single bedrooms and all had full en-suite facilities. The bedrooms were spacious in size with nice views of the gardens or surrounding landscapes. The bedrooms were tastefully decorated with plenty of storage for personal possessions and clothes. A call-bell was provided at each bed. A large secure landscaped garden was directly accessible from the centre including the day room and a number of residents' bedrooms. It was well maintained with walkways, paved areas and seating. Adequate parking was available at the front of the building. While meals are prepared in the adjoining convent kitchen, the centre had a servery and dining area. In addition, there was a day room, a sun-room, an oratory, a treatment room, an activities room and other spacious communal areas. There was a visitors' room at the back of the centre for residents. A small coffee dock was also provided. St Columban's nursing home can accommodate both male and female residents with general and palliative care needs. According to their statement of purpose, St Columban's Nursing Home is committed to providing first class standards of care in a warm and homely environment, while respecting the dignity and unique worth of each resident and fostering a holistic approach in all aspects of care. They state they are committed to promoting the independence of residents, personally, medically, psychologically, socially and spiritually. They advocate for enhancing the quality of residents' lives to the fullest extent possible. Their objective is to work as a team to enable residents to achieve their optimum physical wellbeing while respecting their dignity and privacy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (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 28 May 2025	09:35hrs to 17:35hrs	Aisling Coffey	Lead

What residents told us and what inspectors observed

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the provider had in place to safeguard residents from abuse. The registered provider had also notified the Office of the Chief Inspector of its intention to cease to carry on the business of the designated centre and cease operations by 31 December 2025. The arrangements surrounding the closure of the centre and measures in place to ensure that residents' rights were respected in the process also formed part of the inspection.

The consistent and overwhelming feedback from all residents who spoke with the inspector was that they deeply valued living in St Columban's Nursing Home. Residents told the inspector they were very sad, yet accepting, that the centre had to close. All residents living in the centre were members of the Missionary Sisters of St. Columban. Residents spoken with were highly complimentary of the centre, the staff that looked after them and the care and attention they received. Residents described the centre as "welcoming always" and confirmed, "we're going to miss this". The residents reflected on the "wonderful" staff that cared for them, informing the inspector how staff and management "go the extra mile" and "look after us so well". This consistent resident feedback captured the person-centred approach to care and attention provided in St Columban's Nursing Home, where every resident's worth and dignity were respected and celebrated. The inspector observed warm, kind, dignified and respectful interactions with residents throughout the day by all staff and management. Staff were knowledgeable about the residents' needs, and it was clear that staff and management prioritised providing high-quality person-centred care.

Multiple residents took the time to explain to the inspector the profound significance of the centre to each and every resident. The residents explained that they had spent their lives completing missionary work, supporting poorer populations all over the world, including in America, Europe, and Asia. When it came time to retire and accept care themselves, it was of critical importance that they were with members of their order, whom they considered family. St Columban's Nursing Home provided a safe place where the sisters could be together, celebrate their shared religious faith, and reflect on their common values and unique life experiences. While there was deep sadness expressed by the residents spoken with about the centre's impending closure, all residents who spoke with the inspector confirmed that they had been informed of the reasons for the closure, were being kept updated in relation to the transition plans, and very grateful to the registered provider for arranging alternative care in a setting where they could remain in the company of their sisters. One resident summed up this acceptance and gratitude by stating, "I'm not concerned; we'll be together. We'll have a bed, and we'll always have company". The inspector saw photographs of a recent farewell party marking the transition of six residents from the centre. The person in charge explained that such occasions

would be celebrated monthly to mark the significance of the forthcoming planning transfers.

The inspector arrived at the centre in the morning to conduct this unannounced inspection with a focus on adult safeguarding. During the inspection, the inspector spoke with six residents and one visitor to gain insight into the residents' lived experience in the centre. The inspector also spent time observing interactions between staff and residents and reviewing a range of documentation.

The centre was bright, airy, and pleasantly decorated to a very high standard. Internally, the centre's design and layout supported residents in moving around as they wished, with wide corridors, sufficient handrails, and comfortable seating in the various communal areas. These communal areas included a large day room and dining room, a visiting room, an oratory, an activity room, and a sunroom. Outside the dining room was a seating alcove where residents were seen to chat with one another and with members of the adjoining religious convent. There is also a designated visitor bedroom with adjoining bathroom facilities should a visitor need or wish to stay overnight.

There was a relaxed and unhurried atmosphere in the centre. On the morning of the inspection, residents were up and dressed in their preferred attire and appeared well cared for. In the communal areas, residents relaxed and conversed with one another, while others used the oratory for prayer and quiet reflection. Other residents relaxed in their bedrooms, writing or reading papers and books according to their preferences.

Within the centre, there were 24 single bedrooms with en-suite facilities, including a shower, toilet, and wash hand basin. On the inspection day, six residents had transferred to another centre, leaving six empty single bedrooms. As resident numbers started to decline, the person in charge explained to the inspector the considered approach being taken to ensure the remaining residents had access to care and support in a timely manner and were appropriately safeguarded at all times, including arrangements for fire safety at night.

Bedroom accommodation was spacious, with ample storage space for residents' clothing and possessions. Bedrooms contained a large four-door wardrobe, locked storage, comfortable seating, call bell facilities, a landline telephone and a television. The majority of bedrooms also included a writing desk used by the residents. Residents had personalised their bedrooms with photographs, artwork, religious items and ornaments. The size and layout of the bedroom accommodation were suitable for resident needs, with eight bedrooms featuring overhead hoist facilities that extended from the bedroom into the en-suite bathrooms. The temperature within each bedroom was thermostatically controlled. Each bedroom had a pleasant view of the landscaped gardens surrounding the centre, and some of the bedrooms at the rear enjoyed a sea-view.

Outside the centre, there was a pleasantly decorated and very well-maintained secure garden containing trees, flowers, shrubs, homemade birdhouses, and comfortable seating. This outside space was directly accessible from the day and

dining rooms, as well as some residents' bedrooms. This area had level paths that residents could walk upon while looking out over the adjoining countryside and towards the sea.

The provider had an activities programme available for residents, with crosswords, knitting, beauty therapy and sound meditation featured. Residents also had access to physiotherapy on a fortnightly basis. On the morning of the inspection, a resident facilitated an exercise class supported by a staff member. This was followed by mass on the television before lunch. In the afternoon, residents took a stroll, chatted with one another or relaxed in their bedrooms. The rosary was recited at 4:00pm. While the inspector did not observe any further group-based activities organised by staff on inspection day, residents spoke of their satisfaction with the activities and entertainment on offer. There was high praise for a concert that had taken place in the previous week. The provider informed the inspector of plans to run arts and crafts classes in the near future.

Lunchtime was a sociable and relaxed experience, with most residents choosing to eat in the dining room. Meals were freshly prepared onsite in the centre's kitchen. Residents confirmed they were offered a choice of main meal and dessert. The food served, roast chicken or steamed bacon and honey spiced gravy, appeared nutritious and appetising. There were ample drinks available for residents at mealtimes and throughout the day. Staff provided discreet and respectful assistance to a number of residents requiring this support. Residents spoke positively to the inspector about food quality, quantity and variety.

The inspector found that residents spoken with were extremely happy and felt safe in the centre. Residents' rights were being respected and they were being protected from harm. The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspector found that St Columban's Nursing Home was a well-governed service that provided residents with high-quality, safe care, that safeguarded them from potential harm and abuse.

This was an unannounced inspection with a focus on adult safeguarding and reviewing the measures the provider had in place to safeguard residents from abuse. The inspectors also review the registered provider's compliance plan from the May 2024 inspection and noted all commitments had been actioned. On this inspection, some further actions were required in respect of governance and

management and staff records to ensure clarity of investigative responsibilities should a safeguarding concern arise and to strengthen safe recruitment practices.

The registered provider of the centre was the Missionary Sisters of St Columban (Ireland) Company Limited by Guarantee. The company had six directors. There were two persons participating in management (PPIMs), who were members of the senior management team. The provider had engaged Cowper Care Centre DAC, an external management company, to provide support and senior management oversight in the operation of the designated centre. The provider had a clearly defined management structure, and staff members knew their roles and responsibilities. The person in charge is a registered nurse and worked full-time in the centre. The person in charge is responsible for overall governance and reports to the board of directors. The person in charge is supported by an assistant director of nursing, staff nurses, health care assistants, catering, household and laundry staff. The assistant director of nursing deputises for the person in charge.

Communication systems were in place to promote safeguarding and uphold residents' rights. The person in charge reported to the board of directors on key issues within the centre every month. Within the centre, there were staff meetings to discuss operational matters concerning the daily care of residents and health and safety issues. A restrictive practice committee had been established. There was also evidence of safety huddles at the ward level, which covered multiple topics related to safeguarding, including upholding human rights, the FREDA principles of fairness, respect, equality, dignity and autonomy when human rights are being considered, the Decision-Making (Capacity) Act 2015 and the use of restraint. In more recent times there had been focused management, staff and resident meetings regarding the closure of the centre and the transition arrangements for residents to another centre. It was clear from the records reviewed that residents were kept informed of all relevant matters on a regular basis and had the opportunity to provide feedback and raise queries.

The provider had some arrangements in place to monitor and oversee safeguarding processes within the centre. The provider had a risk register to monitor and manage known risks in the centre. This risk register was seen to have controls in place, which were regularly reviewed, to manage multiple risks including the potential risk of abuse of residents, the use of restraint, and managing responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). The provider had oversight of incidents, including complaints made by residents. There had been no safeguarding incidents notified within the centre in the past 11 years. Notifiable incidents, such as the use of restraint, were reported to the Office of the Chief Inspector within the required timeframes. The provider had a restraint register to monitor the use of restraints in the centre. The provider had an audit schedule covering multiple aspects of safeguarding, including residents' rights, privacy and dignity, information for residents, elder abuse, protection, restraint use, managing responsive behaviours, and oversight of staff files.

The provider had a suite of written policies and procedures to guide staff practice, including a policy of safeguarding residents from abuse, a complaints policy, a policy

on the use of restraint, a policy on managing challenging behaviour and a policy on safeguarding residents' property and finances. Notwithstanding this good practice, some action was required to ensure the provider's safeguarding policy reflected the requirements of the regulations. This will be discussed under Regulation 23: Governance and management.

The inspector reviewed four personnel files to review the provider's recruitment practices to safeguard residents from abuse. This review of records found evidence of the staff member's identity, Garda Síochána (police) vetting disclosures, documentary evidence of relevant qualifications and current registration details. However, one personnel file did not contain a reference from the staff member's most recent employer or a full employment history, as required under Schedule 2 of the regulations. This is discussed further under Regulation 21: Records.

Regulation 15: Staffing

The provider had ensured that the number and skill mix of staff was appropriate to meet all the identified needs of residents while maintaining their safety and promoting their rights. Residents were provided with kind, considerate, and timely assistance in a respectful and unhurried manner. Residents were seen to be adequately supervised at all times and could exercise choice in how they spend their day and the gender of their caregiver.

Judgment: Compliant

Regulation 16: Training and staff development

The provider supported staff in reducing the risk of harm and promoting the rights of residents by providing supervision, training, and development.

The staff team was supported and supervised by the person in charge and the assistant director of nursing as they performed their duties. Staff were clear about their roles and responsibilities, including their role in safeguarding residents from abuse.

The records reviewed found evidence of ongoing staff appraisals that covered multiple competencies, including respecting residents' rights and upholding residents' dignity. Where there were gaps in the staff members knowledge or practice, there was an action plan attached to the appraisal to address the learning need, for example the staff member undertaking further training or planned learning from a more experienced colleague.

Staff had access to a range of training programmes to support them in their respective roles. All staff had completed training on identifying, preventing and

reporting abuse. The provider was in the process of rolling out a programme to educate staff on restrictive practices and residents' rights. The provider had also enrolled staff in a training programme on managing challenging behaviour. A number of staff were seen to have completed these latter training programmes with a plan in place to ensure the remainder of staff were training in the coming months.

Staff were seen to have access to the Health Act and relevant guidance, including National Standards in Adult Safeguarding.

Judgment: Compliant

Regulation 21: Records

While there were good recruitment practices in the centre, some improvements were required to ensure all records as set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were kept in the designated centre and available for inspection, for example, one personnel file did not contain a reference from the staff member's most recent employer or a full employment history.

Judgment: Substantially compliant

Regulation 23: Governance and management

While the provider had multiple management systems in place to ensure the services' approach to safeguarding was appropriate, consistent and effectively monitored, some action was required to ensure the provider's safeguarding policy reflected the requirements of the regulations. The provider had a comprehensive safeguarding policy that had been reviewed within the required regulatory timeframes; however, the policy assigned responsibility for receiving concerns related to abuse and ensuring the necessary actions were identified and implemented to an external person who supported the provider with staff training. This aspect of the procedure required review as it was not aligned with Regulation 8(3), which placed responsibility on the person in charge to investigate any incident or allegation of abuse.

Judgment: Substantially compliant

Quality and safety

The purpose of this inspection, focused on adult safeguarding, was to review the quality of service being provided to residents and ensure they were being afforded a high-quality, safe service which protected them from all forms of abuse. This inspection found that the provider had made arrangements to meet the safeguarding needs of each resident as identified through assessments and care planning. Responsive behaviours were managed in a way that kept all residents safe, and the use of restraint was aligned with national guidance. Residents' rights were supported and protected by kind and caring staff who ensured residents had a very good quality of life in the centre. Residents were facilitated to communicate freely. The provider had considered safeguarding in ensuring that premises were safe and appropriate to each resident's needs.

Regulation 10: Communication difficulties

The inspector found that residents with communication difficulties had their communication needs assessed and documented in their care plan. Staff were knowledgeable about each resident's specialist communication requirements and ensured residents had access to any aids or supports to enable effective communication and inclusion.

Judgment: Compliant

Regulation 17: Premises

The provider has considered safeguarding in ensuring that the premises were appropriate to meet the needs of all residents and in accordance with all the requirements of Schedule 6 of the regulations.

Internally, the premises were safe, well-maintained and decorated to a very high standard. There were multiple comfortable and homely communal spaces where residents were seen chatting, reading, relaxing, completing a jigsaw, and hosting a visitor.

The provider ensured that residents had assistive equipment to promote safety, such as overhead hoist facilities that ran from the bedrooms into the en-suite bathrooms located in eight bedrooms. The provider had supplied equipment to reduce the use of restraints, including low beds, bed wedges, and sensor alarms.

Each bedroom, bathroom and communal area had call bell facilities to enable residents seek assistance as required. The temperature within each bedroom was thermostatically controlled for residents' comfort. Each bedroom also had locked storage facilities to safeguard residents' money, documents and other possessions of monetary and sentimental value.

There was unrestricted access to the exceptionally pleasant, landscaped garden, which contained trees, flowers, shrubs, homemade birdhouses, and comfortable seating. This outside space was directly accessible from the day and dining rooms, as well as some residents' bedrooms. This area had level paths that residents could stroll upon while looking out over the adjoining countryside and towards the sea.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The provider had made arrangements to meet the safeguarding needs of each resident as identified through their assessments and personal care plans. These needs and arrangements were reviewed at regular intervals to ensure ongoing relevance and effectiveness.

Care records were seen to be of a high standard. Comprehensive care plans were based on validated risk assessment tools. Care plans were seen to be highly person-centred and reflected the residents' assessed needs, preferences and wishes. There was evidence that care plans were reviewed on a four-monthly basis or earlier if required. Furthermore, these care plans were reviewed in consultation with the resident and, with the resident's consent, their representative, thereby supporting residents in shared decision-making about their care.

Care planning records reviewed found that the health of residents was promoted through ongoing medical reviews and access to a range of external community and outpatient-based healthcare providers, including opticians, physiotherapists, occupational therapists, dietitians, and palliative care services. The recommendations of these healthcare providers were seen to be documented in the residents' care plans.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector found that responsive behaviours were managed in a way that kept all residents safe while also having a minimal impact on the person exhibiting these behaviours. Residents predisposed to episodes of responsive behaviours had a responsive behaviour care plan and other documentation to guide staff and ensure they were appropriately safeguarded and protected. Records reviewed found that behaviour observation charts, such as the Antecedent, Behaviour, and Consequence charts, were also being used to gain an understanding of the behaviour. The reviewed documentation was person-centred and described the behaviours,

potential triggers for such behaviours, and multiple de-escalation techniques to guide staff in delivering safe care.

The culture in the centre promoted an environment that was free from restrictions and restrictive practices as much as possible. Restraint use in the centre was low and well-managed. There were three low beds, a bed wedge, and two sensor alarms in use. The restraints were being used in accordance with national policy. Each resident had a full risk assessment completed before using restrictive practices. Assessments were completed in consultation with the resident, the resident representative, a nursing representative and the doctor. Care plans detailed the alternatives that had been trialled, the circumstances under which restraint was used, and the requirements for monitoring and reviewing periods of restraint, which were aligned with national guidance.

Records reviewed found evidence of positive risk-taking, where residents documented when they were leaving the centre to walk unaccompanied on the provider's grounds. Records reviewed found that on some days, up to seven residents would document their absence from and subsequent return to the centre to enjoy an unaccompanied walk on the grounds. The residents involved had been made aware of certain risks, for example, a fall, but had been supported in participating in this leisure activity of their choice with the provider's assistance.

Oversight and monitoring of staff practice in the management of behaviour was undertaken and the provider had enrolled staff in a training programme on managing challenging behaviour. A number of staff were seen to have completed this training programme with a plan in place to ensure the remainder of staff were training in the coming months.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Staff were subject to An Garda Síochána (police) vetting before commencing employment in the centre. There had been no safeguarding incidents notified within the centre in the past 11 years.

All staff had completed training on safeguarding vulnerable adults from abuse. Staff spoken with were clear about their role in protecting residents from abuse.

Residents reported that they felt safe living in the centre. Residents had partaken in a lecture on adult safeguarding and had access to literature within the centre on safeguarding vulnerable adults from abuse, human rights and advocacy.

There were robust arrangements in place to safeguard residents' finances. The provider was acting as a pension agent for all residents living in the centre. The provider had nominated a finance officer to oversee these financial arrangements.

This person was unavailable on the inspection day but spoke with the inspector the day after the inspection took place. The finance officer confirmed that residents' pensions were paid into a separate client account to ensure residents' finances were safeguarded. The provider had a transparent system in place, where the resident and the finance officer signed for all withdrawals of the resident's monies. The transaction of transferring funds from the finance officer to the resident was further overseen by the resident's nominated advocate, who is a member of their religious order. Each resident stored any personal money in their locked storage within their bedroom. The inspector spoke in detail with two residents and a visitor regarding the financial arrangements in place for residents to access their funds. All residents reported being very satisfied with the arrangements and reported they could access their money as required.

Judgment: Compliant

Regulation 9: Residents' rights

From the inspector's observations and from speaking to residents, a visitor and staff, it was clear that a human rights-based approach to care was central to how residents were supported, and the FREDA principles of fairness, respect, equality, dignity, and autonomy were implemented in daily practice.

Staff were respectful and courteous towards residents. Residents had facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre through participation in residents' meetings and completion of residents' questionnaires. Residents' privacy and dignity were respected.

The centre had daily religious services available. Residents could communicate freely, having access to telephones in their bedrooms and internet services throughout the centre. Residents were also supported in exercising their political rights. Residents had access to independent advocacy services and in-house advocacy provided by a nominated member of their religious order.

Regarding the closure of the centre, all residents spoken with and the records reviewed confirmed that residents were kept informed of all relevant matters regularly and had the opportunity to provide feedback and raise queries. There was easily accessible written information and photographs available concerning the centre the residents had chosen to transfer to. All residents confirmed they had the choice of what care setting to transfer to.

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (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 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Columban's Nursing Home OSV-0000760

Inspection ID: MON-0047261

Date of inspection: 28/05/2025

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: On day of inspection the personnel file that needed improvement has now been updated and now contains their full employment history. The Reference from previous recent employer will be available on 22nd September 2025 for filing.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Our Safeguarding Policy has been reviewed and now clearly states that the P.I.C. is responsible for receiving concerns related to abuse and ensuring the necessary actions are identified and implemented throughout the investigation.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	22/09/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	05/08/2025