



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

Issued by the Chief Inspector

Name of designated centre:	Soolhaven
Name of provider:	Orchard Community Care Limited
Address of centre:	Roscommon
Type of inspection:	Unannounced
Date of inspection:	15 October 2025
Centre ID:	OSV-0007794
Fieldwork ID:	MON-0048375

About the designated centre

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

Soolhaven is located in a rural village, but within a short drive to a town with further amenities in Co. Roscommon. The designated centre provides long-stay residential/shared care for up to three residents who are diagnosed with autism and or an intellectual disability. The aim of management and staff of Soolhaven is to create an environment which supports the service user to live as independently as their physical and mental health allows. Each resident is supported and encouraged according to their individual routines and preferences. Soolhaven comprises of four bedrooms as well as communal facilities such as two living rooms, a dining room, kitchen communal bathroom and staff office/sleep over room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 October 2025	08:55hrs to 15:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which was conducted to monitor the quality and safety of care delivered to residents. The inspection was facilitated by the centre's person in charge and the inspector met with two residents and five staff members. The inspector reviewed medication practices for two residents, financial records for three residents, incidents for the year to date, risk assessments for two residents, one personal plan and fire precautions within the centre.

Although this inspection highlighted that residents enjoyed a good level of social supports, issues were found in relation to safety and fire precautions. Immediate actions were issued to the provider in relation to fire containment, the servicing of an internal oil fired boiler and also in relation to the installation of a carbon monoxide alarm. These issues will be discussed later in this report. The inspector also found that significant improvements were required in relation to the premises and regulations such as infection prevention and control (IPC) and behavioural support required further attention.

The centre was a detached, single storey building which was located on its own site and within a short walk of a nearby village which had two small shops and a public house. The centre was also located within a short drive of a larger town which had a cinema, swimming pool, supermarket, coffee shops and restaurants. The centre itself required improvements in terms of maintenance, upkeep and modernisation. The person in charge had requested additional painting and although this was planned, a long standing issue in relation to presence of mould in a resident's bedroom had not been resolved. This mould and damp had been a persistent issue in this centre and the person in charge indicated that recommended works from a report issued in 2022 in relation to the damp had been completed; however, there was extensive damp and mould evident in this bedroom during the inspection. The bedroom also had a cold and damp feeling and there was an unpleasant odour from this issue throughout the room and in the resident's wardrobe. The inspector also identified that this wardrobe was chipped and in a poor state of repair. In addition, the exterior of the building required a tidy up with broken outdoor play equipment left aside in the back garden and excessive clutter noted in the centre's external laundry. Some exterior maintenance was also required as two rear window sills were cracked and damaged. Furthermore, the centre as a whole required review in terms of modernisation, communal areas were worn and tired looking and although the kitchen area was pleasant, some kitchen door cupboards were not closing properly and required further attention.

Residents who used this service had moderate needs and they required support in relation to many aspects of their daily lives. There were no active safeguarding plans required and both staff and the person in charge reported that although residents didn't generally socialise with each other, they generally got on well as a group. The inspection commenced in the morning as residents were preparing for the day ahead. One resident had already left to attend their day service and two residents

were waiting for their transport to day services to arrive. Both residents did not communicate verbally and they used sounds, gestures and body language to convey their thoughts and needs. One resident was relaxing in the sitting room watching television and the other resident walked between the kitchen, sitting room and reception room as they interacted with a staff member and the inspector. Both residents were relaxed and seemed to enjoy the staff member's company. One resident interacted warmly with the inspector and they shook hands and as they went about their morning routine, while the other resident preferred to stay watching television. Residents had their own bedroom and they had decorated communal areas with their own art work, personal items and pictures and photographs of special events. Residents also had free access to communal areas of their home and there were minimal interventions in terms of environmental restrictive practices.

Residents were well supported in terms of community access and personal development. Each resident attended day services where their education and development needs were catered for. Staff reported that residents generally preferred to relax in the centre during the weekday evenings and enjoyed community outings at the weekend. However, residents often popped to the local shop during the week or helped out with errands for their home. Staff indicated that every weekend residents liked going for coffee, shopping and one resident enjoyed hiking. Staff also explained that one resident enjoyed a local ramp park where they brought their scooter and that they also liked going to a trampoline centre. Another resident enjoyed the cinema and also going swimming when they felt like it.

Throughout the inspection, the inspector met with five staff in total. The inspector spoke for a period of time with a new staff member who had a good understanding of the residents' collective care needs and also their individual likes, dislikes and preferences. In the afternoon the inspector met with three staff as a group who had worked with the residents for a period of time. They had an in-depth knowledge of the running and operation of the resident's home and they each spoke confidently in relation to the delivery of care. They outlined what residents liked to get up to at the weekend and also how they preferred to go one-to-one trips with staff. They discussed safety within the centre and each resident's individual evacuation requirements. The inspector also met separately with one of these staff and found they had detailed knowledge of a resident's behavioural support needs, some of which had been a concern prior to this inspection, but in recent weeks had subsided.

The inspector found that the quality of care that residents received was generally held to a good standard, residents were supported by a staff team who knew their needs well and they had good access to their local community. However, this inspection highlighted significant issues in terms of safety and also the upkeep and maintenance of the premises. In addition, this inspection also showed that additional improvements were required in relation to IPC, behavioural support, and an aspect of personal planning. These issues will be discussed in the subsequent sections of this report.

Capacity and capability

The centre had a defined management structure with clear lines of authority and accountability. The provider had assigned a person in charge to oversee the day-to-day operation of the centre and a senior manager had been appointed to provide additional support. The provider was also actively aiming to recruit a team leader to provide additional oversight of care. .

The person in charge had been recently appointed and they had a good understanding of the resident's individual and collective care needs. They held this role over two designated centres but they were employed in a full managerial capacity which facilitated them to fulfill the duties of this dual role. Staff members who met with the inspector stated that the person in charge had a regular presence in the centre and they were readily available should any issues or concerns arise.

Monitoring of care was clearly evident in the centre with the person in charge, provider and a quality team involved in the auditing and oversight of care. The provider had completed the required six monthly audits, annual review and there was also a monthly governance report which was completed by the person in charge. The centre also had a range of audits for the day to day oversight of care which ensured that areas such as medications, training and financial supports were held to a good standard. This system of oversight assisted in ensuring that resident's enjoyed a good level of social care and that they were safeguarded from potential harm. It was clear that the provider aimed to delivery a good quality service, but oversight arrangements had not identified issues which were highlighted on this inspection

The provider had ensured that the centre was resourced with a consistent and well informed staff team. There was no agency staff in use and any gaps in the rota in relation to planned and unplanned leave were generally covered by the existing staff team and relief panel. Staff on duty had a very pleasant approach to care and they were observed interacting with the residents in a meaningful manner throughout the inspection. The provider also had arrangements in place for staff to discuss care and raise any concerns or issues which they may have. Staff attended scheduled team and individual supervision sessions where they discussed topics such as the provision of care, training, safety and maintenance of the centre.

The inspector found that the centre had a clear management structure in place and there was a defined audit system in place to monitor the quality and safety of care; however, these monitoring systems had not identified significant issues which were outlined in this report in relation to safety, fire safety and the upkeep and maintenance of the centre.

Regulation 15: Staffing

The provider ensured that the centre was well resourced in terms of staffing. There were adequate numbers of staff in place to meet residents' personal and social care needs, with three staff supporting residents during the day and two staff on a sleep-in arrangement supporting residents at night.

The person in charge also maintained a planned and accurate rota which demonstrated that residents was assisted by a consistent and familiar staff team.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge facilitated monthly staff meetings which gave staff a platform in which to discuss care in the centre. Staff members also attended scheduled one-to-one supervision sessions with the person in charge which assisted in terms of personal development.

The provider had a mandatory and refresher training programme in place which assisted in ensuring that staff could cater for the resident's assessed needs. The person in charge maintained responsibility in relation to staff training and a review of training records indicated that staff had completed mandatory training in areas such as fire safety and safeguarding.

Judgment: Compliant

Regulation 23: Governance and management

The review and monitoring of care was clearly evident in this centre. The inspector found that systems were in place which ensured that the centre was well resourced which in turn promoted a good level of social access for residents. These systems also promoted safeguarding within the centre and also ensured that residents' finances were appropriately used at all time.

Although measures for the oversight of care were in place; overall, the these arrangements failed to identify issues relating to fire safety and the maintenance of critical equipment. In addition, the provider had not resolved a mould and damp issue in a resident's bedroom which impacted negatively on their lived experience of the centre.

Two immediate actions were also issued to the provider on the day of inspection in relation to fire containment and safety measures within the centre. Although these

issues were addressed promptly by the provider, these concerns had the potential to place residents at significant risk of harm.

Judgment: Not compliant

Quality and safety

The inspector found that residents enjoyed a good level of social access and they were supported by a staff team who knew their needs. However, deficits were found in relation to the premises, risk management and fire safety. Adjustments were also required in relation to personal planning, IPC and behavioural support.

Although residents appeared happy living in this centre, the inspector found that recurrence of mould and damp in a resident's bedroom detracted from the homeliness of this area of the centre. The bedroom had an unpleasant odour of damp and it was not a pleasant room in which to sleep in. The centre as a whole also required modernisation and further maintenance was required both internally and externally.

As the inspection commenced, the inspector noted three fire doors were prevented from functioning properly as two were held open by chairs and one and one held open by a set of fire extinguishers. This issue was brought to the attention of the provider and these items were removed as their use had a significant impact on the containment of fire and the protection of evacuation routes.

A significant risk in terms of the lack of maintenance of equipment was found on this inspection. An immediate action was also issued to the provider to conduct the required maintenance of the centre's internal oil fired boiler and also to install a carbon monoxide alarm prior to the conclusion of the inspection.

Personal plans were in place and clearly described residents' level of independence and also areas of care where they may require support. Resident's preferences in relation to how best to support them was also clearly outlined and the inspector found that personal planning was generally held to a good standard. Residents' personal plans were reviewed to reflect any changes in their care requirements and also formally on an annual basis. Although the formal personal plans which guided in the delivery of care were of a good standard, planning in relation to supporting some residents with some of their goals required review.

It was clear that residents enjoyed living in this centre and that their rights and wellbeing was actively promoted through the actions of the provider and the staff team. Residents attended scheduled house meetings and also monthly keyworker sessions. The inspector found that these arrangements ensured that residents were actively involved in decisions about their care and home. In addition, residents enjoyed a full and active social life. They used local services such as shops and

restaurants, and they also enjoyed amenities like nature walks and public activity parks.

Although the inspector found that residents enjoyed living in the centre and they had a good quality of social access, significant improvements were required in relation to the premises, fire safety and risk management.

Regulation 12: Personal possessions

Residents had their own bedrooms which had ample lockable storage in place for their personal items and belongings. Residents required support in regards to spending on personal items and also in relation to managing their financial affairs.

The provider had a system in place to safeguard residents' finances which included the recording and monitoring of all financial transactions completed with and on behalf of residents. As part of this system, staff recorded each transaction and maintained detailed records of income and expenditure. The person in charge completed regular spot checks of financial records to ensure that resident's money was appropriately used at all times.

Judgment: Compliant

Regulation 13: General welfare and development

Residents enjoyed a good level of social access and support in relation to personal development. Residents attended day services throughout the week and the inspector observed that both residents appeared happy as they left to go to their day service.

A review of records indicated that residents were active in their local community and enjoyed shopping, going out for coffee and visiting local restaurants. One resident liked to go to a skate park each weekend and another enjoyed the cinema and swimming.

Judgment: Compliant

Regulation 17: Premises

The maintenance and upkeep of the premises was an issue of concern on this inspection. A resident's bedroom required extensive review and action in terms of the presence of mould, damp and mildew which did not make for a pleasant

environment for the resident to relax or sleep in. Their wardrobe was also chipped, worn and damaged and required further attention.

Internally, the centre required modernisation and kitchen cupboards needed further maintenance. In addition, the exterior of the building required a tidy up with broken outdoor play equipment left aside in the back garden and excessive clutter noted in the centre's external laundry.

Judgment: Not compliant

Regulation 26: Risk management procedures

The centre's oil fired boiler was located within the floor plans of the centre. The provider failed to demonstrate that this boiler had a completed service schedule, with the last recorded boiler service occurring in 2020. The inspector observed that there was no carbon monoxide alarm in the boiler room, the oil boiler was leaking water and the flu system to expel waste gases, including the opening to the above attic space was in an overall poor state of repair.

Due to the lack of servicing, and poor maintenance of the boiler's flu system, the provider was issued with an immediate action to ensure that a competent person serviced the boiler and that a carbon monoxide alarm was installed. These actions were complete prior to the conclusion of the inspection.

Although these actions were addressed, the centre's boiler room required further review in terms of maintenance. The arrangements for warning staff of the presence of carbon monoxide also required further review to ensure that staff would be alerted at all times of the day and night.

Judgment: Not compliant

Regulation 27: Protection against infection

The centre was generally clean to a visual inspection. The staff on duty had completed the cleaning schedule and they explained how they complete some aspects of the schedule when the residents have left for their day service.

The provider had a colour coded cleaning system in place which promoted the prevention of cross contamination; however, the inspector found that some improvements were required in relation to the storage of colour coded mops. The area in which mops were stored was cluttered and also required additional maintenance as chipped and flaking paint was evident. Some mops were also stored

without laundering and mops buckets were stored in receptacles which were not suitably dried.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety equipment in place such as fire doors, emergency lighting, fire alarm and fire extinguishers. Although equipment had a completed service schedule in place, practices within the centre were impacting upon fire safety. When brought to the attention of the provider, these items were removed as they impacted upon the containment of fire and the safe evacuation of residents.

The provider demonstrated that residents could evacuate the centre in a prompt manner when three staff were on duty; however, a fire drill had not been completed to reflect all shift patterns.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had suitable storage in place for medicinal products and also separate storage for items which were to be returned to the pharmacy. Residents had prescription sheets in place which had been signed by their general practitioner and these prescriptions contained suitable information for the safe administration of medications.

There were no trends in terms of medication errors and a review of medication recording sheets and stock control measures indicated that residents received their medications as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had a personal plan in place which had been adapted into a user friendly format. The inspector found that it was comprehensive in nature and provided an indepth account of the resident's preferences and needs in relation to care.

A personal plan reviewed by the inspector gave a clear outline of how best to provide support to the resident in key areas such as their preferred routine, activities, physical health, hobbies and important people and events in their life.

Although, personal planning was generally held to a good standard, improvements were required in relation the supporting some residents with their goals. For example, the provider failed to demonstrate that a resident was supported to attend their individual planning meeting. In addition, goals which were chosen, including joining a gym and taking surfing lessons had not been progressed and required further review.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There was a minimal use of restrictive practices in this centre and it was clear that the provider was committed to applying the least restrictive practice possible.

Residents who used this service had behavioural support needs and a staff member who met with the inspector gave a detailed account of how a resident presents when they are at the early stages of presenting with potential behaviours of concern. They also explained how best to support this resident, including the measures and actions used to reduce the likelihood of their behaviours escalating. In addition, they spoke about the use of a chemical intervention in the recent past and how this was administered as a last resort. Although staff were well aware of this resident's support needs, their associated behavioural support plan required review to ensure that it was reflective of staff knowledge. Additional guidance was also required to support the consistent administration of 'as required' medications for this resident.

Staff who spoke to the inspector about residents' behavioural support needs had undertaken training in this area of care; however, a review of records indicated that one staff member had not completed the required training.

Judgment: Substantially compliant

Regulation 8: Protection

There were no active safeguarding plans required on the day of inspection and the inspector observed staff interacting with residents in a kind and considerate manner.

Staff had undertaken safeguarding training and the provider had appointed a person to manage any safeguarding concerns. Information in relation to this person and

associated reporting procedures were readily available in the centre and it was apparent that safeguarding was actively promoted.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were actively promoted through the actions of the provider and the staff team. Resident's were supported to attend scheduled key working sessions where they were assisted to identify trips or activities they would like. In addition staff used these sessions to keep residents up-to-date on the running and operation of their home and to also inform them about topics such as how to make a complaint and fire safety.

Throughout the inspection the inspector observed staff interacting with residents in warm and respectful manner and it was clear that the residents considered the centre their home. All notes and documents which were reviewed by the inspector were written in a respectful manner and personal information and correspondence relating to residents was also stored securely.

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	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Soolhaven OSV-0007794

Inspection ID: MON-0048375

Date of inspection: 15/10/2025

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 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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider has completed a full review of the premises and identified areas of substantial and non-compliance requiring corrective action. A governance schedule has been implemented to ensure regular audits of safety, maintenance and environmental standards. All corrective actions taken have been documented and reports submitted to senior management for oversight and verification.</p> <ul style="list-style-type: none"> • Air vents have now been installed in every room to ensure adequate airflow and reduce risk of dampness, condensation and mould. • A new built-in wardrobe has been fitted in the room where mould had previously been identified, replacing the structure that contributed to poor ventilation. • A contracted builder has carried out full remedial works to address the underlying problem of mould. • A follow-up inspection schedule has been introduced to ensure the issue does not reoccur. <p>Fire Compliance</p> <ul style="list-style-type: none"> • A night-time fire drill has been completed by staff in line with regulatory compliance. • All fire doors have been adjusted and tested to ensure they fully meet fire safety regulations. • Regular checks of fire doors have been added to the weekly health and safety checklist. • The fire alarm located in the external shed has now been integrated into the main fire control panel within the house, ensuring full system connectivity and monitoring. <p>Boiler Room</p> <ul style="list-style-type: none"> • A carbon monoxide alarm has been fitted in the boiler room in compliance with safety standards. Building works have been completed to improve safety and ventilation in the room where the boiler is located. The boiler room will now be subject to monthly safety checks and annual servicing schedules. 	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Air vents installed in every room to improve ventilation. • New built-in wardrobe fitted in the bedroom where mould had been identified. • Full remedial building works completed to address and eliminate mould issues. • Night-time fire drill completed by staff as required. • All fire doors adjusted and confirmed fully compliant with fire safety regulations. • Fire alarm in the shed connected to the main fire control panel in the house. • Carbon monoxide alarm installed in the boiler room. • Additional building works carried out to improve safety and conditions in the boiler room. • Power washing and painting completed on external part of building. Painting also completed internally. 	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>A carbon monoxide alarm has been fitted in the boiler room in compliance with safety standards.</p> <p>Building works have been completed to improve safety and ventilation in the room where the boiler is located.</p> <p>The boiler room will now be subject to monthly safety checks and annual service schedules.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • The area where mops are stored has been painted and cleared so that they can dry properly and not get contaminated when out of use. 	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • A night-time fire drill has been completed by staff in line with regulatory compliance. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The resident was asked to attend care review, but it was not evidence on the day. Planning meetings with Keyworkers and residents organise. Goals and timeframes for progression on the agenda.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • A PRN Protocol has been put in place to guide staff on the safe and appropriate use of PRN medication related to behaviour management. • The Behaviour Specialist has reviewed and updated the Positive Behaviour Support Plan to ensure it accurately reflects the resident's current needs. • The staff member previously noted as having no certificate on file had already completed the required training; the issue related only to missing documentation. • The trainer has been contacted and a refresher certificate has been requested and is being added to the staff file. 	

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.	Not Compliant	Orange	20/11/2025
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	20/11/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Not Compliant	Orange	20/11/2025

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	20/11/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	20/11/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	20/11/2025
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is	Substantially Compliant	Yellow	20/12/2025

	the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	20/11/2025
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	20/11/2025