Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Candoris
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	23 June 2026
Centre ID:	OSV-0007923
Fieldwork ID:	MON-0042249

About the designated centre

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

Candoris is a full time residential service that can provide appropriate quality care and support to individuals with an intellectual disability and or Autism Spectrum Disorder, Acquired Brain Injury and who may display behaviours of concern or have medical needs. Candoris can accommodate five residents both male and female over the age of 18 years. The centre consists of a two storey house, situated outside a large town in County Westmeath. The ground floor of the centre is accessible throughout and is suitably decorated with adequate furnishings. There are two bedrooms on the ground floor, which one has a water closet and another has an en-suite. Also on the ground floor there are two sitting areas, kitchen-cum-dining room, and another water closet facility. On the first floor, there are three resident bedrooms, a staff office and a bathroom facility. Each resident has their own bedroom which has been decorated to their taste and choice. There is transport available to all residents in order to ensure that they have access to nearby towns and engage in preferred activities. There are garden areas to the front and rear of the centre. Residents are supported 24 hours a day, seven days a week by a person in charge, social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 23 June 2026	09:55hrs to 17:50hrs	Karena Butler	Lead

What residents told us and what inspectors observed

On the day of this announced monitoring inspection, the inspection findings for the most part were very positive and very good levels of compliance with the regulations were achieved across several regulations reviewed. Residents received high-quality care provided by a familiar staff team who delivered it in a relaxed and person-centred manner. However, the inspector noted some safety measures, for example the availability of emergency medicine during community outings, required more robust oversight. These points are discussed in detail later in this report.

The inspector had the opportunity to meet and chat individually with the five residents that were living in the centre. They all communicated that the staff were nice and that while they had no concerns at this time, that staff would try to help them if they were concerned. They all felt safe living in the centre and said they felt they got on well with their housemates. They confirmed that they had choice each day, what food they ate and activities they participated in. They felt they got out enough to engage in their preferred activities and that staff supported them with what they would like to do. For example, one resident discussed a recent concert they had attended in Dublin and said that they were due to attend another concert the night after this inspection and staff were facilitating their attendance.

Residents were found to participate in a wide range of activities based on their interests. On the day of the inspection, one of those residents took part in an arts and crafts class, while another took part in a drumming class. Later four residents participated in a music class external to this centre. In the afternoon, all five residents visited the gardens of a local hotel and had ice cream, followed by three residents going to a lake to feed some ducks.

Residents participated in activities depending on their interests. For example, they enjoyed attending concerts, hotel breaks, participating in sports teams, dance classes and family visits.

As part of this inspection process residents' views were sought through questionnaires provided by the office of The Chief Inspector of Social Services (The Chief Inspector). Feedback from the five questionnaires was returned by the residents. Four residents completed the questionnaires themselves, and one required some staff support. Feedback was positive and all questions were ticked 'yes' for they were happy when asked about the service and care provided. One comment, when asked if they got along with the people they lived with, stated "best friends".

In addition to the person in charge and the local manager, there were four staff members on duty during the day of the inspection. The inspector had the opportunity to speak with three staff members. The person in charge, local manager and the staff members spoken with demonstrated that they were familiar with the

residents' support needs and likes. They were observed to interact with residents in a calm and respectful manner. A staff member spoken with explained to the inspector that when a particular resident engages in behaviours that may cause distress, they are usually trying to communicate something and that it was the staff members' responsibility to try to support them to resolve whatever was bothering them. This demonstrated a respectful and non-judgmental approach the staff member used when interacting with the residents.

The provider had arranged for staff to have training in human rights. One staff member explained how they had put that training into everyday practice. They felt that prior to having the training that while they did provide residents with choice in their everyday life, they may not have thought of including them in all matters that may affect them. They gave an example that in the past they may have picked out the bed linen to put on the bed from the selection of those the resident owns. They said that they now ask the residents which of their duvet sets they would they like to use on that occasion.

The inspector had the opportunity to speak with three representatives on the phone. Feedback received was very positive. Representatives had no concerns regarding the service, and all stated they would feel comfortable raising a concern if they were to have one. One family representative stated that their family member had progressed so much since moving into this centre. They communicated that their family member was complex and that staff were giving their family member a life of their own and that staff treat their family member with respect. They stated that they 'couldn't sing staff praises enough'. They explained that the staff team adopt their approach when working with their family member to encourage them to gain independence or develop in an area. They felt that the staff team listen to them whenever they make suggestions and that the staff team try to promote their family member's privacy and dignity. Another representative stated that they were 'made feel welcome to visit' and that the 'staff team were kind and helpful to all people living in the centre'. They told the inspector that the care provided in the centre was ''absolutely top class care''.

The inspector conducted a walk around the centre. The centre was found to be very tidy and clean. This facilitated in the arrangements for good infection prevention and control (IPC).

Each resident had their own bedroom and three bedrooms had an en-suite bathroom. Two residents shared bathroom facilities. There was adequate storage facilities for their personal belongings in each room. Residents' rooms were decorated in line with their preferences and had personal pictures displayed. For example, there were football posters and posters of their favourite singers displayed.

The centre had a front garden with some potted flowers that was mainly used for parking. The back garden was used by residents to relax or participate in activities. For example, there was a built-in trampoline, a swing ball set, football goals, a

bucket swing, and a basketball net available for use. There was a raised planting bed where a resident had planted some vegetables.

At the time of this inspection there were no visiting restrictions in place and there were no vacancies. No complaints had been recorded since the last inspection.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was announced and was undertaken as part of the provider's application to renew the registration of the centre as well as part of ongoing monitoring with compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). This centre was last inspected in August 2025. At the time of the last inspection the inspector observed very good compliance levels with the regulations.

The inspector found that there were effective governance and management arrangements in place at the time of this inspection in order to ensure a safe and effective service was provided for the residents. For example, the provider had completed an annual review of the quality and safety of the service which included family representative feedback.

The provider had ensured that the centre was adequately insured against risks to residents and property.

A review of a sample of staff rosters across four months found that there were appropriate staffing levels in place to meet the assessed needs of the residents. In addition, staff had access to training appropriate to their roles, for example epilepsy awareness training.

The provider had made an application for the renewal of registration for the designated centre which contained the information as required by the registration Regulation 5 and had prepared a statement of purpose and function..

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this

regulation and the related schedules. For example, the provider submitted floor plans, a statement of purpose and function, as well as a residents' guide.

Judgment: Compliant

Regulation 15: Staffing

This inspection demonstrated that there were sufficient staffing levels in place with staff who had the appropriate skills and experience to meet the assessed needs of the residents.

The inspector reviewed a sample of rosters across a four-month period from March to June 2026. There was a planned and actual roster in place. The centre had a full complement of staff which facilitated continuity of care to the residents. There were sufficient staff available to meet the assessed needs of residents.

While full staff personnel files were not reviewed, the inspector reviewed a sample of three core staff members' and four relief staff members' Garda vetting disclosures. All five Garda vetting disclosures were completed within the last three years. This demonstrated that the provider had arrangements for safe recruitment practices in line with best practice and the requirements of schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff had access to a suite of training identified as mandatory and non-mandatory by the provider.

The inspector reviewed the training oversight matrix for training completed. Additionally, a sample of core and relief staff members' certification for seven training courses completed. This review confirmed that the staff team had up-to-date knowledge and skills to meet the residents' assessed needs.

Examples of the training staff had completed included:

- safeguarding vulnerable adults
- first aid
- epilepsy awareness
- training related to positive behaviour support
- fire safety
- medicines management
- assisted decision making

- training related to IPC, such as hand hygiene.

Staff had received additional training to support residents. For example, staff had received training in human rights. Further details on this have been included in the 'what residents told us and what inspectors observed' section of the report.

Judgment: Compliant

Regulation 22: Insurance

As per the requirements of the regulations, the provider had ensured that the centre was adequately insured against risks to residents and the property. Evidence of the insurance was submitted to the Chief Inspector.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the provider had appropriate governance and management arrangements in place.

The provider had carried out an annual review of the quality and safety of the centre which included positive feedback from family and resident consultation. For example, one family representative recorded that 'staff were brilliant with the resident who can be very complex'. Another said that staff were "always polite and professional".

There were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis, of which the inspector reviewed the unannounced visit report completed since the last inspection in January 2026. There was an action plan in place for any areas identified as requiring improvement and all of the actions were completed by the time of this inspection and checked by a member of the provider's compliance team.

There were monthly audits being completed by the local manager or the person in charge of different aspects of the service to facilitate a safe and effective service. From a review of February to May 2026, some of the areas covered included: a review of how clean the centre was, finances, incidents, residents' goals, health and safety, and fire safety.

A review of team meeting minutes confirmed that they were occurring regularly. A review of three team meeting minutes, January to May 2026 demonstrated that topics discussed at the meetings included residents' updates, incidents,

safeguarding, health and safety, and fire safety. These meetings ensured the staff team remained informed of residents' evolving needs and centre safety protocols.

The inspector spoke with three staff members and they communicated that they would feel comfortable going to the local manager or the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which was up to date, accurately described the service provided and contained all of the information as required by Schedule 1. For example, it contained the specific care and support needs the provider intended to support, and described the organisational structure.

Judgment: Compliant

Quality and safety

This inspection found that a good quality of service was provided to all residents. However, the inspector found that some improvements regarding risk management arrangements were required.

For the most part, there were appropriate risk management procedures in place. For example, there were risk assessments in place for identified risks with control measures listed on how to mitigate the chances of the risks occurring or impacting the residents. However, the inspector did identify some areas for improvements to ensure that all risk management arrangements were robust. For instance, while a resident's asthma was very well controlled, from communication with two staff members, the resident's prescribed inhaler medicine did not travel with them in the community.

The person in charge had ensured that residents had an assessment of need completed and any identified support need had a corresponding care plan in place to appropriately guide staff. Appropriate healthcare and positive behavioural support were provided to residents, and they had access to applicable healthcare and behaviour specialist professionals as required.

The provider had ensured that there were suitable arrangements in place that helped protect residents from different forms of abuse. For instance, a staff spoken with was able to explain possible warning signs of abuse and how to respond should

they observed those signs. They knew their role was to ensure the safety of the residents and to report their concerns without delay.

There was a residents' guide that contained the required information as set out in the regulations.

The inspector completed a walk-about of the premises and found that it was homely and tidy with sufficient internal and external space for use.

There were suitable fire containment measures in place. For instance, there was fire detection and alert systems in place and they were serviced regularly.

There were appropriate arrangements in place regarding medicines management. For instance, all medicines were found to be appropriately stored in a locked medicines cabinet.

Regulation 17: Premises

At the time of the inspection, the layout and design of the premises was appropriate for the assessed needs of the residents. The residents had full access to the centre's facilities, for example cooking and clothes washing facilities.

There was appropriate equipment and guidance available for cleaning the centre. The centre was generally found to be very clean, tidy and in a good state of repair. While one minor patch of mildew was observed in the main bathroom, this was cleaned prior to the end of the inspection which meant there was no negative impact to residents' environment.

Each resident had their own individually decorated bedroom with adequate storage facilities for their personal belongings.There was sufficient communal spaces available and spaces that residents could use to have time on their own. For example, there were two sitting rooms.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide that contained the required information as set out in the regulations. For example, it guided residents on the arrangements for making a complaint. It also explained a summary of the services and facilities the centre offered.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had established systems to manage and mitigate general risks, for example there was a safety statement in place to guide staff and a system for recording and escalating incidents, to which the centre had a low level of incidents occurring. However, improvements were required to certain aspects of risk management.

The inspector found from speaking with two staff members that they were not bringing a resident's prescribed inhaler when out in the community. The resident's asthma was very well controlled, and they had not had an asthma attack in years. However, it was important for staff to have access to the inhaler in case it was needed, as without the medicine available it posed a potential risk to the resident's safety in the event of a medical emergency. Management confirmed that they would ensure this was happening going forward.

A resident who had previously shown no history of refusal during fire practice drill evacuation had refused to evacuate during a drill in March 2026. Management had ensured that a key-working session with the resident to educate them on the importance of timely evacuation was completed with them. However, the resident's personal emergency evacuation plan (PEEP) had not been updated since to reflect their refusal. In addition, a drill under similar circumstances to the March 2026 conditions had not been replicated to assess whether the education work had been successful. Management updated the PEEP on the day of the inspection.

The inspector observed inappropriate usage of personal protective equipment (PPE) being used by a staff member as they moved between tasks while wearing their gloves prior to administering medication. Once brought to management's attention, they spoke with the staff member, and the PPE was changed prior to preparing medication. Management confirmed with the inspector that this issue would be brought to the staff team for learning.

From a review of two residents' files, individual risk assessments were available and detailed measures to control the identified risk. Control measures were found to be proportional to the risk identified. While the inspector found that risk assessments were within their prescribed review dates, some risk assessments required further review. For instance, a risk assessment regarding a specific healthcare risk for a resident was incorrectly scored and from speaking with a staff member while all control measures were being correctly implemented, the risk assessment did not list all applicable control measures.

On review of other arrangements in place to meet the requirements of this regulation, the inspector found from a review of incidents since January 2026 that only five occurred. Incidents were reviewed and control measures to help prevent recurrence were introduced where relevant. Learning from incidents was being shared with the staff team to promote consistency of approach.

The inspector observed that the oil boiler had received an annual service and the centre's vehicles were serviced, insured and did not yet require a certificate of road worthiness due to the age of the vehicles.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment and fire detection and alarm systems in place which were serviced as required.

Each resident had an up-to-date personal evacuation plan (PEEP) in place which outlined the support they required to safely evacuate in the event of a fire. A review of records confirmed that fire drills were taking place regularly, with six drills reviewed by the inspector. The review confirmed that the provider could safely evacuate residents in the event of an emergency.

Emergency lighting was installed internally and externally and found to be working. Additionally, there were fire containment doors installed fitted with self-closing devices to help contain the spread of fire in an emergency and they were found to close effectively.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that there were suitable arrangements in place regarding the ordering, receipt and storage of medicines which facilitated residents receiving their correct medicines as intended.

There were audits in place to monitor medicine management. There was guidance available in the centre for the staff team to be able to identify medicines when completing the stock intake of medicines received into the centre.

The inspector observed medicines had pharmacy labels attached as required to support in medication administration.

There was a weekly medicines balance sheet completed for the stock control for medications to ensure medication was being administered as prescribed and facilitate the identification of any potential medication errors. The inspector completed a count of two medications and found the amount accurately matched that of the stock balance count.

There was a separate locked area for medications to be stored until they could be returned to the pharmacy when required. The inspector observed a form that was used to record when a medication was returned, and it was signed by the pharmacy. This assured the inspector that there were safe practices in place segregate and return no longer required medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that there were sufficient arrangements in place for residents to have their needs assessed and care provided in line with their assessed needs.

From a review of three residents' files, the inspector found that there was an assessment of need in place for each resident, which identified their healthcare, personal and social care needs. These assessments were used to inform plans of care.

There were care plans in place for identified needs and were found to be up to date and suitably guided the staff team. For example, epilepsy care, nutrition, finances, and a specific health diagnosis care plan. This would facilitate consistency of staff support and help ensure the residents received appropriate care in line with their assessed needs.

In addition, from a sample of one resident's file, they were supported to set and achieve personal goals in order to enhance their quality of life. For example, to join a gym and participate in a Special Olympic event.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were well assessed, and appropriate healthcare was made available to each resident.

From review of three residents' files, the inspector found that there was an assessment of need carried out for all residents on at least an annual basis, and this assessment identified the ongoing and emerging healthcare needs of residents.

Residents had access to a general practitioner and a wide range of health and social care professionals. Arrangements were in place to meet residents' healthcare needs to ensure that residents could achieve best possible health.

The inspector reviewed residents' health care support plans and found that these provided clear guidance. While some minor amendments were required to a specific healthcare plan, this information was known to a staff member spoken with and the plan was updated during this inspection.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured residents had access to a range of clinic supports in order to support their well-being and any positive behavioural supports required.

The inspector reviewed the arrangement in place to support residents' positive behaviour support needs. Where necessary, residents received specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk. For example, from a review of two residents' files, they had behaviour support plans in place to help guide staff how to recognise and respond to known behaviours of concern. The plans contained reactive and proactive strategies as well as guidance for post incident for the staff team to follow.

The person in charge was found to be promoting a restraint free environment, and while there were some restrictive practices in place, such as a razor locked away, these were found to be in place for the resident's safety. Any restrictive intervention had been assessed to ensure its use was in line with best practice.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse.

Staff were found to be suitably trained to recognise and escalate any safeguarding concerns. There was a reporting system in place with a designated safeguarding officer (DO) nominated for the organisation.

There were no reported safeguarding concerns in the centre in 2026 to the time of this inspection. A staff member spoken with was familiar with the steps to take should a safeguarding concern arise including a witnessed peer-to-peer incident or an unwitnessed disclosure. For example, in the case of an unwitnessed disclosure, the staff member explained that they would gather the facts, that they would not promise confidentiality, would not ask leading questions, and would report the potential safeguarding incident.

From a review of three residents' files, the inspector found that there were intimate care plans in place that guided staff as to supports residents required. Based on the above information, the inspector was satisfied that there were appropriate systems in place that promoted a culture of safeguarding.
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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Candoris OSV-0007923

Inspection ID: MON-0042249

Date of inspection: 23/06/2026

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All staff have been reminded of the importance of taking the resident's prescribed inhaler with them when leaving the centre and on community outings. A medication removed/ returned to the centre log has been introduced for management to ensure that this medication continues to be taken with the resident upon all outings from the centre. Fire drills carried out with the resident since March are showing evidence of learning from the educational key-working sessions, and the resident has since been participating fully with all fire drills. Continued monitoring and key-working around fire safety will continue, thus assuring continued education around fire safety is effective. On the day after the inspection, management conducted a subsequent medication competency review with the staff members who were observed moving between tasks wearing gloves. The centre's team meeting also focused on guidelines for the correct use of PPE, with all staff in attendance. The risk assessment regarding the specific healthcare risk for a resident has been reviewed to reflect the accurate risk rating. All applicable control measures are now reflected on the risk assessment.	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	29/06/2026