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:	Rosewood
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	26 March 2026
Centre ID:	OSV-0007932
Fieldwork ID:	MON-0047347

About the designated centre

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

Rosewood is a designated centre operated by Sunbeam House Services. The centre comprises two separate houses in county Wicklow, and accommodates two adults with intellectual disabilities. The centre provides residents with residential support in a safe, secure, and stimulating environment, and is committed to supporting residents to live a life of their choosing as independently as possible. Residents are supported by a key worker and are facilitated to avail of additional organisational and community multidisciplinary supports. The centre is managed by a full-time person in charge with support from a deputy manager, and the staff team consists of social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Thursday 26 March 2026	08:30hrs to 15:50hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the regulatory monitoring of the centre. It focused on how the provider safeguarded residents from abuse, promoted their human rights, and empowered them to exercise choice and have control in their lives.

The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on compliance with the regulations inspected. The previous inspection of the centre in April 2025 found high levels of non-compliance, including in relation to residents' rights and how they were safeguarded and protected from harm in the centre. This inspection found improved levels of compliance. The provider had implemented effective actions to safeguard residents, and residents told the inspector that they felt safe in their homes. However, some further improvements were required to meet full compliance with all of the regulations inspected, and these will be discussed further in the next sections of this report.

The centre accommodates two residents living in separate houses. The inspector visited both houses and had the opportunity to speak with residents and hear about what it was like to live in the centre. The first house comprises a single-storey building in a quiet housing estate located in a small village. The resident living there was happy to spend time speaking with the inspector and show them around the house. The house was warm, spacious, homely, comfortable and generally well maintained. Some minor upkeep was required, which is discussed further in the quality and safety section of this report.

The resident used multimodal communication means, including manual signs, words and pictures. The inspector observed that the social care worker working with the resident had a very good understanding of their communication means, and it was clear that the resident had a good rapport with the social care worker as they joked and laughed together and discussed their plans for the day. The resident told the inspector that they were happy, but they were looking forward to moving to their new permanent home in the coming months. They had visited the home many times, and planned to have a house warming party when they moved in. They showed the inspector items that they would be bringing with them, such as their personal belongings, and also spoke about purchasing new furniture, such as a bed. The resident also told the inspector that they were happy that the social care worker and other familiar staff members were going to be working in their new home.

The inspector observed the resident freely accessing their home; for example, they had a key to their bedroom, and brought the inspector into the staff room to show them where their personal files, monies, and medicines were kept. There were some restrictive practices in place; however, the resident had been consulted with regarding their use using easy-to-read information, and they had consented to their

use. The resident said that they had participated in fire drills, and knew how to evacuate in the event of an emergency.

The resident told the inspector that they liked to do house hold chores, cook, go to the pub, play games, listen to music, shop, spend time with their family, attend a social club and go on hotel breaks. Their last break was in October 2025, and their next one was planned for April 2026. On the day of the inspection, the resident was going to re-turn recyclable bottles and then to a nearby town for a day trip with the social care worker. Overall, the inspector observed a warm and relaxed environment in the house, and found that the resident was able to make choices in their life, and was receiving good quality and safe care and support that was in line with their wishes and rights.

The second house comprises a large two-storey building. The resident living there sat and spoke with the inspector in their garden, before showing the inspector around the house. It was bright, spacious, clean and well-equipped. However, some upkeep and repair was required, which is discussed further in the quality and safety section of the report.

The resident told the inspector that they liked the house and felt safer there since the previous inspection, because particular safeguarding risks had been mitigated. However, they did not like the location of the house, and wanted to move to another town and to be closer to their family. They had raised a complaint with the provider about this matter. The centre's operations manager told the inspector that this matter had been escalated by the provider, and that the resident's living requirements and preferences had been established to start exploring potential options.

The resident said that they liked most of the staff working in the centre, but missed certain staff who were no longer working with the resident. They resident had also raised a complaint with the provider regarding the use of agency staff in their home as they preferred more regular staff. The resident liked to access their community independently, walking, eating out, visiting family, playing sports, and attending a social club. They also liked to plan personal goals with their key worker, such as going on hotel breaks. They had enjoyed one earlier in the month. On the day of the inspection, the resident complained of a particular healthcare need, and the operations manager promptly made an appointment for them with their general practitioner (GP).

The inspector spoke with a social care worker, the person in charge, and operations manager during the inspection. They were found to have a good understanding of the residents' individual personalities and support needs, such as their positive behaviour and communication care plans and interventions. Staff engaged kindly and respectfully with residents, and responded to their needs and wishes. They told the inspector about the improvements to residents' quality of life since the previous inspection, such as the mitigation of particular safeguarding risks, and a reduction in the use of restrictive practices and the number of adverse incidents.

Overall, the inspector found that the centre was operating at a better level of compliance since the previous inspection. The provider had implemented measures to manage risks to residents' safety and wellbeing, and improved their living arrangements. However, some improvements were required in relation to the staffing arrangements, maintenance and oversight of residents' care plans, and the premises.

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

Capacity and capability

In February 2025, the Office of the Chief Inspector of Social Services (Chief Inspector) published an overview report of governance and safeguarding in designated centres operated by Sunbeam House Service CLG as part of a regulatory escalation programme. The report included findings of not compliant under five regulations. The provider submitted a compliance plan that outlined actions to improve compliance with those regulations and its governance and management systems. The regulatory escalation programme concluded in February 2026.

During this inspection, the inspector found that there were effective management systems in place to ensure that the service provided to residents living in this centre was safe and appropriate to their needs. Overall, the provider had ensured that the centre was well resourced; for example, there were vehicles available to facilitate residents' activities, and they could access the provider's multidisciplinary team services. However, some improvements were required in relation to the staffing arrangements and the effectiveness of the oversight systems of the quality and safety of the service.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and they were supported by a deputy manager. They reported to an operations manager, and there were systems for them to communicate and escalate information.

The provider and person in charge had implemented management systems to monitor the quality and safety of the service provided to residents. Annual reviews and six-monthly reports, as well as various audits had been carried out in the centre. However, the local oversight systems required improvement to ensure that potential risks to the quality and safety of residents' care and support were identified and addressed. For example; inaccurate information in care plans posed a potential risk to residents.

The staff skill-mix comprised of social care workers. At the time of the inspection, there four whole-time equivalent vacancies; however, this was to reduce to two by

May 2026. In the meantime, agency and relief staff covered the vacancies. This posed a risk to the consistency of residents' care, and concerns about the high use of agency and relief staff had been raised during staff team meetings and in a complaint from a resident.

Staff were required to complete training as part of their professional development. The inspector reviewed the permanent staff training log and found that all staff were up to date with their training needs. This inspection did not include a review of staff Schedule 2 files or the arrangements for the supervision of staff.

Regulation 15: Staffing

The staff skill-mix comprised a person in charge, a deputy manager and social care workers. The provider had determined that this was appropriate to the assessed needs and number of residents. At the time of the inspection, the social care worker whole-time equivalent was to be ten; however, there were four vacancies. Two of the vacancies had been filled and those staff members were due to start working in the centre in April and May 2026. The provider was recruiting to fill the remaining vacancies.

The inspector reviewed the January and March staff rotas. They were well maintained and clearly showed the names of staff and the hours they worked. They also showed a high use of agency and relief staff. For example, during a four week period in January, 89 shifts in one house had been covered by agency and relief staff. This did not ensure consistency of care and support for the resident. However, the use of agency and relief had reduced somewhat since then; in the same house, 44 shifts were covered during a four week period in February, and 22 were covered in the first three weeks of March.

One resident had raised a complaint regarding the high use of agency staff and their preference for familiar staff. The inspector also read minutes of recent staff team meetings and a risk assessment that raised concerns about how the use of inconsistent staff could impact on the quality of care and support provided to residents; for example, both residents required familiar staff who understood their communication and behaviour support needs. During the inspection, permanent staff members were working in the centre, and the inspector observed that they had a good rapport with residents, and were able to understand their individual communication means.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were required to complete training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The previous inspection found this regulation to be not compliant due to gaps in staff training; however, this inspection found improvements, particularly in relation to staff completion of communication training.

The inspector reviewed the most recent training log with the person in charge. The training log showed that staff had completed training in relevant areas, including fire safety, safeguarding of residents, communication, positive behaviour support, first aid, safe administration of medication, risk and incident management, key worker responsibilities, and supporting residents with modified diets. Staff had also completed training in human rights to help inform their practices and for the promotion of human rights based approach to care in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were good management systems in place to ensure that the service provided in the centre was safe and operated in line with the statement of purpose. There was a clearly defined management structure in the centre. The person in charge was full-time, and supported in their role by a deputy manager. They reported to an operations manager, and there were arrangements for the management team to communicate including scheduled meetings and informal communications.

However, improvements were required in relation to the monitoring of the quality and safety of the service to ensure that potential risks were identify and addressed. The inspector found discrepancies in one resident's expense log and in another resident's care plans that had not been self-identified by the local management team as part of their oversight checks. This required improvement to ensure that the local oversight systems were effective in identifying potential risks to the quality and safety of service provided to residents.

The provider and person in charge had implemented systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. The provider carried out annual reviews and unannounced visit reports. The annual review of 2025 was underway. The unannounced visit reports were wide in scope, and identified clear actions for improvements. Audits had also been carried out in relation to medication management, the premises, health and safety, and residents' care plans.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that since the previous inspection, the provider had taken effective actions to improve the quality and safety of the service provided to residents in the centre. This was contributing to residents feeling safer and having a better quality of life that promoted their rights. However, some improvements were required in relation to the maintenance of residents' care plans and the upkeep of the premises.

The premises comprises two separate houses. The houses were warm, comfortable, bright, spacious and well-equipped. However, some upkeep and maintenance was required to both houses, such as repairs to damaged doors and painting.

Assessments had been carried to inform written care plans on residents' health, personal and social care needs. Some plans reviewed by the inspector were found to require updating to ensure that they contained accurate information to support staff in delivering care that was in line with residents' needs.

Residents were in receipt of good positive behaviour support, and associated care plans had been prepared to guide staff on the interventions they required. There were some restrictive practices implemented in the centre. They had been approved for use by the provider's human rights committee and consented to by the residents concerned.

The provider had implemented good systems to protect residents from abuse, such as training for staff and written policies to guide their practices. However, the inspector found that one resident's intimate care plan contained inaccurate information, and this posed a risk that staff could deliver care and support to the resident that was not in line with needs.

The inspector observed that staff engaged with residents in a warm and respectful manner, and demonstrated a good understanding of their communication needs. There were also arrangements to promote and uphold residents' rights in the centre, such as key worker meetings to help them choose and achieve personal goals. However, one resident told the inspector that they wanted to move out of their home as they did not like the area and wanted to be closer to their family. Potential alternative options were being explored; however, there were no plans for the resident to move at the time of the inspection.

Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported to communicate in accordance with their needs and wishes.

Residents communicated using different means including spoken words, body language, pictures and manual signs. The inspectors reviewed the residents'

communication care plans. The plans reflected input from relevant multidisciplinary team services and were readily available for staff to refer to. One plan required a minor update regarding the use of assistive technology that the resident no longer used.

Staff had also completed relevant training, including in using manual signs, to ensure that they could effectively support residents to communicate and be understood. The inspector observed that staff understood residents' individual communication means, and responded to them in a kind and responsive manner.

The provider had also ensured that residents had access to media sources such as televisions, smart tablet devices, and the Internet.

Judgment: Compliant

Regulation 17: Premises

The premises comprises two separate houses. Overall, it was found that the premises were appropriate to the residents' needs. However, one resident was due to move to a more suitable long-term home in the coming months, and another resident told the inspector that although they liked the house, they wanted to move to another location.

The houses contained individual bedrooms, staff rooms, bathrooms, and communal spaces, including sitting rooms, kitchens and dining spaces. There was also outdoor garden space for residents to use. Residents' bedrooms were personalised to their tastes and provided sufficient storage for their belongings. The houses were seen to be homely, bright, spacious and comfortable, and residents were observed to freely access their homes and the facilities. However, some upkeep was needed in both houses. For example:

In the first house:

- the exterior laundry room required cleaning of lint and dust
- parts of the rear garden were littered with an old radiator, dirty mop heads, and pieces of wood
- the recently installed fire doors were marked in places and required painting.

In the second house:

- the handles on a dining room window and a sitting room window were broken
- two doors did not close fully when released, and the self-closing device on the door of the upstairs activity room was broken
- there was a small hole in the porch ceiling at the front of the house

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' health, social and personal care needs had been assessed and associated care plans had been prepared to guide staff on the care and support they required. However, the review and upkeep of these documents required improvement to ensure that the information was accurate and sufficiently detailed to guide staff on the care and support residents required.

The inspector reviewed both residents' assessments and care plans. The files reflected input from a range of multidisciplinary team services including, behaviour support specialists, speech and language, and mental health services.

Some care plans were found to contain inaccurate information and lacked sufficient detail. For example, a recently reviewed patient passport referred to an associated care plan that was not in place, and healthcare interventions that were not used. Additionally, a safety plan did not refer to a specific risk that required the use of a restrictive practice. These discrepancies posed a risk to the effectiveness of the plans, and to the quality and safety of care and support provided by staff to residents.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider had ensured that residents were in receipt of good behavioural support, and that restrictive practices were implemented in line with evidence-based practice and the provider's policy.

Staff had completed positive behaviour support training to inform their practices, and the provider's behavioural specialists had prepared written positive behaviour support plans for staff to follow. The plans were up-to-date and written in a person-centred manner and easy-to-read format to make them more accessible.

There were some restrictive practices implemented in the centre. They had been approved for use by the provider's human rights committee to ensure that they were proportionate. Residents concerned had also been consulted with about the restrictions using easy-to-read format and had consented to their use. The inspector spoke with one resident about some of the restrictions affecting them and they indicated that they were satisfied with the arrangements.

Judgment: Compliant

Regulation 8: Protection

Overall, the inspector found that there were good systems to safeguard residents from abuse. These systems were underpinned by the provider's safeguarding policy. However, improvements were required to ensure that residents' intimate care plans were accurate to ensure that staff had sufficient guidance on delivering care that respected residents' dignity and bodily integrity.

Staff working in the centre were required to complete safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with knew how to report any potential concerns.

The inspector reviewed three allegations of abuse reported since the previous inspection. They were found to be appropriately reported, and actions were implemented to safeguard residents from potential abuse.

The inspector reviewed a resident's intimate care plan with a staff member. From speaking with the staff member, it was found that the care plan contained inaccurate information about the level and type of support the resident required. This posed a risk that staff may deliver care that was not line with the resident's needs and would not fully uphold their dignity and bodily integrity.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Generally, it was found that residents were supported to exercise their rights and have control and make choices in their lives. However, some improvements were required to ensure that a resident's concerns regarding their living arrangements were addressed to their satisfaction.

Residents had been allocated key workers who supported them to plan personal goals. Their goals were in line with their wishes and interests, such as going on hotel breaks. One resident was looking forward to moving to their new home, and had been consulted with throughout the process. They were also received support to be able to freely access the home; for example, they were learning how to use the electronic key for the property. The inspector reviewed a sample of residents' key worker meeting minutes from January to March 2026. In addition to goal planning, they noted discussions on health and safety matters, the use of restrictive practices, staffing, activities, and upcoming appointments.

Residents were also supported to raise concerns and complaints about the service they received in the centre. One resident had recently raised complaints regarding staffing and their living arrangements. The resident told the inspector about their

wish to move to another location and to be closer to their family. The provider had added the resident to their internal transition list and prepared information on the resident's preferences and needs to explore potential alternative options. However, at the time of the inspection there were no plans for the resident to move.
Judgment: Substantially 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Rosewood OSV-0007932

Inspection ID: MON-0047347

Date of inspection: 26/03/2026

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Following the inspection a number of measures have been implemented to address the identified staffing shortfall and to improve continuity and quality of care for residents across both locations. At the time of inspection, one staff member had commenced on 16/03/2026. Since the inspection, further progress has been made: - A second staff member commenced on 07/04/2026. - A third staff member is due to commence on 27/04/2026 as agreed date. This will reduce the staffing deficit to two remaining vacancies across both locations. There has also been a continued reduction in the use of agency staff. As of 20/04/2026, the use of agency staff has reduced to 4 shifts in the designated centre and 7 shifts are allocated to relief staff.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

Following the inspection, further actions have been implemented to strengthen governance and oversight systems:

- The Person in Charge (PIC) conducts monthly audits since March 2026 to ensure regular and comprehensive review all residents documentation, including support plans, personal plans, care plans and expense logs and associated documentation with further oversight from the PPIM during quarterly governance and management sessions.

- All personal goals information will be updated by 15/05/2026 and will be reviewed on an ongoing basis as part of the profile audits, with oversight by the PIC.

- A revised daily duties checklist has been implemented in March 2026 for staff use to ensure all housekeeping, resident supports and documentation is complete. This has been updated to include a broader range of areas and more location-specific details. The checklist now also includes a section for the PIC to sign off upon completion, with space to document oversight and record comments, ensuring that any deficits are communicated to the staff team for follow up.

- A Service Improvement Plan is in place to track, monitor, and progress all identified actions. This plan is reviewed at a minimum biweekly by the PIC and PPIM to ensure actions are completed within agreed timeframes. This has been last updated 24/04/2026

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
- Engagement is taking place with the local authority through monthly meetings, during which the resident's housing needs are reviewed. The provider is also actively exploring opportunities. Identifying accommodation that appropriately meets the resident's needs remains challenging. The complaint remains open, and efforts to secure suitable accommodation are ongoing, subject to availability and allocation through the relevant housing authorities.

- Maintenance requests have been submitted by the PIC to address the upkeep issues identified during inspection. The PIC will continue to monitor and follow up on all works, with completion expected by 7 August 2026.
Centre 1:
- The lint and dust has been removed from the laundry room and this task has been added to the house keeping checklist. 21/04/2026

- Unwanted clutter in the rear garden has now been removed – 21/04/2026

- Internal fire doors requiring painting are scheduled to be complete by 01/08/2026
Centre 2:
- Broken window handles (dining room and sitting room) will be replaced by 31/04/2026

- Works to fire doors will be complete by 31/05/2026

- Small hole in the porch ceiling will be complete by 05/05/2026

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
- The Person in Charge (PIC) conducts monthly audits to ensure regular and comprehensive review all residents documentation, including support plans, personal plans, care plans and expense logs and associated documentation with further oversight from the PPIM during quarterly governance and management sessions. March '26

- Safety plans will be reviewed and updated to ensure that all identified risks, including those requiring restrictive practices, are clearly documented and appropriately linked to relevant risk assessments and control measures. This will be completed by 15/05/2026.

- All patient passports will be reviewed and updated to ensure alignment with current support in place. This will be completed by 31/05/2026.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
- All residents' intimate care plans will be audited by the PIC and reviewed and updated, as required, to ensure they accurately reflect the level and type of support needed and provide sufficient detail to guide staff in delivering care that respects residents' dignity, privacy, and bodily integrity. This will be completed by 31/05/2026.

- Intimate care plans will be discussed at the next staff team meeting to ensure updates are communicated to all staff – 31/05/2026

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
- In relation to the resident who expressed dissatisfaction with their current living arrangements, they will be supported through ongoing keyworking sessions to ensure their views, preferences, and wishes are clearly documented and regularly reviewed. Clear communication will be maintained with the resident regarding the status of their request, ensuring transparency and that their expectations are appropriately managed. All updates and discussions will be documented. This is ongoing. In this regard, residents will be supported to access independent advocacy services to ensure their rights, preferences, and choices are fully represented in relation to their complaints. This will be in place by 31/05/2026.

- PIC will ensure that the resident's request to relocate is actively progressed with regular monthly follow-up with the housing department to advocate for the resident and to support timely identification of suitable alternative accommodation. Regular monthly monitoring of client's complaint to reflect updates.

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/05/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	07/08/2026
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	Substantially Compliant	Yellow	31/05/2026

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	15/05/2026
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	15/05/2026
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to	Substantially Compliant	Yellow	31/05/2026

	residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	31/05/2026