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:	Abbey View
Name of provider:	St John of God Community Services CLG
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	22 May 2026
Centre ID:	OSV-0008050
Fieldwork ID:	MON-0045117

About the designated centre

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

Abbey View is a designated centre operated by St John of God Community Services CLG. The centre provides full-time residential support for up to four adults with intellectual disabilities. The centre comprises a large detached bungalow which is located in a rural setting in County Meath. Each resident has their own bedroom (two being en-suite). Communal facilities include a large kitchen/dining room a sitting/sun room, a second sitting room, a utility room and a large of bathroom. Private transport is also available to the residents as required. Residents are supported by staff with their healthcare needs and have access to a wide range of allied health professionals to enhance the support provided. The staff team consists of nurses, healthcare assistants, a person in charge and a clinical nurse manager.

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
Friday 22 May 2026	10:15hrs to 18:20hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents received a good quality of care and they were happy living in their home. Some improvements were required in four regulations, which included admissions, risk management, the premises and records stored in the centre.

At the last inspection of this centre in June 2024, high levels of compliance were found with the regulations with some minor improvements required under Regulation 28: Fire Safety which the inspector followed up on and reviewed on this inspection. The Chief Inspector of Social Services had also been notified of a number of safeguarding concerns prior to this inspection, some of which related to negative interactions between some residents and others that were related to other allegations of abuse. This information was also followed up as part of this inspection.

This centre is registered to support four residents, at the time of this inspection only two residents lived here, one resident had transitioned to a new home in the previous months, and another resident was in the middle of making plans to move into the centre.

The inspector met both residents, who spoke to the inspector for short periods with the support of staff. The inspector also met with the two staff members on duty, the house manager and, spoke over the phone to the director of nursing and the assistant director of nursing. As well as observing some practices, the inspector also reviewed some of the details included in the residents' personal plans, and some of the records about the governance and management of the centre.

On arrival to the centre, residents were in the middle of either getting up or were preparing to go out for a drive. The centre was clean and generally well maintained, although there were some minor updates required to the property. Residents had their own bedrooms, which were decorated in line with their preferences. One resident spent some time talking to the inspector in their bedroom about things that were important to them. They were enjoying watching some of their favourite television programmes and spoke about some of their plans for the day. Both residents informed the inspector that they were happy in their home, and the inspector observed that the residents appeared, relaxed, looked well cared for and appeared to get on well with the staff members.

The house had a large garden, and to the back of the house there was a polytunnel, where residents were growing flowers, and a seating area where residents could sit out and enjoy the garden or have their meals outside. To the front of the property, there was a gravel driveway. The inspector observed that due to the changing needs of one resident in relation to their mobility, their access to the outside of the property was impeded as the resident was a wheelchair user at the time of the

inspection. A staff member informed the inspector that this issue had been raised at a recent staff meeting, and the person in charge had requested the staff members, to establish what the exact issues were, and report back to the person in charge to see what needed to be done. However, this had not been completed at the time of the inspection and therefore needed to be addressed going forward to ensure the resident had access to the outside of their home.

Staff were observed supporting residents with their lunch. The staff were observed offering choices to residents, including offering one resident their preference for a particular sauce that they liked with most of their meals. The staff were observed adhering to advice and recommendations included in the residents' personal plans from allied health and social care professionals around supports that a resident required during meals. For example, one resident used some adapted utensils to maximise and maintain the resident's independence at mealtimes. Staff had also been provided with training in dysphagia and basic first aid, and one staff member explained to the inspector how they would manage an incident of choking in the centre to assure the residents safety, and timely access to any medical assistance if required.

The staff spoken with on the day of the inspection and were found to be knowledgeable of the residents' needs and were observed responding to the residents in a timely respectful manner. The staff team were also strong advocates for the residents living here, and the inspector found examples where positive outcomes had happened for one resident in particular, by staff advocating for the resident to assure that the resident got to continue living in their home when their needs had changed.

The staff were observed providing choices to residents in line with their preferences, for example, residents were offered choices about the clothes they wanted to wear and what they wanted to do during the day.

Residents were supported to keep in touch with family and staff helped the residents to arrange visits with family members. On the day of the inspection, one of the residents was looking forward to meeting their family at the weekend and kept referring to this meeting, which they appeared happy about.

Residents were also provided with opportunities to take part in a variety of activities that promoted their well-being and encouraged socialising and integrating in their local community. One of the residents, for example, was a member of the local football club and used some of the amenities available at this club. One of the residents had been on holidays for a week last year and staff reported that the resident had enjoyed this. The inspector also saw some photographs of the resident on their holiday. The residents got to go out on social activities each day if they wanted to. On the day of the inspection, one of the residents told the inspector that they were going to a party at the weekend for their friend. Later in the day, they went out shopping to see if they could buy a present for their friend.

As part of the registered providers own governance arrangements, they had collated feedback from residents and their relatives about the quality of care. One relative

reported that they were very happy with the care provided. One resident had said that they wanted to engage in more community activities and this had been facilitated.

As stated earlier, a resident was planning to move into the centre, in the coming weeks, if the resident agreed to it. The inspector observed that the resident had visited the centre and was in the process of deciding how they wanted their room to be decorated. The staff and the resident had created a mood board, showing some of the paint colours that the resident was thinking about. The resident had also gone shopping for a new double bed, which was now in their proposed new bedroom.

However, the inspector observed from the resident's transition plan records, that a comprehensive assessment of need had not been conducted, in addition the policy the provider had in place around new people being admitted to the centre required some review. It was also not clear on the day of the inspection, following discussions with the house manager, staff and the assistant director of nursing, whether this resident would be supported to attend their day service, when the resident moved to the centre. This is discussed under Regulation 5: Individual Assessment and Personal Plans.

The residents were informed about things that were happening in the centre. Residents' meetings were held every week to talk about plans for the week, meals, and what was happening in the centre. Easy-to-read information was also provided to discuss and explain to residents about their right to feel safe, their rights, and fire safety.

The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

There were governance and management arrangements in the centre to assure that the residents living here were provided with a safe, quality service. The centre was adequately resourced by a team of staff had been provided with training to meet the specific needs of the residents living in the centre. The registered provider and the person in charge were reviewing and auditing the quality of services being provided on an ongoing basis. Notwithstanding, some improvements were required under records stored and the policy on the admission of residents to the centre.

Regulation 15: Staffing

The staff compliment consisted of two staff on duty during the day and two waking night staff. The skill-mix included nurses, a social care worker and health care assistants. The registered provider was responding to the changing needs of the residents, as a second waking staff had been employed at night to support a resident.

A planned and actual rota was maintained in the centre. This included the names and times that staff worked. From a sample of rotas, viewed in November 2025, March 2026 and April 2026, they showed that the staffing compliment of two staff during the day and two waking night staff were maintained. This review also showed that there was a consistent staff team employed in the centre. At the time of the inspection there were no staff vacancies in the centre. There were a number of relief staff employed to work when staff were on planned or unplanned leave.

There registered provider had senior staff members on-call on a 24 hour basis to provide assistance, guidance and support to staff and residents.

Staff spoken with on the day of the inspection were found to be knowledgeable of the residents' needs and were observed responding to the residents in a timely respectful manner.

Staff files were not reviewed at this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provided had outlined in the Statement of Purpose that staff were provided with specific training to meet the needs of the residents and to ensure that they were safe. The person in charge also had a record of when refresher training was due to take place. Some of the training included:

- Fire safety
- Safeguarding of vulnerable adults
- Safe administration of medicines
- Infection Prevention and Control some of which included, hand hygiene, personal protective equipment, and standard and transmission-based precautions.
- Human rights-based approach
- Manual handling
- First aid
- Managing behaviours of concern
- Dysphagia

Relief (on-call staff) were also required to complete specific training prior to starting work in the centre. However, as actioned under Regulation 21: Records, there were

no records to show the training provided to on call staff in the centre. While assurances were provided to the inspector the day after the inspection, this required review going forward.

Staff were also provided with formal supervision two times a year. This enabled staff to discuss their personal development and raise concerns about the quality of care if they had any. A sample of records reviewed by the inspector found that staff had not raised any concerns about the quality of care.

Judgment: Compliant

Regulation 21: Records

Some of the records stored in the centre were not available for review on the day of the inspection and some of the documents had gaps in them. The records with gaps in them included:

- Fire drill records, did not record the exits used during the fire drill and weekly fire checks conducted by staff did not include checking the fire blanket in the kitchen.

The records that were not available included:

- The training records for relief staff employed in the centre
- A copy of the actual worked roster in the centre

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centre had effective leadership, governance and management arrangements in place.

The person in charge was employed full time in the organisation but was also responsible for other designated centres under this provider. To support the person in charge with this arrangement, a house managers was also employed.

The person in charge reported to a director of nursing, who was also accountable for the care and support provided. The registered provider also had other directorates within the organisation to oversee services like risk management and medicines management.

There were adequate resources in place to support residents achieving their individual personal plans, and in line with the assessed needs of the residents.

The registered provider had personnel appointed to conduct a six monthly unannounced quality review, and an annual review of the designated centre had been completed. The last unannounced quality and safety review had been conducted in February 2026 where some improvements had been required.

Other audits were also conducted in areas like, medicine management, fire safety, infection prevention and control and residents' personal finances. The inspector followed up on some of the actions following these audits and found that they had been completed. As an example, one audit found that a fire drill should be completed and this had been done.

An annual review had been completed for 2025 and it included feedback from residents and their families. One family member said they were very happy with the care provided. One resident had said that they wanted to engage in more community activities and this had been facilitated.

Arrangements were in place to ensure staff could exercise their personal and professional responsibility for the quality and safety of the services that they were delivering. This included monthly staff meetings and arrangements in place for staff supervision meetings and staff appraisals.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The admission policy prepared by the registered provider required review, as it contained information that was not in line with the regulations. For example, the policy stated that the assessment of need should be completed after a resident was admitted to the centre. This was not in line with the regulations which states that the assessment of need should be completed prior to the resident being admitted to the centre. The registered provider also needed to ensure that the policy took into account the need to protect residents from abuse by their peers and outline what assessment should inform this requirement.

As stated earlier in this report, one resident was in the process of deciding if they would like to live in the centre. The inspector observed some good examples of how the resident was being supported with this, and how the resident was included in decisions about this proposed move. For example; the resident had visited the centre for short periods to meet the other residents and see what their new home would look like. The staff team had created a mood board with the resident to show how the resident would like their bedroom decorated. A number of meetings had been held with the resident concerned to plan the proposed transition.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. It detailed the aims and objectives of the service and the facilities to be provided to the residents.

The statement of purpose is required to be reviewed on an annual basis or sooner if there has been changes to the services provided. This document had been reviewed in April 2026.

Judgment: Compliant

Quality and safety

The residents in this centre were receiving person-centred care and were supported by a staff team who knew the residents well, and were advocating when needed to ensure that the residents' rights were upheld. Some improvements were required to personal plans, risk management and the premises (although staff had brought this issue with premises to the attention of the person in charge recently).

Regulation 13: General welfare and development

Residents were supported to keep in touch with family and staff helped the residents to arrange visits with family members. On the day of the inspection, one of the residents was looking forward to meeting their family at the weekend.

As discussed under the section 'What the residents told us and what the inspector observed' of this report', residents were provided with opportunities to take part in a variety of activities that promoted their well being and encouraged socialising and integrating in their local community. One of the residents was a member of the local football club and used some of the amenities available at this club. One of the residents had been on holidays for a week last year and staff reported that the resident had enjoyed this. Residents attended social events, and one of the residents had went out to buy a present on the day of the inspection, because they were attending a friends birthday party at the weekend.

Judgment: Compliant

Regulation 17: Premises

The premises were clean and maintained to a good standard, some minor improvements were required in some of the paint work, but this had been reported to the provider. Each resident had their own bedroom and could chose the specific styles they wanted their bedroom laid out. There was a large well equipped, and adapted bathroom for residents who required support around their mobility, which included, grab rails and shower chairs.

There was a large driveway to the front of the property and a well matured garden to the back of the property where residents could sit out. However, the outside area of the centre required review due to the changing needs of one resident in the centre. This was to ensure that the resident had access to areas outside their home such as the polytunnel in the garden that the resident loved going to, the seating area in the garden for the resident to sit out and to ensure that the gravel driveway was suitable for residents who were wheelchair users.

The registered provider had systems in place to ensure that equipment in the centre was maintained and in good working order. For example; the boiler had been serviced in April 2026.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There were adequate amounts of food, and beverages available to residents including foods that residents were recommended to follow as part of a specific diet plan.

There were specific eating, drinking and swallow plans in place which outlined the specific food consistency that a resident may require due to known swallow difficulties and to prevent the risk of choking or aspiration. Staff were observed adhering to advice and recommendations included in the residents' personal plans from allied health and social care professionals. This included providing residents with adapted utensils where required, to maximise and maintain residents independence. Residents were provided with choice around their meals and staff were observed on the day of the inspection offering choices to residents at meal times.

Staff had also been provided with training to assist residents with their feeding eating and drinking plans and to respond to an incident of choking.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place and other supplementary policies, to guide how risks were managed in the centre. For example; a site specific safety statement was in place for this centre to show the specific risks.

Some of the systems included a process for reporting and reviewing incidents and, the management and review of risk assessments. At the time of the inspection the risk assessments in the centre were either risk rated green or yellow, meaning they were considered a low risk and did not pose a significant risk to the residents or staff. Residents also had individual risk assessments in place showing the measures that were in place to mitigate potential risks. These had been reviewed in April 2026 by the person in charge.

However, the inspector observed on the day of the inspection that the medicines were stored in a utility room beside the tumble dryer. This had not been identified as a potential risk in the centre, event though medicines are required to be stored at a specific temperature to assure the integrity of the medicines. While the staff informed the inspector that the window always remained open in the utility area, when the tumble dryer was on to reduce the room temperature in the utility room, there was no records available to support his and a risk assessment had not been completed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had systems in place to manage or prevent an outbreak of fire in the centre. Fire equipment such as emergency lighting, a fire alarm, a fire blanket, fire extinguishers and fire doors were installed. A review of records showed that the fire alarm and emergency lighting had been serviced every three months and that the fire blanket and fire extinguishers had been serviced every year.

Staff also conducted daily and weekly checks to ensure that effective fire safety systems were maintained. For example, the means of escape was checked each day and fire doors were visually checked each week to ensure that they were intact. However, as discussed under Regulation 21:Records, some improvements were required to the records stored.

Residents had personal emergency evacuation plans in place outlining the supports they required. These plans had been recently updated and some of the plans

included specific arrangements for some residents during a fire evacuation. For example; an emergency bag should include some items that were important to one resident, and the inspector observed that these items were stored in the emergency bag.

Fire drills had been conducted to assess whether residents and staff could be evacuated from the centre in a timely manner. A review of a sample of those fire drill records indicated that these were taking place in a timely manner and no issues had been identified during these drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Both residents living in the centre at the time of the inspection had an up to date assessment of need showing the health and well-being needs of the residents. However, a comprehensive assessment of need was not available in the centre for the new resident who may be transitioning to the centre in the near future. While the inspector found that some records viewed showed some of the residents' needs, these records were not comprehensive.

The inspector had also been informed that the resident moving to the centre, attended a day service, that was very important to the resident. Staff spoken to on the day of the inspection said that the transport to this day service was only available to the resident for the first three months after the resident had moved in. The inspector was not assured from speaking to staff that the resident had been informed of this arrangement. This was concerning as it could be an important factor that the resident needed to be aware of prior to making a decision to move to the centre. The day after the inspection, the inspector contacted the regional manager, who advised the inspector, that the resident would be provided with transport to and from their day service as long as the resident wished to attend this day service.

Notwithstanding these assurances, improvements were required to ensure that these records were available in the centre to ensure a transparent transition process was maintained for the resident concerned.

The inspector found from reviewing a sample of residents' personal plans that the person in charge and the staff were referring residents to health and social professionals, such as occupational therapist, speech and language therapist and a physiotherapist, as well as clinical nurse specialists and doctors where required. Recommendations following these referrals were being implemented in line with the residents' wishes and preferences. While, the inspector observed that improvements were required to ensure that physiotherapy exercises were being conducted with a resident each day, the staff team had implemented a new arrangement to record this, prior to the end of the inspection.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had completed training in safeguarding vulnerable adults. Where incidents had been reported to the Chief Inspector of Social Services the provider had reported it to the relevant authorities and taken steps to safeguard residents.

Most of the incidents reported were in relation to negative interactions between some the residents living together. The registered provider had taken steps to address this by including some safeguards to keep the residents safe and happy. At the time of the inspection, there were no negative interactions being reported in the centre. All of the incidents reported had been referred to relevant stakeholders for review and investigation. Some incidents were still in progress at the time of this inspection, and the registered provider had plans to address them going forward.

Residents were provided with education around their right to feel safe. The residents were observed to be content living in the centre at the time of this inspection.

The staff who met with the inspector was aware of the different types of abuse and the reporting procedures in place should an incident occur. The house manager, the director of nursing, and the staff informed the inspector that they had no concerns about the quality and safety of care provided at the time of the inspection, and if they did they would report those concerns immediately.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found a number of examples where the residents' rights were promoted in the centre. The staff team advocated for the residents in situations where, they felt that a residents' rights might be compromised. For example, due to the changing needs of one resident, they were transferred to another centre, following discharge from an acute hospital setting. The staff team had observed from visiting the resident that the resident was not happy with this move. In response, the staff team had raised a complaint on behalf of the resident about the residents living situation, this action resulted in the resident being transferred back to this designated centre, which the resident considered their home.

Each resident could exercises choice and control in their daily life in accordance with their preferences and were involved in decisions about their lives.

Residents could seek support from an assisted decision making coordinator employed in the organisation, should they need advice or support around making decisions.
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 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Abbey View OSV-0008050

Inspection ID: MON-0045117

Date of inspection: 21/05/2026

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • Fire drill records have been updated to reflect the exit used in the fire drill. • Weekly fire checks have been updated and include checks on the fire blanket. • Training records for relief staff are now available in the center. • A copy of the planned and actual roster is now available in the center.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: • The Admission policy has been updated in line with regulations. The assessment of need is completed prior to a resident being offered a placement in the designated centre. This assessment process then informs the development of the appropriate plans of care and support.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • An accessible patio area has been developed in the designated center. • The pathway to the polytunnel will be widened and leveled to ensure all residents can	

easily access it.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures: • A risk assessment has been completed on medicines being stored in the medication press beside the tumble dryer. • Medicines are being stored at the appropriate temperature and temperature checks are in place.

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: • A comprehensive assessment of need has been completed, and a record of this assessment is stored in the designated centre for the resident that is transitioning into the designated centre. • The resident has been informed of the transport arrangement to their day service and assured that transport will be provided by the service for as long as the resident wishes to attend. This is detailed in the resident's 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(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	31/08/2026
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	16/06/2026

Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Substantially Compliant	Yellow	22/05/2026
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	16/06/2026
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Substantially Compliant	Yellow	16/06/2026
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in	Substantially Compliant	Yellow	16/06/2026

	accordance with paragraph (1).			