



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

## Issued by the Chief Inspector

Name of designated centre:	Dunmaura Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	20 May 2025
Centre ID:	OSV-0008280
Fieldwork ID:	MON-0037994

## About the designated centre

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

Dunmaura Services offers a residential service for up to four adults with a severe intellectual disability. The centre comprises a single storey dwelling located in a rural setting. Each resident has their own bedroom and an appropriate number of shared bathrooms are available for residents to use. Suitable cooking and kitchen facilities are also available and reception rooms are warm and comfortably furnished. Residents of this service require a high level of support from staff in the context of their assessed needs and are supported by a team of nursing and social care workers. Residents are supported by a staff team, that included nursing and care staff. Staff are available to support residents during the daytime and at night. In addition, the provider has arrangements in place to provide management support to staff outside of office hours, weekends and public holidays.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and 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 20 May 2025	09:30hrs to 17:15hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with all four residents who lived in the centre and observed how they lived. The inspector also met with the person in charge, team leader, two staff on duty, and viewed a range of documentation and processes.

Residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported to achieve best possible wellbeing and, were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that residents were out and about taking part in activities of their choice every day.

It was clear from a walk around the centre that safe and comfortable accommodation was provided for residents. The centre consisted of one house, situated in a rural area, with local towns accessible by car. The location gave residents access to a range of facilities such as gyms, a church, post office, shops, restaurants, barbers, and cinemas all of which were available nearby. The centre was also a short drive from a larger city where further activities were also available to residents. Each resident had their own bedroom and these rooms were personalised and decorated in line with each resident's interests and wishes. The inspector saw, for example, that rooms were decorated with family photos and personal belonging. A resident who was a rugby fan had a framed jersey of the team they support displayed on the wall. There was adequate storage for residents' clothing and belongings in each bedroom. Although most residents in the centre were independently mobile, the centre was laid out to be accessible to all residents. Ramps, grip rails and hoists were in place to support current and future mobility support needs.

While the centre had ample communal space, with two sitting rooms and a comfortable dining area with large table and chairs, the layout of the main sitting room gave rise to a busy environment. This sitting room was the only route from one side of the house to the other, and therefore was busy at times as both staff and residents had to pass through this room frequently. This had the potential to impact on residents' comfort while using the room. The provider and person in charge have recently reviewed the capacity of the centre and have decided it would be in the best interest of residents to reduce the occupation of the centre from 5 to 4. The bedroom being de-registered will become an extra sitting room. This is to provide extra comfort and private space for the individuals who live there.

The centre was surrounded by large well-kept gardens where residents could spend time outdoors. The gardens were a mixture of lawns, fruit trees, safe paths, paved areas and activity equipment all of which were accessible to residents. There was a large polytunnel for residents' use in the garden and a wide range of vegetable, fruit

and herbs were growing there. Residents worked on gardening projects with staff in the polytunnel and some residents liked to spend time there watering the plants.

The inspector met with all four residents who lived in the centre. Residents living in Dunmaura Service required support with communication and did not communicate verbally. Therefore, the inspector did not get to hear their views about living in the centre. However, residents were observed to be at ease and comfortable in the company of staff, and appeared relaxed and happy in the centre. In the morning residents got at their pace and made plans for the day with staff. The plans for the day included shopping, going for walks and some residents were going to visit Knock Basilica and going for something to eat while out. Processes were in place to support residents and staff to communicate with each other. Information was made available to residents, including pictorial meal plans, staff on duty, the management team, and the complaints process. Residents also had colourful, pictorial records of their goals and plans which they could refer to.

It was evident that residents were involved in how they lived their lives. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, and by observation, and this information was used for personalised activity planning. The personal planning process worked with residents to develop goals that were meaningful to them, and these were being planned and achieved throughout the year. For example one resident who had a great love for animals and outdoor life, had researched and commenced voluntary dog walking which they enjoyed. This was very meaning to the resident as it involved both animal interaction, being outdoors and community involvement. A resident who had chosen to visit the Aran Islands had achieved this and displayed a photo of themselves enjoying a horse and trap ride there. Another resident wanted a full bedroom makeover, and this had been achieved to a high standard.

It was clear from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community.

The next 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 and quality of life of residents.

## **Capacity and capability**

The provider had good systems in place in this centre to ensure it was well managed, and that the resident's care and support was delivered to a high standard. However improvement to an aspect of the annual review was required.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team, and was very knowledgeable regarding the care and support needs of residents. There were effective arrangements in place to support staff when the person in charge was not on duty. Although the person in charge had other management functions in the organisation, she was supported by a team leader and a service coordinator in the management of this service. A range of governance meetings were taking place in the region which involved the management team from this centre. Quarterly quality and compliance meetings were taking place and these were attended by all the persons in charge in the area. The person in charge attended these meetings and found them beneficial. All team leaders in the local area also met together every two months.

A range of audits were being carried out in the centre to ensure that a safe service was being provided to residents. An audit schedule was in place for 2025, and auditing was being carried out as planned. Unannounced audits of the service were carried out twice each year on behalf of the provider. These audits showed a high level of compliance and any identified actions had been addressed as planned. A review of the quality and safety of care and support of residents was being carried out annually. This review was comprehensive and detailed, and gave rise to an improvement plan with realistic time frames for completion.

The centre was suitably resourced to ensure that safe and appropriate care was being delivered to residents. These resources included the provision of safe, comfortable accommodation and furnishing, transport, access to Wi-Fi, television, and suitably trained staff to support residents' preferences and assessed needs. The provider had also ensured that the centre was appropriately insured. The provider was found to be committed to improving the quality and safety of the service. Since the last inspection of the centre, improvement works to the premises have been carried to improve the overall levels of comfort and safety for residents, and to reduce infection control risks.

Documents required by the regulations were kept in the centre and were available to view. Documents viewed during the inspection included personal planning records, directory of residents, audits, medication records and staff training records. There was a statement of purpose which gave a clear description of the service and met the requirements of the regulations. Overall, the records viewed were clear, informative and well organised, although improvement was required to the recording of some aspects of behaviour management processes to ensure compliance with regulations, and these are discussed further throughout the report. Improvement to the recording of consultation with residents and their representatives in the annual review was also required.

## Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation and information required for the renewal of the

designated centre's registration had been submitted to the Chief Inspector of Social Services. The inspector reviewed this documentation and found that it had been suitably submitted. Minor amendment to the statement of purpose was required but this was addressed by the person in charge and an updated version was submitted to the Health Information and Quality Authority shortly after the inspection.
Judgment: Compliant
Regulation 14: Persons in charge
<p>The provider had appointed a suitable person in charge to manage the designated centre.</p> <p>The inspector read the information supplied to the Chief Inspector in relation to the person in charge. This indicated that the person in charge was suitably qualified and experienced for this role. The person in charge worked closely with staff and the wider management team. Throughout the inspection, the person in charge was very knowledgeable about the individual needs of each resident who lived in the centre, and was also aware of their regulatory responsibilities. It was clear that the person in charge was well known to residents in the centre.</p>
Judgment: Compliant
Regulation 16: Training and staff development
<p>The provider had ensured that staff who worked in the centre had received appropriate training to equip them to provide the necessary care to residents.</p> <p>The inspector viewed the staff training records which showed that staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding. staff had also received other training relevant to their roles, including medication management, children first, first aid, hand hygiene, and in management of specific aspects of health and welfare relevant to residents in the centre such as epilepsy management, rescue medication and moving and handling of people. There was a plan in place to ensure that all staff attended supervision meetings twice each year. The inspector viewed supervision records and found that supervision meetings were taking place as required.</p>
Judgment: Compliant
Regulation 19: Directory of residents



There was a directory of residents which included the required information relating to residents who lived in the centre.

The inspector read the directory of residents and saw that it had been completed for all residents who lived in the centre. It was found that all the required information was accurately recorded in respect of all four residents.

Judgment: Compliant

## Regulation 22: Insurance

The provider had ensured that the centre was suitably insured against risk of loss or damage to property and or injury to residents.

The inspector viewed the centre's certificate of insurance which was submitted to the Chief Inspector as part of the centre's registration renewal process and found that it was up to date and suitable.

Judgment: Compliant

## Regulation 23: Governance and management

There were effective governance arrangements in place to ensure that the centre was well managed and that a high standard of care, support and safety was being provided to residents. However, minor improvement to the annual review was required.

The service was subject to ongoing auditing and review. These included auditing of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the quality and safety of care and support. The inspector viewed the annual review for the previous year and the last two unannounced audits, all of which showed a high level of compliance and gave rise to improvement plans which were being addressed in a timely manner. However, the involvement of residents and or their representatives was not reflected in the annual review, although it was clear that his information had been gathered and was recorded elsewhere. An organisational structure with clear lines of authority had been established to manage the centre. Arrangements were also in place to support staff and to manage the service when the person in charge was not on duty. The person in charge was supported by a team leader who was based in the centre and who by a service coordinator who was based elsewhere. The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation

and furnishing, transport, access to Wi-Fi, television, and adequate staffing levels to support residents.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had developed a suitable statement of purpose for the service. The inspector read the statement of purpose and found that it described the service being provided to residents, included the information required by the regulations and was available to view in the centre. There were some minor adjustments required to the statement of purpose but these were promptly addressed by the person in charge and an updated version was supplied to the Chief Inspector. The person in charge was aware of the requirement to review the statement of purpose annually.

Judgment: Compliant

### Quality and safety

Based on the findings of this inspection, there was a high level of compliance with regulations relating to the quality and safety of the service provided, and the provider had ensured that residents received a good level of person-centred care. The staff team in this service were very focused on maximising the independence, community involvement and general welfare of residents. The inspector found that residents were supported to enjoy activities and lifestyles of their choice and, that residents' rights and autonomy were being supported. However, improvement was required to aspects of premises and behaviour support.

Residents' personal, health and social care needs and goals were agreed at annual meetings and plans to meet their assessed needs had been developed. The goals that had been identified for residents were appropriate for each individual, and there were clear plans as to how these goals would be achieved.

The centre suited the needs of residents, and was well decorated and comfortably furnished. All residents had their own bedrooms which were nicely decorated. The centre was maintained in a clean and hygienic condition throughout and there were systems in place to manage infection control risks. Since the last inspection of the centre improvement to both the physical premises and infection control systems had taken place. For example, floor surfaces had been upgraded to facilitate easy cleaning and any furniture and fittings that had become defective, had been replaced. However, an aspect of the physical layout of the centre impacted on the

comfort of residents.

An individualised home-based service was provided to meet residents' needs and preferences. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. The inspector observed that staff supported residents to do things that they enjoyed both in the centre, and in the community. Residents were involved in a range of activities such as shopping, going to the barber, day trips, attending religious services, and going to entertainment events. Residents in this centre particularly liked being out and about and enjoyed going for outings and taking holidays and hotel breaks. Residents also enjoyed contact with family and friends, and this was supported both in the centre and elsewhere in line with residents' preferences.

Residents had good access to information relating to the service and information relating to their safety and rights such as complaints, local information and advocacy.

There were systems in place to support residents to safely manage behaviours of concern. These included development of support plans, involvement of the provider's multidisciplinary team, and limited use of restrictive interventions for the safety of residents. However, recording of restrictive interventions required improvement and one behaviour support plan required review in line with the provider's process.

Residents' nutritional needs were well met. Nutritional assessments were being carried out, suitable foods were prepared to meet residents' assessed needs and preferences, and meal choices were offered to residents. Residents' weights were being monitored and a speech and language therapist was available to assess and review residents' support needs. Safe and appropriate medication management procedures were also in place in the centre.

## Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. During a walk around the centre, the inspector saw that the house was well maintained, clean and comfortably decorated. The house was spacious, however, it was not laid out to ensure that all communal space suited residents' needs. The sitting room in the main house was bright and comfortably furnished and decorated. However, the sitting room which had three doors into it, was a thoroughfare through the central areas of the house and therefore was quite busy at times. There were gardens to the front and rear of the house, where residents could spend time outdoors. The gardens were large, pleasant and were very well maintained, with seating areas, planting and a polytunnel. There were laundry facilities for residents to use and a refuse collection service was provided by

a private contractor.
Judgment: Substantially compliant
<b>Regulation 18: Food and nutrition</b>
<p>Residents' nutritional needs were being supported. The centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions. The inspector saw that weekly menu plans were developed with residents but these were flexible based on each residents preference on the day. Where required, dietary and nutritional needs had been identified with multidisciplinary input, and the inspector saw that plans were in place to manage these assessed needs and to ensure that appropriate food was provided as required. Staff who spoke with the inspector were knowledgeable of these requirements and the inspector saw that meals were appropriately served. Main meals were freshly prepared in the centre and the meal that was made on the day of inspection appeared wholesome and nutritious.</p>
Judgment: Compliant
<b>Regulation 20: Information for residents</b>
<p>The provider had ensured that information was provided to residents in a way that suited their needs.</p> <p>A residents' guide had been developed to provide information to residents. The inspector read this document and found that it had met the requirements of the regulations. Other information that was relevant to residents was provided in user friendly formats. This included sharing information about topics such as how to make a complaint, meal choices, activities, advocacy information, and photos to identify staff on duty and safeguarding officers.</p>
Judgment: Compliant
<b>Regulation 27: Protection against infection</b>
<p>The provider had measures in place to reduce the risk of infection in the centre. The inspector visited all parts of the centre and found that they were well maintained and were being kept in a clean and hygienic condition throughout. There were hand sanitising gels available for residents, staff and visitors to use. Hand washing</p>

facilities were supplied with hot water, disposable paper towels and covered bins for the disposal of used paper towels. Bathrooms in the centre had impervious wall and floor surfaces which ensured that they were easily cleanable. During the last inspection of the centre, some infection control risks were identified. However, these risks were no longer present due to premises upgrades and improved cleaning processes.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre and residents had good access to pharmacy services.

The inspector read the medication records for two residents and found that there were safe practices for the management, storage and disposal of their medications. Clear information was in place to guide staff on the administration of medications to residents, both in administration sheets and in additional individual medication management plans. The person in charge showed the inspector the arrangements for the storage of residents' medications including arrangements for disposal of unused or out of date medications. These processes were well managed, secure and safe. In addition staff had received training in safe administration of medications.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs. These were of good quality, were up to date' and were informative.

The inspector viewed a sample of two residents' personal plans and found that these personal plans had been developed with input from the provider's multidisciplinary team. Comprehensive assessments of residents' needs were being carried out annually with multidisciplinary involvement as required. The assessments informed personal plans which identified residents' support needs and clearly stated how these needs would be met. These plans of care were informative and up to date. Residents' personal goals had been agreed at annual planning meetings, and progress in achieving these goals was being reviewed and recorded.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Overall, there were good measures in place for the support and management of behaviour that challenges. However, some improvement to the management of behaviour support interventions was required.

The inspector saw that there were procedures to support residents to manage behaviours of concern, which enabled them to live their lives as safely and comfortably as possible. Residents had access to the provider's multidisciplinary team which included behaviour support and psychology specialists who worked with and supported residents as required. The inspector viewed the support plans that had been developed for two residents who required support to manage their behaviours. These plans were informative, had been developed with multidisciplinary involvement and provided staff with clear guidance on how to support residents. However, while one of the plans was up to date, the other had not been reviewed annually as required by the regulations and the provider's own process. Some restrictive interventions, such as locked external doors, and restricted access to the kitchen at certain times, were in place to ensure the safety of some residents. The inspector read the restrictive practice register, which showed that all restrictions were being recorded. However, these records required improvement, as they did not clearly demonstrate that the restrictions in place were the least restrictive options.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

There were systems in place to support residents' human rights. Throughout the inspection, the inspector saw that residents had choice and control in their daily lives. Each resident was being supported to take part in whatever activities or tasks they wanted to do.

The inspector observed that staff had established and recorded residents' likes, dislikes and preferences, based on discussions with residents, assessments, observation, and knowledge of each individual. On the evening of inspection, residents were offered choices of meals, prepared and served in line with their needs and preferences. The inspector also saw that modified foods were presented in an appetising way.

Residents had comfortable accommodation. Each had their own bedroom and had sufficient furniture for storage of their clothes and personal belongings. Residents were also being supported to keep in contact with family and friends and to access the local community.

Residents had access to complaints and advocacy processes and this information

was freely available in the centre to inform residents. The person in charge explained that a local advocacy representative links with residents before advocacy meetings in the area, and shares information with residents afterwards. Training records confirmed that the provider had commenced a programme of human rights training throughout the organisation and to date it had been delivered to persons in charge and team leaders, and would be delivered to all staff on a phased basis. The person in charge and team leader discussed this training and said that it had created a greater awareness and understanding around use of restrictive interventions and of being mindful of reviewing and reducing restrictions. The team leader was about to commence sensory awareness training with a view to developing a better understanding of residents' sensory needs and to creating a better environment to suit those needs. It was clear during the inspection that residents' rights to choose were being taken into consideration and were being supported.

Residents were being supported to have access to their money and to be involved in banking and shopping. However, as these residents did not use mobile phones, they did not have full access to all banking options such as online shopping transactions. This impacted negatively on their ability to purchase event tickets, to book flights and to carry out online shopping. The provider's advocacy service was working on behalf of residents with a financial institution to seek ways to address this issue.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Dunmaura Services OSV-0008280

Inspection ID: MON-0037994

Date of inspection: 20/05/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Person in Charge will ensure going forward that it is clearly reflected in the annual review how the residents are consulted and the methods for communication used	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Person in Charge will continue to work with the Facilities team in order to design and plan changes to the current living environment so that the living space will have less doors and be a quitter, comfortable and more relaxing space.  In the meantime while waiting for adaptations to the environment a room which was previously a bedroom has been decorated and furnished on 9/6/25 and is now an additional area which is used by the residents for relaxation and quite time.	
Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

Going forward

- all positive behavior support plans will be reviewed on an annual basis the team leader will ensure this occurs as part of review of each individuals personal profile
- The restrictive intervention protocols and reviews will clearly state if the intervention is the least restrictive and if any other options had been considered.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2025
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/01/2026
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents	Substantially Compliant	Yellow	30/09/2025

	to manage their behaviour.			
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	30/09/2025