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:	Ivy Lodge
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	19 August 2025
Centre ID:	OSV-0008395
Fieldwork ID:	MON-0039255

About the designated centre

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

Ivy lodge provides a residential service for adults both male and female over the age of 18 years with a diagnosis of intellectual disability, autistic spectrum disorders and acquired brain injuries who may also have mental health difficulties and behaviours that challenge. The centre provides accommodation for a maximum of five residents in a large detached two storey house located in a rural area a short drive away from the nearest small town. The centre is surrounded by a large garden area, and has adequate communal areas inside and out. Residents are supported by a person in charge, house manager and support workers in line with their assessed needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 19 August 2025	10:30hrs to 17:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was conducted in order to monitor on-going compliance with the regulations, and to inform the registration renewal decision.

There were five residents on the day of the inspection, and the inspector met three of them during the course of the inspection. On arrival at the designated centre the inspector found that some residents had gone out for the day, and others were still going about their morning routine.

Throughout the day the inspector met some of the residents as they went about their day. Residents all required some level of support from staff with communication, so staff supported them in their meetings with the inspector.

One resident agreed to meet the inspector, however they did not appear to be very comfortable with the meeting, and answered questions very briefly, so the meeting was kept short. The resident did however indicate that they were happy in their home, and that they felt safe and supported.

Another resident met the inspector in their room, and was keen to show their tv that they were clearly proud off. They communicated with staff by yes and no, by smiling and by pointing and gesturing. They very clearly indicated that they were happy, and when asked who they would approach if they had any concerns, they indicated one of the staff.

A third resident met the inspector outside as they were waiting to go on an activity, and they were very focused on heading out. They did, however tell the inspector that they were happy, and they also indicated a staff member when asked who they would approach with any concerns.

The designated centre was well maintained, nicely furnished and decorated, and had various communal areas, including a pleasant outside area. However, there was insufficient storage for mobility aids which were required by residents, so that a mobile hoist was stored in one of the living rooms, and the sunroom was used to store various wheelchairs.

The inspector reviewed the records in relation to activities and outings for each resident, and found that there were various activities and pastimes going on for each resident, and that they were supported in this by an activities facilitator.

Residents had been offered the opportunity to complete questionnaires sent out by HIQA in advance of the inspection. Staff had supported residents in some parts of the questionnaires, and residents had added their own comments.

All the questions had been answered positively, and comments written by the residents included 'the staff are good', 'happy to live in Ivy Lodge', 'I am happy here' and 'very warm and relaxing house to live in'.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and there was a good standard of care and support in this designated centre. However, some improvements were required in the provision of storage for equipment and in one of the documented risk management plans as further discussed under Regulation 17: Premises and Regulation 26: Risk management procedures of this report.

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

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents.

There was a clear and transparent complaints procedure available to residents.

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced, and had good oversight of the designated centre. She was knowledgeable about the support needs of residents, and about her role in relation to the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents, including any relief staff. If additional staff were required, they came from a regular relief panel, or staff of the centre undertook additional shifts.

There were four staff on duty each day, and two waking night staff, and the shifts were arranged so that there were three staff on duty in the evenings to ensure sufficient support for residents' activities.

A sample of three staff files was reviewed by the inspector, and all the information required by the regulations was in place, including garda vetting.

The inspector spoke to three staff members on duty, the person in charge and the person participating in management during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

It was evident that the staffing arrangements were in accordance with the needs and preferences of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, safeguarding and positive behaviour support. Training in relation to the specific needs of residents had been undertaken, including the management of dysphagia and the management of epilepsy. Staff could describe their learning from their training, and relate it to their role in supporting residents.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date. The inspector reviewed the records of two supervision conversations and found a clear record of a detailed discussion. Both the supervisor and the staff member brought an agenda to these discussions.

It was evident that staff development and training was supported, and that staff were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The person in charge was supported by a house manager and two team leads/senior social care workers.

Various monitoring and oversight systems were in place. An annual review of the care and support of residents had been prepared in accordance with the regulations and was available in the designated centre. The annual review was a detailed report of the care and support offered to residents. Residents had been included in the preparation of this report and some of their views had been incorporated, for example residents were quoted as having said that they were pleased with their choices, that they were included in decision making and that the staff were considerate.

Actions for improvement had been identified including a resident to be supported to purchase a new bed, and another to be supported with phone calls. Both these actions had been completed.

Six-monthly unannounced visits on behalf of the provider had taken place in November 2024 and June of this year. Any required actions were monitored by the person in charge, and all had been completed. For example, some staff training was required, and some residents required a review of their assessments and the inspector found that these had been completed.

A range of audits had taken place, for example, audits of fire safety, of residents' finances and of safeguarding. Some of these audits were made up of questions which were ticked off, and did not include any evidence to support the findings. However, this had been identified by the person in charge, and some improvements had been made in more recent audits. The person in charge undertook to keep this under review.

The designated centre was appropriately resourced, for example there were sufficient staff to meet the needs of residents, and all required equipment was in place. There was a vehicle for the sole use of residents, and another vehicle shared with another nearby centre operated by the provider.

Staff team meetings were held monthly, and the inspector reviewed the minutes of the last two of these meetings. The items for discussion included accidents and incidents, safeguarding and any new risks in the designated centre. There was a sign in sheet attached to the record of each meeting, which staff were required to sign indicate that they had read the minutes.

Daily communication with the staff team was well managed via a handover at the change of shift which included an overview of each resident, and task allocation.

Overall, staff were appropriately supervised, and the person in charge and senior management had good oversight of the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to the Office of the Chief Inspector, including notifications of any incidents of concern.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations.

There was a process whereby any complaints were recorded, including any actions taken to address the complaint, and information as to whether the complainant was satisfied with the outcome, although there had been no complaints in the year prior to the inspection.

It was evident that residents and their families and friends were supported to raise any concerns, and that there was a transparent process for the management of complaints.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

The premises were well maintained and appropriate to meet the needs of residents for the most part, although there was insufficient storage for all the equipment that residents needed.

There were risk management strategies in place, and each identified risk had a detailed risk assessment and management plan, although some improvements were required in the documented guidance for staff in one of the risk management plans.

Where residents required positive behaviour support there were detailed behaviour support plans in place. There were some restrictive practices in place, each of which was based on a detailed assessment of needs and with a documented rationale which indicated that the intervention was the least restrictive to mitigate the identified risk.

Medications were well managed in accordance with best practise.

The rights of the residents were well supported, and residents indicated that they were happy in their home. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

Regulation 10: Communication

Each resident had detailed information about the ways in which they communicate in their person-centred plans. For example, one resident used the same phrase to mean various different things, and their meaning could be ascertained form their tone of voice and also from their gestures. There was detailed information in the plan about what each tone and gesture meant to the resident.

Two residents who did not communicate verbally had been referred to the speech and language therapist (SALT). The SALT had recommended the use of a mobile phone application to support residents' communication, and staff were trained in its use. However, neither resident would engage in the use of this app. The PIC explained that they would keep trying to introduce it to the residents in case they might accept it in the future.

Information was made available and accessible to residents. There were various pieces of information throughout the designated centre, and social stories had been developed for some residents and were available in their person-centred plans to assist understanding.

Staff had all received training in communication, and all staff who spoke to the inspector could describe the various ways in which residents communicated.

It was evident that all efforts were being made to ensure that communication with residents was effective.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were offered support in the management of their finances in accordance with their needs.

Each resident had their own bank account and their income was paid directly into these accounts. Staff provided support with both cash that residents kept, and with on-line banking.

Where a resident had been assessed as not having capacity to manage their own finances, they were being supported by an advocate in the process towards assisted decision making.

There was a detailed record of each residents' belongings, including any valuable items.

It was evident that the systems were robust, and that residents were supported with personal property and possessions and, with managing their financial affairs.

Judgment: Compliant

Regulation 13: General welfare and development

There was a clear emphasis in the designated centre on ensuring that residents had a meaningful life, and they were introduced to new opportunities, both in the community and in their home.

There was a system of person-centred planning, and the plans were detailed about the support each resident required. Guidance for staff in these plans included information about orientation to the present for residents with acquired brain injury, and aspects of daily life that might have an effect on them.

There was a section in each plan entitled 'things that might affect my day' which detailed information that was significant for each resident. For example, one of the plans recorded the preference for a resident to have a particular seat in the vehicle, and that failure to adhere to this preference might have a negative effect on the rest of their day. Another plan described situations that the resident might find distressing.

Each resident had a monthly 'key-working' meeting where they discussed all aspects of their life in the designated centre, facilitated by the staff member who was allocated to be their key-worker. If they chose to set goals for achievement, these

were discussed at these meetings. For example, one resident had chosen the goal of improving their physical activity, and this goal had been broken down into small steps towards achievement beginning with daily walks and progressing towards climbing stairs.

Residents were all supported to engage in various activities, including outings to cinemas, picnics and local attractions. Some residents were being supported in everyday activities such as shopping for preferred items.

Overall it was clear that residents were supported to have work and leisure activities of their choice, and to be supported in personal development.

Judgment: Compliant

Regulation 17: Premises

The premises were well maintained, and nicely furnished and decorated, and visibly clean throughout. Each resident had their own room which they arranged and decorated as they chose. There were various communal areas including the spacious gardens and various.

They were sufficient bathrooms to meet the needs of residents, and they were laid out in a way that supported the mobility needs of residents.

However, there was insufficient storage space available given the amount of mobility equipment required by residents, and equipment was being stored in communal living areas. Whilst the layout of the designated centre had been appropriate to meet the needs of residents when it was first registered, changing needs and the admission of residents with mobility issues now meant that there was insufficient storage.

Otherwise it was evident that the designated centre was laid out in a person centred way, and that the rights of resident to have an appropriate and well maintained home were upheld.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a current risk management policy in place which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks.

Individual risk assessments included the risks relating to declining medical assistance, smoking cigarettes, vulnerability to others, and substance abuse. There were detailed management plans in place for all the identified risks, for example, staff supervision was required for one resident when interacting with others and there were restrictive measures in place to mitigate against the risk of fire associated with a resident smoking in their room. .

However, there was a risk management plan in place relating to the risk to residents from the behaviours of concern form another resident which did not fully mitigate the risk in that there was insufficient guidance for staff as to the actions to take should the resident try to physically strike another.

Newly identified risks were responded to immediately and effectively. For example where a resident brought an item into their room which posed a risk to themselves, and possibly to others, the incident was managed immediately, and the risk management plan was put in place to mitigate against the recurrence of the incident.

General risks were identified, and each of these also had detailed management plans, including staffing levels, unexplained absences and medication errors.

With the one exception mentioned, the inspector was assured that control measures were in place to mitigate any identified risks relating to residents in the designated centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There was well maintained fire safety equipment, and there were fire doors throughout.

All staff members had received fire safety training, and the inspector discussed fire safety with them, and they were confident about their role in ensuring the safety of residents and could describe the supports each individual resident would require in the event of an emergency.

Regular fire drills had been undertaken, including drills under night time circumstances where there were reduced staff numbers, and the records of these drills indicated that residents could be evacuated in the event of an emergency.

There was a detailed personal emergency evacuation plan (PEEP) in place for each resident and the inspector reviewed all five of these plans. Where residents had declined to participate in fire drills, their agreement to evacuate in the event of an actual emergency was documented.

Social stories had been developed to assist residents to understand the importance of fire safety, and each of the PEEPs outlined the supports that would be required in the event of an emergency. For example, where a resident might be fatigued as a result of their diagnosis, their PEEP outlined the steps that should be taken by their supporting staff, for example the use of an assisted walk out of the house.

Where there was an additional risk in relation to fire safety posed by the smoking of a resident, there was a detailed risk assessment and management plan which included smoke retardant soft furnishings, and a smoke alarm in their room. This smoke alarm had recently been found to fail to detect smoking, and a more sensitive alarm had been sourced. There had been multiple discussions with the resident in relation to the fact that smoking was not permitted in the house, but their diagnosis of acquired brain injury meant that they were unable to retain this information.

The risk assessment and management plan in relation to fire safety was risk rated in accordance with this identified risk, and staff were aware of the high risk associated with the inability of the resident to adhere to fire safety protocols. The person in charge consistently monitored this risk, and the inspector was assured that all required control measures were in place, and that all residents would be evacuated in the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were good practices in place in relation to the management of medications. The inspector reviewed the administration of medications with a staff member and found them to be knowledgeable, and able to describe their practice in administering medication, and it was clear that it was appropriate and in accordance with best practice.

The administration of any 'as required' (PRN) medication was in accordance with best practice. Staff described the steps they would take prior to considering the administration of medication, which was in line with the guidance in the personal plans of residents. Some residents were prescribed rescue medications in relation to their diagnosis of epilepsy. As their epilepsy was under control, there had been no occasions whereby this medication had been administered, but staff were aware of the circumstances under which this medication might be required.

It was also noted that when residents left the designated centre for outings, their rescue medication was taken out by their accompanying staff. On each occasion the medication was signed out by the staff member, so that there was a clear record.

Each resident had a current prescription, and staff were knowledgeable about each medication. Most medications were supplied by the local pharmacist in 'blister packs', and receipt of medication orders was carefully checked. Where medications

were supplied loose in containers, there were regular checks on stocks, and a reducing balance was maintained. The stock of one of these medications checked by the inspector was correct.

It was evident that medication was safely managed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place, based on a detailed assessment of needs. There were two positive behaviour support plans, and the inspector found them to be detailed and based on a thorough assessment of needs, although there was additional guidance required in order to assure that each resident was protected from the behaviour of others as outlined under Regulation 26: Risk management procedures of this report.

Staff had all received training in the management of behaviours of concern, and all staff engaged by the inspector were knowledgeable about their role in supporting residents, and could identify the strategies in place for each resident.

Where restrictive practices were in place to ensure the safety of residents, they were monitored to ensure that they were the least restrictive measures available to mitigate the identified risks.

There was a restrictive practices log in place which included each intervention and the rationale for its use. The inspector reviewed this log for all residents, and saw that there was an emphasis on minimising any restrictions whilst ensuring that residents were safeguarded.

For example, there were regular checks on the room of a resident who had been found to smoke in their room, and to have items that might pose a risk to themselves or others. These checks were suspended over the hours that the resident was sleeping or relaxing in their room so as to afford privacy, whilst assuring the safety of all residents.

Any restrictions were reviewed regularly at an 'assessment of needs' meeting attended by members of the multi-disciplinary team, and it was evident that restrictions were only applied where they were required to mitigate a clearly defined risk.

The inspector was assured that restrictions were only in place if they were necessary to safeguard residents, and that residents were supported in a person-centred and non-judgemental way in the management of behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training, including the types and signs of abuse, and their role in reporting and recording any allegations of abuse.

Where there had been incidents involving residents which posed a risk to the safety of others, detailed safeguarding plans were in place, and evidence from a review of the records that the plans were effective.

The inspector was assured that residents were safeguarded from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Staff had all received training in human rights and could discuss various aspects of supporting the rights of residents. Staff spoke about the importance of communication with each resident. They were knowledgeable about the effect that an acquired brain injury, the diagnosis of some residents, would have on both their communication and their choice making, and described the ways in which they would support residents.

There were various examples of residents being supported to make choices. For example, choices of meals and snacks and activities were all made by each resident. Staff also spoke about supporting unwise decisions made by residents, and described the ways in which they would make sure that information was made available to them. For example, a resident who enjoyed smoking was supported as safely as possible, with regard for the rights of others, and information about the danger of smoking was made available to them.

Another resident was reluctant to adhere to a diet that reduced the risks relating to their diabetes, so staff encouraged an appropriate diet, and the person in charge had referred them to a dietitian so that all relevant information was available to them.

Advocacy services had been made available to residents, and two residents were availing of this service in relation to assisted decision making.

There were regular residents' meetings at which residents were consulted about various aspects of life in the designated centre. The staff and person in charge had made these meetings into a social event for residents. A recent meeting had

involved ice-cream in the garden, and photos had been taken of residents enjoying this event. Residents were supported to engage in a wide range of activities in accordance with their preferences, and to be involved in their local community. Overall residents were supported to have a good quality of life, and to be supported to make choices in ways which were meaningful to them.
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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ivy Lodge OSV-0008395

Inspection ID: MON-0039255

Date of inspection: 19/08/2025

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The premises have been reviewed in collaboration with the maintenance team following the recent inspection. As part of the agreed improvements, an additional external storage shed will be installed. This will allow for the relocation of equipment currently stored in communal areas, thereby ensuring that mobility aids are appropriately stored.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The resident's risk assessment and risk management plan will be updated to provide clear guidance for staff on the actions required if the resident attempts to physically strike another, including proactive de-escalation strategies and approved responses. A PMCB instructor will deliver in-person refresher training to the staff team, focusing on safe block techniques, positional safety and scenario-based practice to reinforce consistent application of physical intervention techniques. The Person in Charge will continue to discuss agreed safety and behavioral interventions with all staff members in team meetings/supervision, to ensure that clear guidance is provided.	

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(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	24/10/2025
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	17/10/2025