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:	Meath Westmeath Centre 6
Name of provider:	Muiríosa Foundation
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	31 March 2026
Centre ID:	OSV-0008555
Fieldwork ID:	MON-0041455

About the designated centre

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

Meath Westmeath Centre 6 is a designated centre operated by Muiríosa Foundation. The designated centre is located in County Meath and offers a full time service to up to four adults with an intellectual disability. The centre consists of a four bedroom house, one of which was en-suite and one bedroom was a staff sleepover room. The centre has an additional two bathrooms, two sitting rooms, utility room and a kitchen/dining space. The centre also consists of an adjoining apartment for one resident which contains a bedroom, bathroom and kitchenette.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 31 March 2026	09:00hrs to 17:45hrs	Brendan Kelly	Lead

What residents told us and what inspectors observed

This announced inspection was completed to monitor the registered providers ongoing compliance with The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The inspection was also used to help inform a decision on the providers application to renew the registration of the designated centre. Overall the inspection showed the provider is in the main meeting the requirements of the regulations and residents are experiencing a high quality and safe service. Actions were required from the provider in Regulation 12: Resident's possessions, Regulation 16: Training and Development and Regulation 27: Protection Against Infection.

Meath Westmeath Centre 6 is a large five bedroom house located in a quiet housing estate in Co. Meath that is currently registered for up to four residents. On the day if this inspection the provider had one resident vacancy in the centre. At the time of the inspection no person had yet been identified by the provider for the resident vacancy.

The centre consisted of four bedrooms in the main house, one of which was en-suite and one bedroom was a staff sleepover room. The centre had an additional two bathrooms, two sitting rooms, utility room and a kitchen/dining space. The centre also consisted of an adjoining apartment for one resident which contained a bedroom, bathroom and kitchenette.

On the day of the inspection the inspector had the opportunity to meet with and speak to the three residents living in the centre, the person in charge, person participating in management and one of the front-line staff members.

On arriving at the centre the inspector was greeted by one of the staff on duty and the person in charge. The inspector conducted a walk-around of the centre and observed that the resident's home was warm, bright, well maintained and residents bedrooms were decorated in line with their wishes and choices.

Following the walk-around the inspector met with one resident in one of the sitting rooms. The resident told the inspector that they were happy in their home and happy with the staff team. The resident told the inspector some of their favourite activities are to go shopping, go for a walk and flower arranging. The resident told the inspector that the staff team support the resident in each of their preferred activities. As the inspector was leaving the centre at the conclusion of the inspection they went to say goodbye to the resident and observed they were arranging a beautiful flower pot for a family member for Easter.

The resident told the inspector they enjoy the company of their housemates and referred to both as their friend. The resident engaged with the inspector throughout the day of the inspection with many jokes and laughs. The inspector also observed

the resident baking bread with staff in the afternoon of the inspection, the resident was observed by the inspector to be enjoying the activity and engaged positively with staff.

The inspector met with the resident who lives in their own apartment in the centre. The resident told the inspector that they are very happy in their home. The resident told the inspector they had previously lived in a congregated setting and that they really enjoyed living in a community setting now. They told the inspector that they have had changing needs in terms of mobility over the recent months and that staff are always at hand to help as they needed. The inspector observed that the resident had a new chair to help them with their mobility.

The resident told the inspector that they enjoyed living on the their own and that they have a call button, which they showed to the inspector, if they needed staff help. The resident said that they enjoyed the company of their two housemates and the inspector observed, at the conclusion of the inspection, the resident had come into the main house and was watching television with a housemate, The resident told the inspector that they like to go shopping and that the staff will support them in this when the resident wishes.

The inspector briefly met with the third resident in the afternoon when they returned from day service. The resident told the inspector that they enjoyed their day service. The resident excitedly told the inspector they were going to a family members home for Easter before going about the rest of their day. The inspector observed the resident engaging positively with the staff team and residents. For example, at the conclusion of the inspection, the inspector observed the resident watching television with a housemate.

The person in charge informed the inspector that one of the residents attends a local internal day service four days a week and that despite some issues, the resident enjoys their day service. The person in charge told the inspector that communication with day services is strong and issues that arise are communicated back to the residential team. The remaining residents did not attend day services in line with their personal preferences and wishes. The person in charge told the inspector those residents were supported by the staff team to have a resident-led meaningful day. The inspector observed that the provider had resourced the centre to allow for these residents to engage in one-to-one activities with staff such as shopping, going for coffees and attending a friendship club in a nearby village.

Staff who met with the inspector spoke positively and competently on the residents assessed needs. The staff member was knowledgeable in terms of key plans for residents, for example the staff member was aware of key healthcare needs. The staff member spoke positively regarding the culture within the staff team and that centre management were open and approachable.

Throughout the day of the inspection the inspector observed a staff team who were comfortable in supporting the residents. The inspector observed lots of laughs and jokes between the residents and staff and a positive atmosphere throughout.

Residents in the centre appeared to be comfortable and enjoyed the company of the staff team.

The next two sections of this report will outline in greater detail the governance and management arrangements of the centre and discuss how these systems impact on the quality and safety of the care provided to the residents.

Capacity and capability

This inspection showed that the residents in the centre were happy and content, enjoyed the company of their staff and peers and plans were in place to meet their assessed needs.

The provider had systems in place to ensure effective oversight of the centre. There was a clearly defined management structure with auditing and meeting systems aimed at continually improving service delivery. The centre had a person in charge who had oversight responsibility for multiple centres with effective systems in place to ensure they could manage their remit. The person in charge also reported to a person participating in management.

The provider had also submitted all of the required information in relation to re-registration of the centre in a timely manner.

The centre had an experienced staff team that were knowledgeable on the assessed needs of the residents. Staff were provided with training to support residents needs however the scheduling of refresher training for staff required improvement. Staff were also in receipt of regular supervision.

The provider had the required suite of Schedule 5 polices that were used to inform and guide practice.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted within the specified timeline all documentation required for the renewal application of their registration to be assessed.

An updated version of the floor plans was submitted by the provider to the Chief Inspector following this inspection. The provider had also submitted with their application the statement of purpose, insurance documents, residents guide, information on the management team and the appropriate renewal application form.

Judgment: Compliant

Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The provider had submitted to the Chief Inspector evidence of payment of their annual fee.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had ensured an experienced person in charge was employed on a full time basis in the centre. The person in charge had a relevant qualification in both social care and management to effectively carry out their role.

The inspector met with the person in charge on the day of this inspection. The person in charge had oversight responsibilities for a number of centres in the providers remit. The person in charge had systems in place that allowed them to oversee the day-to-day operations of the centres they were responsible for.

The person in charge showed a strong knowledge of the needs of the residents and the staff who met with the inspector on this inspection spoke positively regarding the management team in the centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had planned and actual rosters that were maintained by the person in charge as part of their oversight responsibilities. On the day of this inspection the the inspector reviewed the rosters from February and March 2026 and observed that the provider had sufficient staffing in place to meet the assessed needs of the residents.

The rosters showed a shift patterns of the following:

- one sleepover shift per day working 12:00-12:00
- one day shift working 09:00-21:00

The person in charge told the inspector that the centre has a full staff team. The centre uses both regular relief and agency as a contingency plan to cover both

planned and unplanned leave. On reviewing the rosters the inspector observed that no new staff required an induction in the months reviewed with limited shifts requiring cover. The inspector also observed that all shifts for the months reviewed were filled.

The person in charge told the inspector that they were happy with the dynamic in the staff team and the inspector observed a positive and friendly atmosphere throughout the day. Residents appeared comfortable with the staff team and the staff were knowledgeable in terms of supporting residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a training log in place that evidenced both the mandatory and refresher training completed by the staff team. The person in charge maintained the training log as part of their oversight responsibilities. The inspector reviewed the training log on the day of this inspection and observed that staff training in some areas had expired with the refresher training not yet provided.

The providers log indicated staff were required to complete training in the areas such as:

- safe administration of medications
- fire safety
- manual handling
- safeguarding
- communicating effectively through open disclosure
- hand hygiene
- infection prevention and control
- human rights based approach
- children's first
- food safety
- eating drinking and swallowing

The inspector observed that where staff required refresher training the providers log did not indicate when the staff last completed the training meaning it was not possible for the inspector to observe if the staff training had expired or was about to expire. Staff required refresher training in the following areas:

- communicating effectively through open disclosure
- food safety
- fire safety
- infection prevention and control
- eating drinking and swallowing

The person in charge maintained a supervision schedule in the centre. The inspector reviewed the schedule on the day of this inspection and observed that staff were scheduled for supervision in line with the providers policy. The inspector reviewed a sample of the supervision records in the centre and observed agenda items such as career development, general welfare and training. The staff member who met with the inspector was complimentary of the supervision process and told the inspector they would feel comfortable in bringing issues to the centre management.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had in place all required insurance documents. These documents were reviewed by the inspector prior to the inspection process.

Judgment: Compliant

Regulation 23: Governance and management

The provider had in place a governance structure with clearly defined roles for each level of management. The person in charge reported to an area director who was also the person participating in management.

The provider had systems in place to monitor and audit the centre. These systems included an annual review, provider led unannounced six monthly audits, governance meetings, local team meetings and, a suite of local audits.

On the day of the inspection this inspection the inspector reviewed the providers annual review of 2025, previous two six monthly unannounced audits, local audits and, a sample of meeting minutes that occur in the centre.The inspector observed that all systems in the centre were aimed at improving service delivery. The inspector observed that each audit or meeting resulted in a corresponding action plan with timelines in place for actions to be completed.

The inspector observed actions arising from meetings and audits to include:

- updating resident goal trackers
- updating resident person centred plans
- planning a schedule for regular team meetings
- maintenance works to be completed including remedial works to a fire door
- health related assessments for residents required review

The inspector observed that the actions outlined had been completed in a timely manner. For example, the remedial works to a fire door were identified at a January

2026 team meeting, the inspector observed that in the February team meeting minutes the update stated that the fire officer had attended the centre and completed works.

The person in charge had also completed with the local staff team a suite of audits including:

- medication management
- vehicle checks
- monthly health and safety checks
- monthly fire safety checks

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a suite of policies in line with the regulatory requirements that helped inform and guide practices in the centre. On the day of the inspection the inspector reviewed the providers schedule 5 policies.

The inspector observed policies in place in areas such as:

- complaints
- listening to and responding to behaviours of concern
- medications
- missing persons
- discharge and transfer
- restrictive practice
- risk management
- safeguarding

The inspector observed that all policies had been reviewed in line with the regulatory requirements. The policies were also available to staff via the providers online sharepoint system. The inspector also noted policies and procedures were regularly discussed at centre meetings.

Judgment: Compliant

Quality and safety

The provider had ensured in the main that residents were protected from all forms of abuse and were provided with a quality and safe service.

Additional assurances were required in relation to resident's finances, namely reviews of Residential Support Services Maintenance and Accommodation Contribution (RSSMAC) were carried out as required.

While the centre was clean and tidy on the day of this inspection, gaps were also evident in the provider's recording systems to ensure that all cleaning tasks were completed as required.

The provider had effective systems in place that ensured protection and risk were standing items for review in the centre. The provider had also ensured that resident's personal and health care needs were subject to robust plans that guided staff on resident's assessed needs and preferences.

Regulation 12: Personal possessions

While the provider had actioned a plan arising from a previous inspection report, they had not ensured residents Residential Support Services Maintenance and Accommodation Contribution (RSSMAC) charges had been reviewed in line with requirements.

The inspector reviewed the charges in place for resident's and observed that they had not been reviewed since 2019. The RSSMAC charges in place for residents are required to be reviewed on annual basis.

The inspector also observed that the provider had identified in their own provider led unannounced audit carried out in November 2025, that the RSSMAC charges for each resident would be reviewed by 31 January 2026. The person in charge confirmed to the inspector the reviews had not yet occurred.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had systems in place to identify, assess, mitigate and review risk in the centre. The provider had ensured a risk register was in place in the centre that outlined both individual and location specific risks. The provider also had a risk management policy in place that was available to staff via the providers online systems.

On the day of this inspection the inspector reviewed a sample of the risk assessments in place for residents and the centre. The inspector also spoke to frontline staff regarding key risks in the centre.

The centre specific risks included:

- fire safety
- lone working
- manual handling
- stress
- infection prevention and control
- electrical equipment
- accidents/incident

The inspector reviewed two residents risk registers and observed risk assessments in place in areas such as:

- resident vulnerable to abuse
- falls
- staying at home alone
- behaviours of concern
- choking
- infection
- financial abuse

The inspector reviewed in further detail risk assessments in place for a resident being vulnerable to abuse and a second assessment regarding a resident attending appointments in the community on their own. The inspector observed control measures in place such as:

- staff dropping the resident to the location
- staff leaving contact details with the location, for example a local hairdresser
- one to one activities if a resident is distressed
- policies in place regarding responding to behaviours of concern

The inspector also observed that all risk assessments in the centre had been reviewed between July 2025 and March 2026.

Judgment: Compliant

Regulation 27: Protection against infection

While the provider had ensured systems were in place to ensure resident's were protected from infection including infection prevention and control (IPC) audits and cleaning checklists for staff. However, the inspector observed consistent gaps in the recording of the cleaning requirements in the centre.

The inspector observed that the resident's home was clean and tidy. Each residents room was clear of clutter and bathrooms were also observed to be clean and accessible to the resident's. The provider had a comprehensive IPC folder in place that was reviewed and signed by the staff team. The provider had identified an IPC lead in the centre and the inspector observed that the staff team had received appropriate IPC training.

The person in charge had completed an infection prevention and control audit in January 2026. A comprehensive action plan had been compiled following the audit that included:

- cleaning schedules to be updated
- labelling of open food to be improved
- replace toilet seat
- replace pedal bins

The inspector observed that actions identified in the audit had been completed or there was a plan in place to address the actions.

The provider had identified in infection prevention and control audits and team meetings that cleaning checks were not being completed correctly. The inspector observed on the day of this inspection that this remained an ongoing concern. The inspector observed gaps in checks such as:

- temperatures of cooked foods (temperatures recorded for 9 days in March 2026)
- toilet cleaning checks (13 days in March 2026 had not been completed)
- weekly household cleaning checks for March 2026 had not been signed by the person in charge

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident living in the centre had comprehensive individual assessments that fed into a personal plan that guided and supported staff in meeting the assessed needs of the residents.

On the day of this inspection the inspector reviewed the care plans of two of the residents in the centre and spoke to staff regarding key resident plans. The inspector observed resident care plans in place in areas such as:

- communication
- mobilising
- maintaining a safe environment
- managing feeding, eating, drinking and swallowing (FEDS)

The inspector reviewed in greater detail, resident's plans for FEDS and mobility. One residents' FEDS plan was informed from a speech and language assessment that offered guidance to staff on the appropriate modifications to the residents food. The staff member who met with the inspector was knowledgeable in terms of what level of modification was required and how this was achieved in line with the residents' plan.

The residents plan also informed the staff of what the resident preferences were. On the day of the inspection, the inspector observed the resident enjoying foods that were in line with their assessed needs and preferences.

One resident had a plan in place to support their mobility needs. Again, this residents' plan was informed by both internal and community based multi-disciplinary team members. The inspector observed that the resident is supported to attend monthly physiotherapy appointments in the community and also receives home visits from the providers own physiotherapist.

The residents' plan is aimed at promoting and maintaining the residents independence. For example, the inspector observed evidence that the plan informs staff the residents likes to be dropped to the local town and can then independently go about their day. The resident confirmed to the inspector that when they wish for this to happen the staff team will support the resident with their wish.

The residents' plan also considered their will and preference regarding items contained in their apartment. The resident likes to keep items of importance to them. The inspector observed evidence that the provider had sought the assurances of a fire safety expert to assure themselves and the resident of maintaining their independence in safely mobilising from their home in the event of an emergency.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that residents in the centre were supported to access health and social care professionals as required. Where resident's health care needs required short or long term intervention, individualised plans were in place to guide staff on supporting residents with their health care needs.

On the day of this inspection the inspector reviewed the health care plans in place for two residents and spoke to staff regarding health care needs of the residents. The inspector observed the resident's had access to the following services:

- general practitioner (GP)
- dentist
- optician
- speech and language therapy
- occupational therapy

- chiropody

The inspector observed that the care plans in place to manage health care conditions offered guidance to staff in the diagnosis of the condition, the required treatment program, for example medications and, any potential reviews, for example blood tests.

The inspector also observed that one resident had been supported by the providers behaviour support team with a formal behaviour support plan. The resident had now reached a point where they did not require a formal plan and had been discharged. The inspector observed that in place of a formal behaviour support plan were guidelines for staff in maintaining a positive mental health for the resident.

The inspector observed that residents also had individualised hospital passports in their personal plans that could guide and support both the provider and hospital staff in the event a resident required hospital care. Additionally, staff who spoke with the inspector were knowledgeable and familiar with resident health care plans.

Judgment: Compliant

Regulation 8: Protection

The provider had effective systems in place to ensure residents were safeguarded and protected from abuse in their home.

On the day of this inspection the inspector observed incidents of a safeguarding nature had occurred in the centre. All incidents had been reported in line with national and provider policies. Where required the provider had interim safeguarding plans in place and these were closed off as and when it was deemed safe to do so.

The inspector also observed that the provider:

- had accessible information available for residents regarding who to contact if they needed to inform the provider of a concern
- safeguarding was a standing agenda item at all meetings in the centre
- the provider had an indicators of abuse policy that was discussed with the staff team
- staff who spoke with the inspector were confident and competent in understanding their role in identifying and reporting safeguarding concerns

Additionally, the inspector also reviewed two resident's intimate care plans on the day of this inspection. The plans supported staff in maintaining residents dignity and rights through personal care. For example, the plans informed staff of personal care tasks resident's can do independently and tasks resident's require support with.

Personal care plans also offered guidance to staff in relation to showering and bathing, for example, it was clear that one resident preferred to use the bath rather

than the shower. Other guidance for staff included oral care, hair care dressing and undressing.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Meath Westmeath Centre 6 OSV-0008555

Inspection ID: MON-0041455

Date of inspection: 31/03/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The PIC has completed a full review the staff training matrix and has updated all mandatory and refresher training records, clearly documented completion dates and renewal due dates and scheduled training dates • Staff identified as requiring refresher training in open disclosure, food safety, fire safety, infection prevention and control, and eating, drinking and swallowing have been scheduled to complete training within an agreed timeframe. • A robust training monitoring system with regular management oversight has been implemented to ensure mandatory training remains current and gaps are identified proactively.	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: • The Person in Charge reviewed all RSSMAC charges and going forward these will be reviewed at least annually in line with regulatory requirements, residents are charged appropriately based on assessed needs, and robust governance systems will ensure ongoing compliance	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection:	

• The Person in Charge has reviewed infection prevention and control cleaning monitoring systems to ensure all required cleaning checks are completed accurately and consistently.
• Cleaning schedules and recording documentation have been updated, and staff are scheduled to receive refresher guidance on completing cleaning records, food temperature monitoring, and IPC documentation requirements at the May 2026 and June 2026 staff team meetings.
• The Person in Charge has implemented monthly oversight and sign-off of all cleaning and IPC checklists, with regular spot checks to identify and address any gaps promptly.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	01/05/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/07/2026
Regulation 27	The registered provider shall ensure that residents who may be at risk of a	Substantially Compliant	Yellow	30/06/2026

	healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			