Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Sparrow
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	26 April 2026
Centre ID:	OSV-0008731
Fieldwork ID:	MON-0049871

About the designated centre

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

The facility can provide high-quality living accommodations for up to four children. It consists of a two-story community house in a town in Co Meath. There are four individual bedrooms. On the first floor are three bedrooms, one with an ensuite and a shared bathroom. On the ground floor is one bedroom with an ensuite, a large living room, a kitchen /dining room, a plant room, and a staff office.
A staff team comprising a person in charge, a team leader, social care workers, a staff nurse, and direct support workers supports the residents twenty-four hours a day

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
Sunday 26 April 2026	16:30hrs to 18:30hrs	Eoin O'Byrne	Lead
Monday 27 April 2026	09:00hrs to 16:45hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

On the first day of the inspection, the inspector observed practices within the service for two hours. These observations included interactions with all three residents and the three staff members on duty. At the time of the inspection, two teenagers and one child were living in the service. For the purpose of this report, the inspector will refer to the three as young people.

The second day of the inspection focused primarily on reviewing information, including how the service was managed and the care and support provided to the children and young people living in the home. The inspector also interacted with the three staff members on duty that day.

Overall, the inspection findings were positive, with a high level of compliance observed with the regulations reviewed. Through both direct observations and information review, the inspector identified a small number of areas requiring improvement.

An urgent action was issued to the provider on the second day of the inspection. This action was related to a new behaviour one young person had begun to exhibit, which could place them at risk. The provider was requested to provide assurances about the steps they would take to ensure the young person's safety.

Additionally, during the review of information and engagement with staff members, the inspector identified that improvements were needed in staff performance management. This included instances in which staff were unable to adequately answer questions about care practices, as well as examples of care and support plans that were not consistently followed.

On arrival at the service, the inspector witnessed that the three staff members were present and was introduced to a young person who was relaxing on a couch in the kitchen area. Another young person was relaxing and listening to music in a separate sitting area, while another was listening to music in their bedroom. Upon arrival, the inspector observed a calm atmosphere in the home, with the young people appearing relaxed.

The inspector met with one young person who was listening to music. The young person spoke with the inspector about the activities they had engaged in earlier that day, including a visit to Emerald Park. They spoke positively about some of the rides they had been on and said they enjoyed the trip. The young person also chatted with the inspector about the music they were listening to and other activities they enjoyed.

The young person informed the inspector that they had recently turned 18, were still attending school, and would be transitioning to adult services in the near future.

They explained that they were happy living in the home and reported that they got on well with the other young people residing there.

One of the young people living in the service communicated using non-speaking forms of communication. The inspector observed that visual planners and visual aids were available to support this young person's communication needs.

The inspector interacted with this young person, who initially was relaxing on the couch and then became more active, moving between rooms and seeking sensory engagement with those supporting them. The young person appeared happy and in good form, and comfortable within their environment. The young person had been out with staff members earlier that afternoon, visiting a park, and was reported to have enjoyed the activity.

Later in the evening, the young person spent time in the garden area, using the trampoline and moving around the garden space. The inspector observed that the young person appeared to enjoy this activity, which supported their sensory needs.

The inspector sat and spoke with the third young person. The inspector had met this young person during a previous inspection, and the young person was eager to share positive developments in their life.

The young person spoke about how well they were doing, stating that they were attending school full-time and visiting their family weekly. They also discussed recent changes to their medication, outlining the positive impact these changes had had. The young person demonstrated good knowledge of their medication and its effects.

The young person spoke positively about their peers, reporting that they got along well and enjoyed each other's company. They also spoke with the inspector about their future plans, including their intention to seek employment.

Later in the evening, the inspector spent time in the garden area with the three young people and the three staff members on duty. One young person was using the trampoline, another was relaxing on the swing, and the third was playing football.

The inspector observed the two older young people interacting, chatting for extended periods and appearing to enjoy each other's company. The other young person engaged more with staff members and also appeared happy and content during this time.

One of the young people showed the inspector around the home. The inspector observed that there was adequate space for young people to relax and take time away when they wished.

The same young person also showed the inspector their bedroom. The room contained pictures of cars and computer games, which reflected the young person's

interests. There were also personal items on display that reflected the young person's personality, contributing to a personalised and comfortable living space.

The three young people living in the service were all attending school on a full-time basis. One young person was preparing to transfer to adult services in the coming months and spoke briefly with the inspector about this transition.

The inspector discussed the status of this transfer with the person in charge, who explained that a formal transition plan had not yet been fully established, as the young person had only recently turned 18. However, they stated that they were awaiting confirmation from the young person's representatives in the coming weeks.

The inspector reviewed key working records, which demonstrated that the young person was being kept informed and supported regarding the transition process. These records showed that the young person was receiving age-appropriate information about the move from children's services to adult services, and that the transition was being discussed on an ongoing basis.

The inspector had the opportunity to speak with two representatives of the young people. Feedback from both parties was very positive regarding the service being provided to their loved ones.

One representative spoke about how well the young person had been doing since their admission to the service. They reported that the young person was engaging in new activities, interacting positively with staff, and appeared very happy. The representative also highlighted the good level of communication between themselves and the staff team, stating that staff were quick to respond to the young person's needs. They further reported that the young person spoke highly of the staff team supporting them.

The second representative also reported that they were very satisfied with the service being provided to their loved one. They stated they were receiving daily updates and that the young person was doing well. They noted that the transition process for the young person had been managed smoothly and, overall, described themselves as very happy with the service being provided.

The inspector observed warm and caring interactions between staff members and the young people they were supporting. Staff were observed to engage positively with the young people and demonstrated an understanding of how to interact with them respectfully and supportively.

However, as outlined earlier, during engagements with some staff members, the inspector identified knowledge gaps in certain areas of practice. These issues will be discussed in greater detail later in the report.

In summary, the inspection found a positive environment with supportive staff and engaged young people. All young people were attending school, and feedback was very positive. Some areas for improvement were identified, including an urgent

safety concern and inconsistencies in staff performance management. Overall, the service met most regulatory requirements while needing some improvements.

Capacity and capability

The inspector reviewed the provider's governance and management arrangements to assess whether there was sufficient capacity and capability to ensure the effective oversight and delivery of the service. As outlined in earlier sections of the report, improvements were identified in relation to the performance management of staff. Observations of staff practice, together with a review of documentation and discussions with staff members, identified that there were occasions where staff did not demonstrate sufficient knowledge of, or consistently follow, guidance, policies, and individual care and support plans. This indicated a need for the provider to further strengthen performance management systems to ensure consistent, safe, and person-centred care.

The inspector did find, in the majority of cases, the services management team and the provider had established systems to monitor the quality and safety of care provided to the young people. These systems supported oversight of key areas of practice and contributed to ongoing service monitoring.

The inspector also reviewed the arrangements in place in relation to staffing levels and staff training. These were found to be overall appropriate and adequate to meet the assessed needs of the young people living in the service.

In summary, while improvements were required to strengthen performance management arrangements, the inspector found that the provider had overall effective capacity and capability to govern, manage, and oversee the service.

Regulation 15: Staffing

The inspector reviewed the staffing arrangements in place within the service. It was found that there were adequate numbers of staff scheduled to ensure that safe staffing levels were maintained each day. The inspector also found that nursing support was available when required, which supported the safe and effective delivery of care to the young people.

The inspector reviewed the current week's staff roster, as well as rosters from early March and early February. An appraisal of these rosters demonstrated that there was a consistent staff team in place, which supported the provision of continuity of care for the young people living in the service.

As outlined earlier in the report, the inspector observed warm and kind interactions between many staff members and the young people they were supporting. These interactions demonstrated a caring approach and positive engagement by staff.

As part of the inspection, the inspector reviewed a sample of staff information records in line with the requirements of Schedule 2 of the Regulations. The inspector reviewed five of the ten staff files for staff members currently working in the service. It was found that the provider had ensured that relevant information was available for review, including Garda vetting, employment histories, and qualification records.

In summary, the inspector found that the provider had ensured that adequate staffing arrangements were in place to support the delivery of safe and appropriate care to the young people living in the service.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the systems in place to ensure that the staff team received appropriate training and possessed adequate knowledge for their roles. This appraisal indicated that suitable training was being provided to staff members but there were improvements required regarding staff knowledge and this will be addressed under Regulation 23 Governance and Management.

The inspector reviewed the training records for the staff team as part of the inspection process. The review identified that staff had completed a comprehensive range of mandatory and role specific training.

Training completed included:

- Fire safety training
- Managing behaviour that is challenging
- Children First training
- Infection prevention and control training
- Communication skills training
- Epilepsy awareness training
- Positive behaviour support training
- Understanding autism training
- First aid training
- Supporting people on the autistic spectrum training
- Medication management

The inspector also reviewed the supervision records for three staff members who were on duty on the first day of the inspection. The inspector found that the staff

members had been provided with an induction process in line with the procedures and were also receiving regular supervision.

Judgment: Compliant

Regulation 23: Governance and management

The inspector completed an appraisal of the governance and management arrangements in place within the service. It was found that there were auditing systems established which were contributing to the effective oversight and management of many areas of the service provided to the young people. However, areas for improvement were identified in relation to the measures in place to ensure that all staff members had appropriate knowledge of the young people and their care needs. As a result, improvements were required in the performance management of the staff team to ensure consistent and informed practice.

For example, when interacting with staff members, the inspector sought information regarding the current care status of the three young people receiving support at the time of the inspection. Of the three staff members on duty, only one staff member was able to provide this information, with the remaining two staff members stating that they did not know. In addition, when reviewing a care and support plan in place for one young person to help them develop personal care skills, the inspector found that the staff had not followed the plan as outlined during observations the previous evening. Furthermore, a review of records identified that staff members were not consistently completing the relevant recording sheets required to evidence the effectiveness of the plan and the young persons progress.

The inspector found that the person in charge and the house manager were completing a range of audits to support oversight of the service. There was also evidence that a member of the provider's senior management team, an assistant director, was completing regular visits to the service. These visits included monthly governance and management reviews with the service's management team, as well as regular engagement with staff members.

The inspector reviewed the most recent six-monthly unannounced visit report completed by the provider. A number of actions had been identified during that visit. As part of this inspection, the inspector followed these actions as lines of inquiry and found that the person in charge and house manager had ensured that actions were either completed or that appropriate steps were in place to ensure they would be completed within the identified time frames.

For example, one action related to staff members being provided with LAMH training. The inspector was provided with assurances that this training was scheduled to be completed in the coming weeks. Another action related to staff completing additional communication training, which the inspector found had been

completed. A further action required the updating of a residential positive behaviour support plan, and the inspector confirmed that this had also been addressed.

In summary the inspector found that many aspects of the service provided to the young people were under close review, however interactions with some staff members and the review of information identified that improvements were required regarding the performance management of the staff team.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. The inspection also involved studying the provider's restrictive practices and adverse incidents. This review showed that, per the regulations, the person in charge had submitted the necessary notifications for review by the Office of the Chief Inspector

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of care provided to the young people living in the service. As outlined in earlier sections of this report, observations of practice, reviews of documentation, and discussions with staff identified areas of good practice alongside areas where improvements were required.

The inspector identified that improvements were required in relation to some aspects of health and wellbeing supports, including ensuring that young people were consistently supported to maintain healthy and balanced diets. While staff had implemented strategies such as key-working sessions and meal planning, these supports were not always effective, and further review was required to ensure they were responsive to young people’s assessed needs.

Risk management, safeguarding, and incident management systems were reviewed and were found to support the safety of the young people overall. Where incidents or safeguarding concerns arose, these were appropriately identified, recorded, and reviewed, with actions taken to reduce the risk of recurrence. Audits and reviews carried out by the management team contributed positively to identifying trends and areas for improvement.

In summary, the inspector found that the service was generally safe and that systems were in place to protect the young people from harm. However, improvements were required to strengthen the consistency and quality of care delivery to ensure that all practices reliably promoted the safety, wellbeing, and best interests of the young people.

Regulation 10: Communication

The inspector reviewed the communication supports being provided to the young people. This review identified that the young people had either been assessed or were scheduled to be assessed by a speech and language therapist. The inspector reviewed two speech and language therapy assessments and found that they provided a clear and comprehensive understanding of how each young person communicated and how best to support their individual communication needs.

During interactions with staff, the inspector requested examples of social stories that were being used to support the young people. One such social story was in place to support a young person with toileting. In addition, sentence boards were being used to assist young people during transitions, and each young person had an individual visual planner/schedule to support their understanding of daily routines.

During observations, the inspector noted that staff interacted with the young people in an appropriate and supportive manner. As outlined earlier, plans were also in place for staff to receive additional LÁMH training.

Overall, the inspector was satisfied that the communication needs of the young people had been appropriately assessed. Staff were observed to communicate effectively and consistently with the young people, and guidance was available to support and promote effective communication tailored to each young person's needs.

Judgment: Compliant

Regulation 18: Food and nutrition

During observations conducted on the first day of the inspection, the inspector observed that one young person made repeated requests for snacks, including small packets of crisps and crackers. These items were provided to the young person on several occasions during the two-hour period that the inspector was present.

On the second day of the inspection, the inspector reviewed the food diaries for the three young people. Review of these records identified that the food provided was not consistently in line with a healthy and balanced diet. The inspector found that a significant proportion of the food items recorded were processed foods. As a result,

improvements were required to ensure that nutritional supports and meal planning promoted the young people's health and wellbeing and were aligned with their assessed needs.

The inspector was informed that key-working sessions had been implemented to support one young person to make healthier food choices. Records demonstrated that staff had actively encouraged this young person to engage in discussions around healthy eating, and meal plans had been developed to support a more balanced diet. However, it was noted that the young person had chosen not to engage with these supports at times.

Overall, the inspector found that while some positive initiatives had been put in place, improvements were required to ensure that all young people were consistently supported to receive a healthy, balanced diet in line with best practice and regulatory requirements.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The inspector reviewed the risk management systems in place and found them to be appropriate. As part of this review, particular focus was given to the risk assessments developed for the three young people living in the service. The inspector reviewed a sample of risk assessments relating to each young person and found them to be clearly written, identifying both potential and actual risks. On review of the risk control measures, it was noted that while some measures were restrictive in nature, they were proportionate and necessary to ensure the safety and wellbeing of the young people.

As outlined earlier, the inspector also reviewed adverse incidents that had occurred within the service over the previous four months. The inspector found that for some young people, very few incidents had occurred during this period. In particular, for one resident there had been a significant reduction in incidents, which were attributed to changes made to the young person's behaviour support plan.

The inspector's review of incidents found that staff members were adhering to the behaviour support plans in place. Staff were observed to maintain the safety of the young people and to support them in an appropriate manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed key documentation relating to all three young people, including their assessments of need and personal care plans. The inspector found that individualised care and support plans had been developed for each young person.

An appraisal of these plans found them to be well written and to provide clear and sufficient guidance to staff on how best to support the individual needs of each young person.

The inspector found that the care and support plans were under regular review and were responsive to the changing needs of the young people. There was evidence to demonstrate that the young people were subject to ongoing review by the provider's multidisciplinary team (MDT), with involvement from external allied healthcare professionals as required.

For example, the behaviour of one young person had changed in recent days, and records showed that the house manager had contacted positive behaviour support specialists, advising them of the changes identified and seeking guidance and input to support the young person appropriately. In another example, a young person experienced a challenging period during 2025. During this time, the service's management team and the provider ensured that enhanced supports were put in place, including increased input from relevant MDT members. These measures were effective in supporting the young person during this period.

In summary, the inspector found that the provider and the service's management team had ensured that the needs of the young people were appropriately assessed, and that care and support plans were developed, reviewed, and implemented in a manner that reflected the young people's evolving needs

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the systems in place to support the behavioural needs of the young people living in the service. It was found that, where required, young people had access to positive behaviour support (PBS) specialists.

The inspector reviewed positive behaviour support plans for two of the young people. The third young person, who was a recent admission, had been referred for review, and there was evidence that relevant information had been shared with the positive behaviour support specialist to inform the development of a PBS plan tailored to the young person's needs.

An appraisal of the two existing positive behaviour support plans found that they were individualised, clearly identifying potential triggers that the young people may present with, and outlining appropriate proactive and responsive strategies for staff to follow. The plans provided clear guidance on how staff should support each

young person in line with their individual needs, with an emphasis on promoting positive behaviours and reducing distress.

In conjunction with the review of these plans, the inspector also examined adverse incident records from 2026 This review demonstrated that staff responses were generally consistent with the guidance contained within the positive behaviour support plans, and that incidents were appropriately recorded and reviewed to inform ongoing support and planning.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed the systems in place to safeguard the young people and found them to be appropriate. The inspector confirmed that all staff members had completed Children First safeguarding training. Observations throughout the inspection demonstrated that staff were supporting the young people in a caring, respectful, and appropriate manner.

The inspector also reviewed the service's safeguarding documentation, including a safeguarding folder. An internal safeguarding report had been developed in relation to one young person. On review, the inspector found that elements of this report related to incidents where young people had negatively impacted on one another. The report was well written and gave clear guidance on how to maintain the safety of the young people.

The inspector found evidence that when safeguarding concerns or incidents occurred, the service's management team and provider had appropriately investigated these matters and taken measures to ensure the ongoing safety of the young people. A staff member spoken to on the second day of the inspection demonstrated appropriate knowledge of safeguarding procedures, including how to respond to safeguarding concerns and who to report such concerns to.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Sparrow OSV-0008731

Inspection ID: MON-0049871

Date of inspection: 27/04/2026

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 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 strengthen governance and management arrangements within the centre through enhanced oversight, staff support, and monitoring systems.

By 31.07.2026 The Person in Charge and House Manager will complete a review of all residents MDT reports, care plans and associated recommendations with each staff member through individual supervision sessions. Staff knowledge will be assessed through competency discussions and documented supervision records to ensure staff have a clear understanding of residents' assessed needs and their roles and responsibilities in delivering care and support. Any knowledge deficits will be addressed through additional support from the person in charge and house manager and follow up supervision scheduled within 12 weeks.

Reports, guidance documents, and key practice updates will continue to be discussed at staff meetings and handovers to promote consistent implementation in practice and provide staff with opportunities to seek clarification where required. Team meetings are scheduled for 20.06.26, 23.07.26 & 17.08.26. As much as possible, attendance at team meetings is mandatory, and any staff member who is unable to attend will be provided with comprehensive minutes and the opportunity to discuss same with the House Manager and PIC.

The person in charge will complete weekly observational audits of staff practice commencing from 02.06.2026 to verify that support plans are being implemented as written. Audit outcomes and corrective actions will continue to be discussed in the monthly governance meetings with the Assistant Director of Services commencing 02.06.2026

Staff will also be supported to engage directly with the Person in Charge and House Manager where additional guidance is required regarding documentation standards and care practices. The house manager will complete a weekly audit of review of resident

recording sheets commencing 02.06.2026 to evidence the effectiveness of the plan and residents' progress. Audit findings will be reviewed with staff during monthly team meetings, supervision sessions and monthly governance meetings.

The Person in Charge will maintain oversight of the centre's training matrix and implement a structured schedule to ensure all mandatory and role-specific training is completed in line with regulatory and organisational requirements.

The Person in Charge will maintain a regular presence within the centre to support effective operational oversight. Staff practice will be monitored through observation, competency discussions, review of documentation, and ongoing governance processes to ensure residents receive safe, consistent, and person-centred care in line with their assessed needs

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
The Person in Charge will strengthen oversight arrangements in relation to food and nutrition within the centre to ensure residents are supported to make informed and healthy dietary choices in line with their assessed needs and preferences.

The Person in Charge will monitor food purchasing practices by implementing a weekly review of receipts, meal plans and food records to ensure fresh and nutritious food options are consistently available within the centre, consistent with residents assessed nutritional needs and dietetic recommendations.

Where residents express a preference for processed foods, staff will continue to encourage and promote healthier alternatives, including the inclusion of fruit and vegetables as part of balanced meals. Healthier alternatives will be explored and trialled for preferred snacks and food to reduce processed options by 31/7/26.

Staff will continue to complete weekly meal plans in consultation with residents, ensuring residents are afforded choice and control regarding meals and snacks. Residents will be supported to make amendments to meal plans at any time in accordance with their preferences.

Staff will ensure that all meals, snacks, and fluid intake are appropriately recorded within residents' daily food diaries to provide an accurate overview of nutritional intake and support ongoing monitoring where required. Residents who regularly seek snacks will be offered healthier alternatives in line with nutritional guidance.

Residents will continue to have access to dietetic supports through the organisation's

Dietitian, who reviews residents as required and provides guidance to staff regarding healthy eating, nutritional requirements, and meal planning. The Person In Charge will review all existing dietetic recommendations by 31.7.26 to ensure that they are reflected within residents care plans and meal plans. Any outstanding recommendations will be incorporated into support plans and discussed with staff during the nest team meeting scheduled for 20/06/2026.

The Person in Charge has developed an information resource for staff outlining the principles of a balanced diet, appropriate portion sizes, the inclusion of fruit and vegetables with meals, and the reduction of unhealthy snack options. This guidance will continue to be reinforced through staff meetings, supervision, and daily oversight to promote consistent practice within the centre.

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 18(2)(b)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Substantially Compliant	Yellow	31/08/2026
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	31/08/2026