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:	Metges Road
Name of provider:	Praxis Care
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	14 August 2025
Centre ID:	OSV-0008862
Fieldwork ID:	MON-0045780

About the designated centre

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

Metges Road is located near a large town in County Meath. The centre provides a residential service for three male adults. The model of care provided is based on supported living. The objective of the service is to promote independence and to maximise the quality of life of residents living there. The property is a spacious three bedroom ground floor apartment that has a small balcony. There is a large open plan kitchen, dining and living area. Residents are supported by a team of support workers and a person in charge. All of the residents attend a day service and enjoy various other activities in the evening times and at weekends.

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
Thursday 14 August 2025	10:30hrs to 17:50hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, the inspector found from speaking with residents, observing practices and reviewing records pertaining to the care and support provided in this centre, residents were being provided with person-centred care. One minor improvement was required in risk management.

The centre was registered to support three residents. Residents had moved into this centre in March 2025. This inspection was announced and residents had been informed that the inspection was taking place. All of the residents were happy to meet with the inspector to talk about their new home and the quality of care being provided here. Over the course of the inspection, the inspector also met the person in charge, the head of operations for this centre and one staff member. They also observed some practices and reviewed records pertaining to the management of the centre.

This centre formed part of an apartment complex, which was operated by a national housing association. The residents living here paid rent to the housing association and the housing association was responsible for the general upkeep and maintenance of the property.

The centre was clean, spacious and decorated to a high standard. All of the residents had been involved in deciding on colour schemes and soft furnishings in their apartment. There were three bedrooms, (one of which had an en-suite) and there was also a shared bathroom. One of the bedrooms was smaller than the other two bedrooms and to afford the resident more storage space, this resident had an additional storage room to store additional personal items.The kitchen/dining/living area was open plan and led onto a balcony where residents could sit out if they so wished.

All of the residents showed the inspector their bedrooms and spoke about what it was like to live in this centre. They spoke about how they were involved in the running of the centre and how they were supported to become more independent. All of the residents had completed questionnaires (with support from staff) prior to the inspection, to give their feedback on the services provided in this centre. The questionnaire included questions about, whether it was a nice place to live, if residents got to make their own choices and decisions, if the staff team and managers listened to their views, if the staff were helpful and knew the residents well, and if residents felt safe. The inspector went through these completed questionnaires with the residents and the following is a sample of what the residents told the inspector.

All of the residents said that they loved their new home. One resident spoke to the inspector about how they had been supported to move into the centre. They said this started with a visit to the property to see if they liked the apartment and where it was located. They were also able to meet the other residents and all three had

went out for drinks and a chat to see if they would be happy to share a home together. The resident explained that once they had decided to move to the apartment, that they moved in slowly, by visiting for short periods and then gradually staying overnight. All of the residents said that they were happy sharing their home together.

The residents said that they felt safe in the centre. One resident explained about what abuse meant and, told the inspector that if staff or others were unkind to them, they would report it to either a staff member or their family depending on the situation. While one resident reported in their questionnaire that they felt safe in the centre, when talking to the inspector, they were unsure about who they would report an incident like this to. The inspector informed the person in charge of this, who agreed to do some additional education with the resident to make sure they knew who to talk to should such an incident like this occur.

The residents said that they liked the staff team and said they were always very nice to them. One of the residents was very happy that a staff member was on duty that night as they both got on really well. The inspector also observed that staff were providing residents with choices and options over the course of the inspection, and the residents got to decide what was happening. One resident explained to the inspector that the three residents got to choose the meals they had each day. The resident said that it was important for all three residents to do this together as each of them had different likes and dislikes.

The residents also reported that they got to make decisions about their lives and were supported to become more independent. Residents for example; were learning new skills, like changing their bedclothes or preparing meals as a way of increasing their independence. One of the residents said they would like to become more involved in preparing a whole meal, like dinner for everyone. The feedback from this resident was also shared with the person in charge, who agreed to follow this up with the resident. Another resident had some religious pictures that were very important to them, and they informed the inspector that they went to mass every week, and this was important to them.

It was also clear from speaking to the residents and staff that the residents were involved in the running of the centre and were involved in decisions about their care. All of the residents had chosen the soft furnishings and decorations for their home. The staff team also provided information about the cost of certain things so as residents could decide how much they wanted to pay for items in their home. The residents informed the inspector about all the shopping trips they had made to choose and purchase their own items for their home.

The residents were also interested in planting some shrubs/flowers around the outside balcony and were choosing some of them on the day of the inspection.The inspector observed a staff member explaining to the residents that they would have to contact the housing association before doing this. One of the residents, said that they would contact the housing association themselves.

Easy-to-read information was available for residents to explain some of their

healthcare needs. As an example; there was an easy-to-read guide for one resident about a medical procedure they had recently undergone. The staff had went through this with the resident and explained, what would happen and where it would happen. This allowed the resident to make an informed decision about this procedure. Two of the residents went through some of their healthcare needs with the inspector and they were very aware of the supports they needed and the medical professionals involved in their care.

Residents were supported to be independent in the centre. Two of the residents for example; managed their own medicines. There were also arrangements in place to ensure that residents personal possessions were safeguarded. One of the residents showed the inspector the key for their bedroom, which they locked when they were going home to visit family. One of the residents managed their own money and another resident who had some staff support managing their money, told the inspector that they were happy with the support provided by staff.

All of the residents spoke about maintaining family connections, which was very important to them. They were also supported to have connections in the community. One of the residents informed the inspector that they were organising a fund raising event in the local community hub. The residents were also organising a pool tournament, with groups of their friends. On the day of the inspection, they went to play pool and also informed the inspector that they were going to purchase some prizes to present at the pool tournament. Residents were also identifying goals they wanted to achieve. As an example all of the residents had recently decided that they wanted to go to a music festival. The residents informed the inspector that they had really enjoyed this event.

Over the course of the inspection, it was evident that the staff and residents knew each other well and that staff listened to the residents views. The model of care being provided was based on supported independent living which was in line with the statement of purpose for this centre.

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

Capacity and capability

There was clear management structures outlining who was accountable for areas of care and services provided in the centre. The person in charge had good oversight of the service and ensured that the staff team provided person-centred care to the residents living here. Some minor improvements were required in risk management.

The governance and management arrangements in the centre were ensuring that the service was monitored, audited and reviewed on a regular basis. This meant

that residents were provided with a safe quality service.

The skill mix of staff and the number of staff on duty each day was appropriate to meet the assessed needs of the residents. There was one staff vacancy in the centre at the time of this inspection.

Training had been provided to staff to ensure they had the necessary skills to support the residents.

The inspector found from talking to residents and reviewing records that admissions to this centre had been completed on a phased basis and in consultation with the residents.

Regulation 14: Persons in charge

The person in charge was employed on a full time basis in the organisation. They had a management qualification and experience working in the disability sector. The person in charge was also responsible for another supported living arrangement located close by to this centre, the inspector was satisfied that this did not impact on the quality of care provided in this centre.

The person in charge demonstrated a commitment to providing person-centred care to the residents living here. As an example, the person in charge told the inspector that the staff team are led by what the residents want.

They were also aware of their legal remit under the regulations and supported their staff team through supervision meetings and team meetings. The staff who met with the inspector said that the person in charge was very supportive to them, and the staff team.

Judgment: Compliant

Regulation 15: Staffing

The staff team comprised of the person in charge and support workers. The person in charge worked Monday to Friday 9-5. There was one staff vacancy in the centre at the time of the inspection, however, a staff member had recently been recruited to fill this vacancy. There was also a consistent number of relief staff employed to manage this vacancy and ensure consistency of care to the residents.

The staffing arrangements included, one staff who worked from two o clock in the day to nine o clock in the evening. A waking night staff was also on duty each night. The inspector reviewed a sample of rotas for April 2025, June 2025 and the week after the inspection and found that these staffing levels were maintained at all

times.

Senior managers were also on call 24/7 to provide guidance and support to staff.

The three residents spoke highly of the staff members employed in the centre and described them as supportive and kind.

The inspector reviewed two staff personnel files for records that are required to be in place under Schedule 2 of the regulations and found that the records were in place and no concerns were noted. For example, the staff files included, vetting disclosures, photo identification and two written references.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with a suite of training divided into mandatory training, training specific to this designated centre and other training. The training records were maintained on an electronic database. This enabled the person in charge to maintain oversight of the training records.

Certificates of these training records were also stored on the centre. There were some gaps on the database on the day of the inspection, however, the person in charge provided confirmation of these gaps with the training certificates, which confirmed that the training had been completed and the issue was that it had not been recorded on the database.

Some of this training included

- Children First
- Safeguarding of Vulnerable Persons
- Fire Safety
- Food Safety
- FEDS Part 1 – Foundation
- Moving and Handling (inanimate objects)
- First Aid
- Medication Management Theory and competency assessments
- Assisted Decision Making
- Human Rights Based Approach to Care
- Antimicrobial Resistance and Infection Control (AMRIC)- Basics of Infection & Prevention Control
- AMRIC - Hand Hygiene

Relief staff were also required to undertake training some of which included safeguarding vulnerable adults and fire safety.

Staff were also provided with formal supervision which enabled staff to discuss their

personal development and raise concerns about the quality of care if they had any. A sample of records reviewed by the inspector found that staff had not raised any concerns about the quality of care during their supervision or from the minutes of staff meetings held in the centre.The person in charge confirmed this also for all staff.

The inspector spoke to one staff who demonstrated a very good knowledge of the residents' needs and outlined some the residents' healthcare needs, the residents' goals and future plans.

Overall, the inspector found that staff had been provided with training to meet the needs of the residents. The interactions observed on the day of the inspection showed that staff were providing care to the residents in a person-centred manner.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had effective leadership, governance and management arrangements in place with clear lines of accountability. The person in charge was employed full time in the organisation. Senior managers were also on-call after hours to provide support to staff.

The person in charge reported to a head of operations, who was also accountable for the care and support provided. The registered provider also had other directorates within the organisation to oversee services like risk management and quality. The registered provider had a forum, where managers met to discuss learning from adverse incidents that occurred across the organisation so as that all staff were informed about the learning from these incidents. This was a good example of shared learning in terms of managing risks in the organisation.

There are adequate resources in place to support residents achieving their individual personal plans, and in line with the assessed needs of the residents. The resources were planned around the needs of the residents and the model of supported living.

The registered provider had personnel appointed to conduct a six monthly unannounced quality review, along with an annual review of the designated centre. As the centre had only opened in March 2025 and an annual review had not been completed at the time of this inspection. The head of operations conducted a monthly monitoring visit in the centre, which comprised of an extensive review of specific regulations.The person in charge also carried out other audits in medicine management and residents' personal finances. The inspector followed up on some of the actions following these audits and found that they had been completed. As an example, one audit found that some staff training was still outstanding and this had been completed.

The inspector also found that residents were involved in decisions around the

management of the centre. As an example; the residents were interested in planting some shrubs/flowers around the outside balcony and were choosing some of them on the day of the inspection.

The inspector found from a review of some records in the centre, that they were not aligned with the model of care being provided in this centre. This did not impact on the quality and safety of care provided. Notwithstanding, the head of operations informed the inspector, that the registered provider was in the process of reviewing records pertaining to the care and support provided, to align with the model of care being provided in this centre. This provided assurances to the inspector.

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

At the time of this inspection, there had been no complaints reported to the person in charge about the quality of care being provided.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

As stated earlier, the residents had moved into the centre in March 2025. The inspector found from talking to residents and reviewing records that the admissions had been completed on a phased basis and in consultation with the residents. For example, residents visited the apartment first to see if they liked it and where it was located. All three then met to see if they wanted to share a home together.

The registered provider also had contracts of care for each resident which outlined the care and support that would be provided in the centre and any costs incurred by the resident for some of these services. While the inspector found that these contracts could be improved to align with the model of care being provided in this centre, they were satisfied from talking to two residents that they knew the costs incurred to them.

For example, both residents knew how much rent they were charged and what bills they were responsible for. The contracts of care had been signed by the resident's also. The head of operations also informed the inspector, that the registered provider was in the process of amending these contracts and other records pertaining to the care and support provided, to align with the model of care being provided in this centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose reflected the facilities and services provided in the centre. It was also updated at least annually or when any changes occurred in the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the adverse incidents (one) that had occurred in the centre since March 2025, informed the inspector that the person in charge notified the Chief Inspector of any relevant adverse incidents within the specified time frames required under the regulations.

Judgment: Compliant

Quality and safety

Overall, the residents living in this centre told the inspector that they were very happy with the services provided in this centre. They said they were included in decisions around their care, and about things happening in the designated centre. The inspector also observed this in records reviewed and from observing practices on the day of the inspection.

Residents were supported with their health and emotional needs and had access to allied health professionals where required.

Residents were supported with their general welfare and development and to maintain links with family and friends.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. However, some risk assessments, did not include control measures specific to this centre. As an example, a fire risk assessment stated that fire alarms were checked weekly by staff, another recorded that the risk of self-harm was a low to medium risk, however, this was not an identified risk in this centre and the fire alarm was not checked by staff on a weekly basis.

Fire safety systems were in place to minimise the risk of fire and ensure a safe evacuation of the centre.

The centre was clean, spacious and was decorated to a high standard. Each resident had their own bedroom and they had all chosen the soft furnishings and other decor for their rooms and the apartment.

All staff had completed training in safeguarding vulnerable adults. Residents had been provided with education and advice about their right to feel safe in the centre.

Regulation 12: Personal possessions

The registered provider had a policy on residents' personal property, personal finances and possessions. There were systems in place to ensure that residents personal possessions were safeguarded. All residents had a key to their bedroom door and had a safe in their bedroom to store their personal possessions. Residents had adequate space to store their personal belongings.

Residents where required were provided with support to manage their financial affairs. In instances where the staff supported residents to manage their finances, the person in charge had systems in place to ensure that records maintained were accurate.

As an example, when residents spent money, a receipt was maintained, recorded in a ledger and the entry was signed by staff. The person in charge conducted audits of these ledgers and receipts to ensure that their were no anomalies in the residents finances. The inspector reviewed two residents financial records and a sample of entries and receipts and found no anomalies on the day of the inspection.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported and encouraged to maintain connections with family and friends. They were also supported to have connections in the community. One of the residents informed the inspector that they were organising a fund raising event in the local community hub. The residents were also organising a pool tournament, with groups of their friends.

On the day of the inspection, they went to play pool and also informed the inspector that they were going to purchase some prizes to present at the pool tournament.

Residents were also identifying goals they wanted to achieve. As an example, all of the residents had recently decided that they wanted to go to a music festival. The residents informed the inspector that they had really enjoyed this event.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the needs of the residents. As outlined in section one of this report the premises were spacious, decorated to a high standard and well maintained. Residents chose the decor in their bedrooms and other communal areas in the centre. All of the residents informed the inspector about various shopping trips they had made to choose and purchase these items together.

The registered provider had systems in place to ensure that equipment in the centre was maintained and in good working order.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were consulted with about menu planning and some of them prepared some of their own lunch and breakfast each day. The food served on the day of the inspection looked appetising and one of the residents had helped to prepare the vegetables for dinner.

The residents were also involved in shopping for groceries and two of them informed the inspector that they liked going to the local supermarkets every week with staff to do the grocery shopping. They also liked to look through special offer pamphlets to ensure that they were getting the best deals available to them when shopping.

Residents were supported to increase their independent living skills to make dinner and other meals.

Where residents required supports from allied health professionals around specific dietary requirements, this was provided for. Staff were also aware of the specific recommendations required.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place and other supplementary documents, such as a health and safety statement to guide how risks

were managed in the centre. The health and safety statement outlined who was accountable for risk management and the procedures to follow in the centre and wider organisation.

A risk register specific to this centre was also maintained in the centre. However, the risk assessments in this register were not always specific to this centre. For example; a risk assessment on fire, said that the alarm was checked weekly by staff, however this was not the practice in this centre as the oversight and maintenance of the fire alarm was the responsibility of the housing association. Another risk assessment said that all residents had mobile phones, this was also not accurate. The inspector found that these risk assessments needed to be reviewed to ensure that the control measures outlined were an accurate reflection of the practices and control measures for this centre.

There had only been one incident reported in the centre since residents had moved here in March 2025. This had been reviewed by the person in charge and actions were taken to minimise a recurrence of this incident.

The staff employed in the centre used their own cars to transport residents. The registered provider had checks in place to ensure that those staff had a valid driving licence, that their cars were insured and maintained in a roadworthy condition.

Judgment: Substantially compliant

Regulation 28: Fire precautions

This centre formed part of an apartment complex, which was operated by a housing association. The housing association were responsible for the maintenance and operation of the fire safety equipment. The registered provider conducted some weekly and monthly checks on some of the fire equipment. The registered provider had also completed a risk assessment of fire in the centre. However, as discussed under risk management, this needed to be reviewed to align with the practices in the centre.

Fire equipment such as emergency lighting, the fire alarm, fire extinguishers and fire doors were installed. A record of checks conducted by the housing association that were stored in the designated centre, showed that this equipment had been serviced.

Residents if needed, had personal emergency evacuation plans in place outlining the supports they required. One staff member went through the fire evacuation procedure for the centre and was clear about the support residents required. Two residents who spoke to the inspector were familiar with the fire assembly point and told the inspector that on hearing the alarm they would get out of the building immediately. Both of these residents were assessed as not requiring personal emergency evacuation plans as they did not need any supports.

Fire drills had been conducted to assess whether residents could be evacuated safely from the centre and the records viewed showed that these were taking place in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan that included details about their needs and outlined the supports required to maximise their personal development and quality of life. Two of the residents who spoke to the inspector were aware of their healthcare needs and the allied professionals in place to support them.

Personal planning was based on the residents individual preferences and wishes and they were all included in decisions about health care needs, and goals they wanted to achieve.

The staff spoken to was very aware of the residents needs and was observed over the course of the inspection to include the residents in all decisions being made.

Judgment: Compliant

Regulation 8: Protection

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

As stated earlier in the report, all of the residents had recorded on their questionnaires that they felt safe. One resident explained about what abuse meant and, told the inspector that if staff or others were unkind to them, they would report it to either a staff member or their family depending on the situation. While one resident reported in their questionnaire that they felt safe in the centre, when talking to the inspector, they were unsure about who they would report an incident like this to. The inspector informed the person in charge of this, who agreed to do some additional education with the resident to make sure they knew who to talk to should such an incident like this occur.

At the time of this inspection, there were no complaints on the quality and safety of care provided. The staff who met with the inspector was aware of the different types of abuse and the reporting procedures in place should an incident occur. The person in charge and the staff informed the inspector that they had no concerns about the quality and safety of care provided.

Judgment: Compliant

Regulation 9: Residents' rights

The provider, person in charge and staff demonstrated an awareness that the centre was the residents' home and, consulted them about decisions regarding the ongoing services and supports they receive, and their views were actively and regularly sought. Examples of how residents were included in the running of the centre, included deciding on what furniture was purchased, what they had to eat each day, and how to decorate the balcony in their apartment.

Where a decision was made with a resident about their care and support, the resident was at the centre of the decision-making process and information was made available to the resident in a way that they understood in order to support the resident to make informed decisions. One resident who was attending a medical appointment, was provided with easy to read information and staff went through what would happen on the day of the appointment.

Each resident could exercises choice and control in their daily life in accordance with their preferences and were involved in decisions about their lives. Weekly residents meetings were held and the inspector observed in the minutes of these meetings that a resident had expressed an opinion about items being purchased on the shopping list and this residents opinion was taken on board.

Residents were supported to be independent in the centre. Two of the residents for example; managed their own medicines and one of the residents managed their own money. Another resident who had some staff support around their money told the inspector that they were happy with the support provided by staff.

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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Metges Road OSV-0008862

Inspection ID: MON-0045780

Date of inspection: 14/08/2025

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Person In Charge has updated the individual risk assessments for the residents to ensure information is accurate and up to date. Completed 12/09/2025 The Person In Charge has reviewed the risk register to ensure it reflects all current risks in the centre and includes accurate control measures to manage risks. Completed 01/09/2025. The Head of Operations will review the centres risks in monthly monitoring visits to ensure compliance with regulation. Commenced 01/09/2025.	

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 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	12/09/2025