Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ivy Lodge Residential Care Service
Name of provider:	Communicare Agency Ltd
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	06 May 2026
Centre ID:	OSV-0008976
Fieldwork ID:	MON-0049054

About the designated centre

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

Ivy Lodge Residential Care Service is a designated centre operated by Communicare Agency Ltd. The centre can provide residential care for up to three residents, who are over the age of 18 years, and who have a disability. The centre is located within a village in Co. Galway, and comprises of a purpose built bungalow, that has four separate apartments, and a communal area that contains an office, kitchen, bathroom, laundry room, and living space. There is also a front and rear outdoor space for residents to avail of. Each apartment provides residents with their own en-suite bedroom, and open plan kitchen, dining and living area. Staff are on duty both day and night to support residents who reside in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Wednesday 6 May 2026	08:30hrs to 12:45hrs	Anne Marie Byrne	Lead
Wednesday 6 May 2026	08:30hrs to 12:45hrs	Ivan Cormican	Support

What residents told us and what inspectors observed

This was an unannounced inspection carried out to assess the provider's compliance with the regulations. This centre was registered in February 2025, and was subject to two inspections subsequent to this, with the most recent having occurred in October 2025. Significant concerns were raised on both inspections around the provider's oversight of their own centre particularly in relation to risk management, governance, notification of incidents, assessment and personal planning, and safeguarding. A compliance plan response was received from the provider following the last inspection in October 2025. In addition to this, the provider also submitted written assurances to the Chief Inspector of Social Services, of their intention and commitment to review the service provision of this centre, with the view to reducing the level and complexity of resident need that it intended to cater for. Both were accepted by the Chief Inspector, and an additional condition was applied to the registration of this centre, requiring the provider to implement their plan in full by 31st March 2026. The purpose of this inspection was assess if the provider had done this.

The inspection was facilitated by the person in charge and their team leader. Inspectors also got to meet with both residents that lived in the service, and with some of the staff members on duty. Overall, there were very positive findings of this inspection, with marked improvements found across all areas that were previously found to be not in compliance with the regulations. Central to the extent of change observed on this inspection, was the decision that the provider made to reduce the level of assessed need that it now catered for. This had resulted in a dramatic decline in the number and severity of incidents that were occurring, with alot less challenges for local management to have to respond and contend with. Residents' assessed needs required much lower support and intervention, and the severity of risk that needed to be responded to had also considerably changed.

Over the past few months, there had been a number of admissions and transitions to and from this centre. On the day of this inspection, there were two residents living in the service, and a third resident had yet been identified for admission. One of these residents was admitted a few months ago, with the other resident having moved in recent weeks. Both residents were presenting well, were getting to know each other, and getting on with their daily routines. They required care and support in relation to aspects of their personal and intimate care, positive behaviour support, and needed staff to support them to get out and about to do the activities they liked to do. Both had assessed health care needs, with one requiring minimal support with stoma care. The second resident had an assessed nutritional need, that required very specific support and monitoring. One resident also had a visual impairment, which had required specific environmental considerations and support from staff since their admission. These residents' assessed needs were well-known by staff and well-documented, with regular input from the relevant allied health

professionals in the review and re-assessment of their care and support arrangements.

The centre itself compromised of one large purpose-built bungalow house that had four separate contained apartments contained. In the main part of the building was a communal living area, kitchen, office, and bathroom. Each apartment provided residents with and en-suite bedroom and their own kitchen/living/dining area. Double doors within each bedroom provided an additional fire exit to each resident, while also giving them direct access to the external grounds of the centre. Each apartment opening out out onto a shared living area. The layout and design of this premises made it bright and spacious, it was very tastefully furnished, and maintained to a high standard. On previous inspections, there were a number of environmental restrictions that were in use both in apartment areas and also in the main building. Since the reduction in the level of resident need the centre now catered for, at the time of this inspection there was no requirement for any restrictive practices.

Upon the inspector's arrival to the centre, they were greeted by the team leader and later joined by the person in charge. Both residents were present in their own apartments, and staff were helping them with their morning routines. While residents were getting up, the team leader took time to speak with the inspectors about these two residents, and about the changes that had occurred since the last inspection. They spoke positively about the difference in the service in terms of the decline in the number and severity of incidents now occurring. They told of how this had led to a much safer service for both staff and residents, and of how there was much better information available to everyone around what incidents had happened. They spoke of the increased involvement from senior management in overseeing the service, and of how there was better communication between staff about any issues arising. They also spoke about the improved response to risk, and of how this had led to changes occurring that resulted in better outcomes for residents and the service they received. With regards to the two residents currently living in the centre, the team leader spoke confidently about their care and support needs, and of how these were met. One-to-one staffing was in place for both residents, which was working well in terms of being able to get them out and about. When joined by the person in charge, they echoed the same improvements that the centre had undergone. They also spoke about the difference in the service over the last number of months, and of how the change in profile of need now catered for, had allowed for a social model of care to be implemented, which again was working very well.

As the morning went on, an inspector had the opportunity to meet with the first resident in their apartment. The person in charge introduced them to the resident, informing them of who they were and why the inspector was in their home. This resident had only moved in a few weeks prior, and said they very happy with their apartment and were getting familiar with different staff members. They brought the inspector into see their bedroom, where they had three radios that they liked to use, and also had displayed family photos on counter tops. They told the inspector that they had a stoma, and were independent with caring for it, but that they knew staff would help them if needed. Since they moved in, they had gone to local coffee shops, and had gone on plenty walks and drives with staff which they enjoyed.

Maintaining family connections was important to them, and they spoke of how staff had brought them to recently visit family members which they were very thankful for. They also had gotten to know the other resident, and were getting on very well with them. They were very complimentary of the staff support they had received since they moved in, stating that staff were very nice and attentive towards them.

The second resident met with an inspector in the early afternoon and they chatted freely about their life and how they were finding their new home. Their apartment was bright, airy and spacious, and the resident had decorated it with a number of personal items. They explained that staff were very nice and they enjoyed getting out and about each day. They told the inspector that they liked going to bingo with their housemate each week in the local village and they also planned to go out for coffee later in the day. They said they had a big birthday coming up and they were going to decorate their apartment with balloons and planned to get a take away which they were very much looking forward to. It was clear that the resident was relaxed and comfortable in their home, and they said that they were well supported to stay in contact with their family, who regularly visited them. They explained that their sisters were very important to them and they enjoyed meeting up with them, and their nieces and nephews.

Overall, there was a significant improvement found across all regulations inspected against, which resulted in a better and safer service. There were some areas that did require the attention of the provider to review, to include, some health care, nutritional arrangements, and residents' contract of care, which will be discussed in more detail in the next two sections of this report.

Capacity and capability

Following on from the last inspection, the provider submitted a compliance plan response to the Chief Inspector, outlining a number of actions they planned to take to bring this centre back into compliance. Fundamental to this, was the provider's commitment to reviewing the service provision of this centre, by significantly reducing the level and complexity of assessed needs that it catered for. This inspection found that this compliance plan had been effectively implemented, resulting in better and safer arrangements in relation to oversight and management, risk, safeguarding, behavioural support, notification of incidents, and assessment and personal planning arrangements. There were some improvements found to be required to aspects of contracts of care, health care, and food and nutrition, but overall there was a marked improvement on the oversight of the quality and safety of service.

The person in charge continued to visit this centre regularly each week, and maintained frequent contact with their team leader and staff team in between these visits. They attended all staff team meetings, which provided staff with a chance to raise any issues or concerns around residents' care and support directly with them,

with these meetings also generally focusing on risk, incidents, fire safety, and safeguarding. Management team meetings were still occurring on a fortnightly basis and due to the improvements made to this centre's incident reporting system, this ensured that all incidents that had happened to be brought forward at this meeting for further discussion.

Due to the change in profile of assessed resident need that this centre now catered for, there no longer a requirement for nursing support. In the last number of months, the centre adopted a social model of care that was working well. Two staff were on duty day and night, and this arrangement was maintained under constant review.

Marked improvements were also found with regards to how the provider was implementing and conducting their own monitoring of the quality and safety of care in this service. Provider visits were found to be more in-depth and focused better on relevant aspects of care, resulting in good direction to local management with regards to specific areas that required attention. There was also better oversight to ensure all action plans were implemented, and the outcome of these were discussed with staff at both handover and staff team meetings.

Regulation 14: Persons in charge

The person in charge held a full-time role and was at the centre regularly each week. They were supported in their role by a team leader, their staff team, and line manager. They knew the residents' needs very well, and were also familiar with the operational needs of the service delivered to them. They were responsible for other services operated by this provider, and current governance and management arrangements provided them with the capacity to fulfill their managerial duties in this centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to on-going review, ensuring a suitable number and skill-mix of staff were available to support the assessed needs of these residents. There consistently was two staff on duty during the day, and two waking staff at night. Since the change in profile of needs that this centre now caters for, at the time of this inspection, no resident required nursing support. Although rare in occurrence, when the service required additional staff support, the provider did have arrangements in place for this. There was a well-maintained staff roster available, which clearly named all staff and their start and finish times worked.

Judgment: Compliant

Regulation 16: Training and staff development

Since the last inspection, the provider had sustained effective arrangements for staff training. Staff had received up-to-date training in areas such as safeguarding, fire safety, manual handling, and health and safety. Due to the assessed health care needs of some residents, the provider had also scheduled additional training for staff so as to support them to care for these residents' particular needs. All staff were also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

Better arrangements were found upon this inspection with regards to governance and management, which had led to the provider having better oversight of the quality and safety of care in their centre.

A repeated failing found upon inspections carried out in 2025 was in relation to the provider not ensuring that their own governance systems were fit for purpose in overseeing and monitoring for key aspects of this service. Fundamental to this, was the continued failure in the provider's own oversight and knowledge of the incidents that were occurring in their centre, and in their response and monitoring of the risk posed by these incidents, to the quality and safety of service. This inspection found a marked improvement in relation to this, which was largely attributed to the change in the profile of need now catered for in this centre, which led to a dramatic decline in the number and severity of incidents happening. Furthermore, the implementation of an electronic based incident reporting system in the last number of months, provided a way for all members of management to be able to access and review all incidents that were being reported. Minutes from fortnightly management team meetings demonstrated that these were being routinely discussed, and that where any additional measures were required, these were put in place, and subsequently reviewed at the next meeting or sooner.

The way in which the provider was carrying out their own monitoring of this service had also significantly improved. The copy of the report from the provider's last six monthly visit was made available to inspectors, and was found to comprehensively have looked at a number of very relevant aspects of care and support. At the time it was conducted, there had been some medication management issues arising in the service, along with some high-risk incidents that had been quite challenging for local management to respond to. This visit focused in on these areas, and provided good guidance in terms of aspects of these areas that required improvement, along with

reviewing other areas of this service. This led to a much better outcome to this visit, and gave the provider a clearer understanding of what aspects of this service were doing well and what areas needed additional support and oversight.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The residents had contracts of care with the provider in place, which had been signed following their admission to the service. The inspector reviewed one of these contracts that clearly outlined the fee the resident would be charged for their placement in the designated centre. Although the resident had been actively involved with their representatives in the signing of this contract, some adjustments were required. For example, better detail was required in relation to what their payments would cover, such as food and utilities, and the document also failed to outline what items would be provided such as furniture. In addition, further clarity was also required in regards to the payment for activities. The contract reviewed by the inspector stated that the resident would pay for their own activities; however, on the day of inspection, the cost of some activities was covered by the provider, with no clear guidance to distinguish which activities the either party would pay for.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting of all incidents, and had ensured notification of these to the Chief Inspector, as and when required by the regulations.

Judgment: Compliant

Quality and safety

There had been a marked improvement in the quality and safety of care since the last inspection of this centre. The provision of care had changed and the provider had amended the service to support residents with lower support needs. Two new residents had been admitted to the service and it was clear that they were safe and supported in manner which promoted their independence and community access. This inspection highlighted that some adjustments were required in regards to

aspects of food and nutrition, and also the provision of healthcare planning, but over all inspectors found that the centre was a pleasant place in which to live.

The provider had recognised that the resources which they employed was best suited to the delivery of care to residents with lower support needs, rather than residents with high support needs in terms of behavioural support and safety who had previously lived in this centre. Two new residents had been admitted to the centre who met this criteria, and it was clear that they had settled in well and were enjoying life in their new home. Their personal plans had been completed and gave a comprehensive overview of their needs and how they preferred to have their care delivered. These residents had each chosen to engage in personal development, and monthly key working sessions assisted residents in areas such as planning meals, cooking and identifying potential opportunities for further education and training. The person in charge also stated that formal planning meetings were due to be scheduled, and residents would be supported to identify future goals.

Although residents had lower support needs, residents did require some level of assistance with their health and well-being. Both residents had attended their local general practitioner (GP) for a health check, and access to allied health professionals was available, as and when required. This inspection found that residents' health was generally well supported; however, a recommendation for one resident by a dietitian had not been implemented. In addition, the same resident had a complex medical condition which required ongoing monitoring and management, but an associated health care plan had not been formulised to ensure that they received a consistent level of care and that staff were fully aware of potential health complications.

The residents enjoyed a good level of social access and they were out and about each day in line with their preferences. Residents told inspectors that enjoyed going out together, but they also went out out for coffee and shopping with just their support staff as and when they wanted. A review of documentation also outlined their plans to stay in contact with their families, go to mass each week, and also to join both local and national clubs and organisations.

Inspectors found that residents had a good quality of life and they enjoyed living in their new home. At the time of inspection both residents were making plans for the future which was a key indication of their satisfaction with the service they received and the staff who supported them.

Regulation 18: Food and nutrition

Both residents had their own self-contained apartments in which they could store and prepare their own light meals and snacks. One resident told an inspector that they enjoyed the food which was prepared in the centre and that they also enjoyed going out for coffee and sometimes lunch. This resident required an enhanced level of support with their diet due to a long term medical condition, that required detailed monitoring of a specific nutrient. The resident discussed this medical

condition with the inspector and they were fully aware of the level of monitoring which was required. Although, this area of care was generally well managed, recommendations from a recent review by the resident's dietition to weigh their food portions had not been completed. In addition, inspectors were informed that the resident could have 'cheat days' in which they could intermittently not fully adhere to their strict diet; however, there was no information in regards to what their diet could comprise of on a 'cheat day' and how often these days could occur.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

This centre's incident reporting system had considerably improved since the last inspection. A number of incident reports were reviewed by an inspector, and these were found to provide a very clear account of the context of the incident that happened. There was evidence that these reports were then reviewed and risk rated by a member of local management, and that when required, incidents of a high severity had been escalated to a senior member of management to review. The new incident reporting system allowed for all incidents to be accessible to all members of local and senior management, and for trending analysis to be completed on a regular basis. There was also evidence provided of where these incidents were subject to managerial review and discussion, which was a marked improvement on the findings of previous inspections.

The provider's response to risk had also been significantly improved upon. Although the number and severity of incidents had dramatically declined in two months prior to this inspection, of the incidents that were occurring, the provider was responding to these quickly, and was using better monitoring to ensure their response was effective in preventing re-occurrence.

Since the last inspection, there had also been alot of work completed on the assessment of risk. Although inspectors could see that this resulted in better information being documented and captured on risk assessments around the specific response to identified risks, there were a some risk assessments that inspectors observed hadn't yet been developed. These related to some aspects of residents health care and known risks which was brought to the attention of the person in charge, who ensured these were developed and in place before close of the inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The management of residents' medications had improved since the last inspection of this centre. The provider was undertaking scheduled audits of medication practices and weekly medication stock takes were occurring which promoted the early detection of potential medication errors.

An inspector reviewed the medication prescription sheet for one resident who was prescribed a complex medication regime. The prescription sheet contained the relevant information for the safe administration of medicinal products and a review of the associated administration record, over a one month period, indicated that this resident received their medication as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There had been a substantial improvements in the personal planning arrangements since the last inspection of this centre. Both residents had been recently admitted to this centre, and both residents had comprehensive assessments of their needs in place. Each resident also had a personal plan which were easy to navigate and gave a clear outlined of the supports they needed and also how they preferred to have their care delivered.

The plans commenced with the resident's background, where they had come from, their respective families and how they liked to live their lives. The plan discussed their likes/dislikes, areas of independence and supports they may need with their health, education and social access. The plans also highlighted areas where the resident might like to improve their skills and knowledge and initial plans were in place in regards to education and learning to prepare light meals.

A formal goal setting process had not yet commenced in the centre; however, the person in charge stated that the residents' formal planning meetings were due to be held in which the resident's goals and aspirations would be further explored.

Judgment: Compliant

Regulation 6: Health care

The residents had good access to their local GP and a range of allied health professional reviews had occurred following the residents' admission to the service. Although the residents' health and wellbeing was promoted, some improvements were required in relation to care planning for known health issue. For example, a resident had a complex condition which required daily monitoring of their diet and observation of associated risks. In addition, the resident was under the care of a

consultant and they required scheduled blood tests to ensure that they remained in good health at all times. However, despite their complex needs, an associated care plan had not been formulised to ensure they received continuity of care and staff were aware of associated risks and complications.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There was a considerable change in the type of behaviour support now required to be provided in this centre. Although residents were assessed as requiring positive behaviour support, it was at a much lower level, and resulted in alot less behavioural incidents occurring. The centre continued to be supported by a behaviour support specialist, who was scheduled to review both residents subsequent to this inspection.

Due to the reduced profile of assessed need now catered for in this centre, there was also a dramatic decline in the use of restrictive practice, with none requiring to be in place at the time of this inspection.

Judgment: Compliant

Regulation 8: Protection

The residents who met with the inspectors stated that they were happy in their home and they generally got on very well together. There were no safeguarding plans required in this centre and information in regards to safeguarding and safety was readily available. Staff had also completed safeguarding training and overall the centre had a calm and pleasant atmosphere.

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	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ivy Lodge Residential Care Service OSV-0008976

Inspection ID: MON-0049054

Date of inspection: 06/05/2026

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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Following this inspection, a full review of the Registered Provider's standard contract of care was undertaken. An updated contract of care is now in place for each resident in Ivy Lodge, which contains a clear and detailed breakdown of what the weekly fee covers, who is responsible for covering the cost of activities (by reference to specific examples), and what items of furniture and equipment are supplied by the Provider as standard. The Registered Provider will be rolling out these updated contracts of care across all designated centres. Residents will be offered an Easy Read version of their contract of care where required.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Clear and specific clinical guidance has been sought and received from a dietician in regard to dietary guidelines for the affected resident. The Person in Charge has overseen the implementation of an updated nutritional care plan with the involvement of the resident concerned, and has ensured that the staff team is fully briefed on the relevant changes and the need to monitor the ongoing implementation of the dietician's recommendations through daily food and nutrition records.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The Person in Charge has developed a comprehensive healthcare plan for the resident with a complex medical condition, in close consultation with the resident in question, relevant clinicians and the wider staff team. This plan clearly outlines the daily monitoring requirements for the resident's diet, the schedule for blood tests as directed	

by their consultant, the associated risks, complications and potential changes in presentation of which all staff members must be aware, and the relevant actions to be taken in the event of any such changes being observed. All staff members have been briefed on the updated healthcare plan.

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)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.	Substantially Compliant	Yellow	28/05/2026
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	28/05/2026
Regulation 06(1)	The registered provider shall provide appropriate health	Substantially Compliant	Yellow	02/06/2026

	care for each resident, having regard to that resident's personal plan.			