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:	Church View Lawns
Name of provider:	Redwood Neurobehavioural Services Unlimited Company
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	02 April 2026
Centre ID:	OSV-0009077
Fieldwork ID:	MON-0048185

About the designated centre

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

Church View Lawns provides a residential service for two adults male or female over the age of 18 years who may be diagnosed with an intellectual disability, acquired brain injury, physical and or sensory disabilities. This may include adults presenting with behavior support needs or mental health difficulties. The objective of the service is to promote independence and to maximize quality of life through interventions and supports which are underpinned by positive behavior support in line with a model of person centered care and support. Church View Lawns is a bungalow split into two living spaces located in a small town, in which residents are encouraged and supported to participate in the community and to avail of the amenities and recreational activities.

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
Thursday 2 April 2026	10:30hrs to 18:00hrs	Gearóid Harrahill	Lead

What residents told us and what inspectors observed

This was the first regulatory inspection taking place for this designated centre following its initial registration in September 2025. This inspection was announced with short notice and completed to review the arrangements the provider had to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and to follow up on information received by the Chief Inspector of Social Services regarding this designated centre. The inspector had the opportunity to meet and speak with both people who currently lived in this centre, as well as speak with staff, observe the centre environment and review documentary information, as evidence to indicate the lived experience of the people using this service.

In the main, both residents were comfortable and happy in their home. One resident told the inspector about their interests including creative writing, showing the inspector character descriptions they had typed up for their stories. The resident wanted to engage in further educational opportunities in which they could do their writing. The resident also talked about their favourite city and showed off a collection of memorabilia they had collected. Another personal wish of the resident was to make more friends. They had been supported to attend a coffee morning once a week to meet up with peers living in other residential services. They had also attended social events such as an Easter party in another centre. The inspector was also told that they had recently started going to the cinema which was a new experience for them. The resident also enjoyed going swimming and to the gym once a week. The person in charge told the inspector that the provider had commenced seeking a suitable day service for this resident.

The other resident's support needs did not allow for a full conversation with the inspector, however they appeared happy and spent much of the day watching cartoons on their electronic device. This resident required support to develop life skills in keeping with their developmentally assessed ability, including dressing and undressing, using the bathroom, washing, and phasing out items such as feeding bottles and soothers. The provider was also awaiting recommendations to develop communication skills following a recent speech and language assessment. During the day the resident went with their staff team to a museum then came home and had a sleep. The inspector was told by staff about activities this resident had been working on, such as using public transport instead of the house vehicle when appropriate to normalise participation in the community. The resident enjoyed going to the park and kicking a ball around with staff. The staff advised the inspector that they were aiming to support the resident with an overnight break away.

The inspector observed a mixed level of person-centred support in the centre during the day. Some periods were quiet and it was unclear what the plan was for the day. The inspector was provided evidence that development was required in front-line staff taking the initiative in engaging with residents and suggesting activities which

were not pre-planned, and the inspector was advised that there was variation in how much residents were encouraged to complete tasks themselves before staff did so instead. The inspector observed some examples of this during the day, with some members of the team in particular working well to focus the resident's attention on what they needed to do next, repeating the instruction and encouraging a break from extended screen time when it was time for personal tasks such as changing clothes. This was also observed in limited evidence of implementation of recommendations to reduce fast food in favour of fresh ingredient meals. However, staff were also observed to be respectful of residents, both in person and in how they wrote about them in documentation.

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

Capacity and capability

In the main, the inspector observed this service to be suitably resourced for the number and support needs of residents, with a core team of direct support workers led by a qualified and experienced person in charge. Through discussions with the person in charge and review of meetings held with staff, the inspector was assured that topics discussed were meaningful to develop staff competencies, address short-comings and highlight good practice as this team become more established in the initial months of this centre' registration.

The provider had conducted a full six-month audit of the service and produced the report of their findings, which presented evidence of their lines of enquiry and specific and measurable actions and areas in which the service had developed well or required further improvement. This audit had occurred less than two weeks prior to this inspection and a number of the findings of this inspection had also been identified there.

Regulation 14: Persons in charge

The person in charge split their time between this and one other designated centre, and was deputised by two team leaders. The person in charge had full-time protected hours and was suitably qualified and experienced for their role.

Judgment: Compliant

Regulation 15: Staffing

The inspector was advised that the centre had been fully staffed since the start of 2026 prior to the admission of the second resident. The inspector reviewed the statement of purpose and three months of staff rosters. The inspector found evidence to indicate that the staffing resources were sufficient to provide 2:1 staff support in each side of the designated centre from 08:00-20:00 and three waking night staff shifts. The provider was not required to deploy agency personnel to ensure shifts were sufficiently filled.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed staff supervision and performance management meeting minutes for a sample of four members of the staff team. The content of these meetings was meaningful for the development of staff in their roles, highlighting areas in which they had been doing well in their role, their feedback on the operation of the team, and areas in which they required improvement in practices and fluency with reporting systems. Staff were also supervised through team meetings. Topics related to staff development were meaningful and specific, including ensuring that tasks and reports were clear on handover and reminding staff to ensure they spoke English when on duty.

The person in charge had a means of being apprised of the status of staff training and when staff were due to attend refresher sessions for online and in-person courses. In the records provided during this inspection, staff were up to date in important courses such as safeguarding and children first, and introductory courses in communication, though some staff had yet to complete courses in medicine competency, positive behaviour support in practice, use of fire safety equipment, and first aid. The person in charge advised that they conducted spot quizzes to be assured of staff knowledge of relevant procedures and practices.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had ensured they had ready access to all information specified under this regulation including the contact information on the residents' representatives and doctors.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was suitably resourced for the number and assessed support needs of the residents. The person in charge and their deputies were rostered to provide seven-day managerial oversight during the day, with a night supervisor and on-call arrangements to provide support to staff between 20:00 and 08:00 each night. The inspector was provided examples of systems which had been implemented to ensure tasks were completed, information was communicated between shifts, and how staff could improve in providing concise yet meaningful information in reports and daily notes.

The provider had conducted a six-monthly audit of the service quality in March 2026 in which the service was scored 55% compliance with the reviewed policies, practices and regulatory requirements. The report from this audit contained specific evidence to support the findings of the report, and measurable and time bound actions to improve and enhance the service. This audit had identified important matters for the initial six months of operation, including outstanding care plans and risk assessments, areas in which staff reports or guidance required more information, staff training not yet completed, and policies and minutes required to be signed as read by staff.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had a policy on the procedures and criteria associated with admissions to this designated centre. Prior to the two residents being admitted the provider had facilitated them to visit the house and had identified their primary support needs and referrals to multi-disciplinary service required. Each resident had a contract in place which set out the terms, conditions and costs associated with living in this designated centre, which had been signed and agreed by representatives of both the provider and the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose for this centre dated February 2026, which contained information required under Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

This service had been operation since September 2025, and as such, some support plans were in their infancy, however the inspector observed initial staff guidance available with regard to positive behaviour support, personal and intimate care, communication strategies and personal development objectives. The staff and management had identified some support plans and interventions which had been ceased or paused as they were not working, and clinical assessments were underway to evolve support plans based on evidence and adverse events. Some support plans were limited in information or guidance to staff, or were not observed to be implemented in practice to protect and support residents' health, nutrition, and personal development. Residents were supported to be safe in the centre including during times of anxiety or distress or during intimate and private support. Some improvements were required to ensure effective oversight of infection control and fire safety practices.

Regulation 10: Communication

Staff had completed introductory training on communication strategies, and some initial guidance was provided as part of positive behaviour support strategies which indicated what presentations of stress were communicating and scripts and phrases for staff to use to understand what the resident was expressing. One resident had recently been assessed by the speech and language therapist and the centre team was awaiting recommendations from them which would be incorporated into their personal support plans and used to further develop and personalise communication strategies.

Both residents had access to televisions and personal devices such as laptops and phones, and were watching videos and working on their writing during this inspection. Non-verbal cues such as visual boards were used to support the residents to plan out their time.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector observed residents being supported to have some healthy food in the house, with residents having fruit or a sandwich during the day. However, the majority of the food available in the house was frozen processed food, and the meal planners composed by staff included a large amount of fast food and takeaways.

For one resident, the meal planner posted on the wall for the entire week consisted of chicken nuggets, chips, fish fingers, pizza, and cocktail sausages for breakfast, lunch and dinner, with only one day including cereal, eggs or vegetables. There was no cutlery available in the resident's kitchen as they only used their hands to eat, and it was not evident if the provider had any objective to replace a teat bottle with an alternative for drinks. This resident was assessed with a MUST (Malnutrition Universal Screening Tool) score of 2 indicating a high risk of malnutrition and was under the care of a dietitian, however the inspector was advised that there was no personal plan or risk assessment locally regarding nutritional quality.

For the second resident, some staff guidance was in place to support them due to high BMI (Body Mass Index). This included limiting takeaways to twice a week or encouraging homemade alternative dishes. However it was not evident that this was effected in practice; the meals planned for the week included four out of seven days in which dinner was fast food burgers, pizzas and fried chicken, with the home options being frozen pizza and chicken, with limited fresh alternatives observed. This frequent use of takeaways and fast food restaurants was also observed by the inspector in the records the provider maintained of the resident's debit card transactions. It was not clear how staff were supporting the resident to understand the health implications of this choice.

Judgment: Not compliant

Regulation 27: Protection against infection

Improvement was required in how staff were labelling food in the refrigerator. The inspector found cold meat in the fridge which had been labelled as opened five days before this inspection. The instruction on the packaging instructs to be consumed within two days of opening. Staff advised the inspector they used the expiration date printed on the packaging as their label date by which the fridge items were to be used or disposed, rather than the time after the product was opened in which it is no longer safe to consume.

During the premises walk, the inspector found a garden shed which was overfilled and cluttered with cleaning and household supplies, toys, and equipment, with inadequate separation of clean and dirty items. This included mops, mop buckets, sweeping brushes and dustpans in a pile on top of wrapped and loose paper towels and toilet rolls, soap dispensers, shower toiletries, wipes and a vacuum cleaner. The

dirty mop heads from the previous night were on the top of this pile. This was poor practice in protecting clean and sterile stock from cross-contamination.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had conducted practice evacuation drills to ensure that people could exit safely in an emergency, and this had been done in the early morning to practice a scenario in which residents may be getting out of bed, to be assured against possible delay should an exit be required outside of usual active hours.

During a walk of the premises, the inspector observed that internal doors were rated to protect the evacuation route from the spread of fire and smoke. However, when testing a sample of these doors, some did not close correctly under their own weight, such as when they got caught on the floor. The inspector reviewed records of daily fire safety checks which had been signed by staff up to the day of this inspection and had not identified this as an issue. The provider confirmed in writing the day after this inspection that this had been rectified.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector reviewed guidance and plans to support residents who may express anxiety or frustration in a manner which presents a risk to themselves or others. These plans described the types of presentation the resident may engage in, trending of incidents of identified behaviour, and guidance to staff on how to respond and deescalate incidents. The staff advised the inspector which of the presentations described had occurred since the respective resident was admitted, and which had not been observed in their time in the centre. The staff also advised the inspector of strategies and interventions which had not had any success. This information would be used to evaluate the effectiveness and continuous development of plans.

Some of the positive behaviour support strategies involved the use of physical and environmental restrictive practices in the house and vehicle. Restraints affecting each resident were summarised in a risk assessment which identified the reason for introducing them, such as risk of injury to residents or staff. The provider confirmed that there had not yet been any development of restrictive practice reduction plans or criteria to be met which would assure the provider that it would be safe to trial reduction of restrictions.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents had support plans around protecting their dignity during personal care and intimate hygiene. This guidance broke down to individual tasks such as dressing, brushing teeth, shaving, and washing hair to identify the respective levels of support each resident required. These plans made brief reference to phasing out items such as a soother and bottle for one adult but there was limited guidance on how that was to be implemented, or what alternative sensory or drinking items would be introduced instead. Staff showed the inspector a checklist used to monitor whether or not staff encouraged bathroom use, however it was unclear what encouragement strategies the staff were meant to be using, or how the information was used to indicate more frequent use of the bathroom instead of incontinence wear.

Residents were supported to have their privacy in their bedroom and to self-protect their dignity when in their personal space. Window tint had been applied to front-facing bedroom windows to allow natural light in while protecting the residents' privacy from passers-by. The inspector observed relaxed and respectful communication between the staff and residents, including encouragement to change out of soiled clothes and speaking of the residents respectfully in daily notes.

The inspector and person in charge discussed the access and control residents had of their personal finances. Both residents were in receipt of an income which was deposited into a financial account in their name. For one of the residents, the provider did not have visibility on the account or income, and received some money from the resident's representative as an interim measure. The inspector was advised that the resident's representatives were having difficulty arranging the resident's finances with a financial institution. It was not evident that the provider had sought advocacy services with the view of supporting the resident to exercise their right to be in control of and use and access to their full income with their staff support. This had been identified as a matter requiring attention in the provider's own recent audit.

Judgment: Substantially 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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Church View Lawns OSV-0009077

Inspection ID: MON-0048185

Date of inspection: 02/04/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff who had not yet completed required training, including medication competency, positive behaviour support in practice, use of fire safety equipment, and first aid, have completed all trainings and certificates have been uploaded to the Training tracker for PIC oversight. Systems for monitoring staff training compliance will continue to be maintained by the Person in Charge to ensure refresher training is completed within required timeframes. The Person in Charge will continue to complete staff supervision and provide support to staff on Continuous Professional Development to ensure staff maintain appropriate knowledge and understanding of policies, procedures, and safe practices.	
Regulation 18: Food and nutrition	Not Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: The person in charge conducted a full review of all resident meal planners to ensure meals are balanced, varied and nutritionally appropriate. Meal plans now include options of vegetables, fresh fruit, home cooked meals, this will support the reduction and frequency of processed foods and takeaways. In addition to this the Person in Charge implemented a healthy menu option guided by the food pyramid. Residents identified as requiring nutritional support, including residents with elevated MUST scores or BMI, will have individual care plans and risk assessments developed and implemented in line with clinical and Dietitian recommendations. MUST score guidance	

will continue to be followed in line with best practice. These care plans will clearly outline nutritional goals and support strategies required for each individual, they will also include monitoring arrangements and regular review dates in keeping with resident's clinical presentation and clinicians recommendations.

Staff team meetings and supervision sessions will reinforce expectations regarding healthy meal preparation, reducing takeaway frequency and supporting residents to make informed choices once the therapeutic indicators and clinician recommendations concur.

The Person in charge will introduce daily oversight of meals. Residents will be supported, in line with their assessed capacity and communication needs, to better understand healthy eating choices and the health implications associated with eating fast food.

Support strategies will include education, healthy cooking activities, visual meal planners, and positive behavior support approaches where appropriate.

The person in charge will seek further input from the SLT and OT in relation to eating and drinking support for residents requiring adaptive support, including review of bottle use where indicated. Due to the resident's current presentation regarding weight loss and the therapeutic input from the Dietician, this will be considered as a long-term goal, as the need currently focuses on weight management and further exploring via MDT the underlying cause of Loss of Appetite. The dietician has implemented has provided recommendations and is monitoring weekly.

All staff have received training in the Well-fed programme which includes healthy eating and healthy alternatives. This programme was delivered to the full staff team on the 20th of April 2026 and facilitated by the Dietitian, staff will implement their training from this programme to further enhance providing education to both residents on making healthy food choices

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Staff have been provided with guidance regarding appropriate food labelling practices to ensure refrigerated items are labelled and discarded in accordance with manufacturer instructions once opened.
Food safety awareness training has been delivered to the staff team facilitated by a HACCP trainer
Food storage procedures within the designated centre have been reviewed and updated to include recording of opening dates and required disposal dates for refrigerated products.
The Person in Charge will complete regular kitchen and food safety audits to ensure ongoing compliance with food hygiene and storage requirements.
The garden shed and storage areas have been reorganised and decluttered to ensure safe storage and appropriate separation of cleaning equipment and household supplies.
Appropriate storage systems have been implemented to ensure clean items are stored

separately from cleaning equipment and potentially contaminated items.
Ongoing environmental audits will be completed by person in charge to ensure storage areas remain clean, safe, and appropriately maintained.
IPC remains as a running topic for discussion on the staff agenda at monthly staff meetings.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All fire doors within the designated centre were checked immediately following the inspection, and repairs/adjustments were completed to ensure all doors close fully and effectively under their own weight.

Assistant Director of Services sent an email to the inspector the following day providing assurance that this had been completed.

Staff have been reminded of their responsibilities in relation to daily fire safety checks and the prompt escalation of maintenance concerns identified during daily checks.

The Person in Charge completes regular oversight audits of fire safety checks to ensure all environmental fire safety measures are being effectively monitored and maintained on an ongoing basis. This forms part of the Person in Charge daily walk around of the centre reviewing any premises concerns.

The Person in Charge completes monthly audits of all fire equipment in the centre, there is a further layer of governance and oversight by the Assistant Director of Service when monthly governance is completed which includes review of fire equipment.

A Safety Champion is identified at handover each day to carry out all checks in relation to fire equipment in the centre.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
All restrictive practices currently in use within the designated centre will be formally reviewed in consultation with the multidisciplinary team to ensure they remain necessary, proportionate, and the least restrictive option available.
Individual restrictive practice reduction plans will be developed for each resident where restrictive practices are in use. These plans will clearly outline:
• The rationale for the restriction
• Strategies to reduce or eliminate the restriction over time
• Alternative proactive and positive support approaches
• Measurable goals and review timelines

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

All residents' intimate and personal care plans have been reviewed to ensure they provide clear, detailed, and person-centred guidance to staff regarding dignity, independence, and personal care support needs.

Individual support plans relating to the reduction of soother and bottle use will be updated to include clear implementation strategies, appropriate timeframes, and suitable alternative sensory and drinking supports. This will be conducted with input from the SLT. This is a long-term goal as currently the priority focus is to support the resident in weight management and implementing the Dietician therapeutic recommendations

Referrals to relevant multidisciplinary professionals will be completed where required to support the development of age-appropriate alternative supports and guidance for staff.

Toilet training and continence support plan has been reviewed by the MDT and due to the health implications, the resident is presenting with regarding maintaining and stabilising weight this will be reviewed in the longer term and strategies will be considered to support the resident in this area when their physical heath has stabilised.

The resident who on the day of inspection that did not have full access to their finances now has full access to their finances via the post office and is supported by staff to manage in line with their money management assessment. This issue was fully resolved on the 28th of April 2026.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	01/06/2026
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.	Not Compliant	Orange	01/06/2026
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting	Not Compliant	Orange	01/06/2026

	procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	20/05/2026
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	01/06/2026
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	01/06/2026
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in	Substantially Compliant	Yellow	01/06/2026

	relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			