



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

Issued by the Chief Inspector

Name of designated centre:	Ard na Greine
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	19 February 2026
Centre ID:	OSV-0001689
Fieldwork ID:	MON-0048496

About the designated centre

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

Ard Na Greine is a designated centre operated by Sunbeam House Services Company Limited by Guarantee. The centre provides residential services to people who are fully ambulant, with moderate support needs. Residents are encouraged and supported to live as independently as possible within their local community. The designated centre can provide for a maximum of four adults with intellectual disabilities, of mixed gender who are over the age of 18 years. This designated centre was originally two houses that have been combined to become a large home with six bedrooms. The ground floor comprises a kitchen, sitting/dining room, a bedroom with en-suite bathroom and a utility room. Upstairs has four bedrooms, one sitting room, an office and two bathrooms. There is an enclosed garden space to the rear of the property. The staff team consists of social care workers and is managed by a full-time person in charge, with support of a deputy manager and senior manager. The person in charge, is also responsible for another designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 19 February 2026	08:40hrs to 16:00hrs	Kieran McCullagh	Lead
Thursday 19 February 2026	08:40hrs to 16:00hrs	Karen McLaughlin	Support

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the ongoing regulatory monitoring of the centre, and assess compliance with the regulations following the provider's application to renew the centre's registration. The inspection focused on how residents were being safeguarded in the centre. From what residents told us and the inspector observed, it was evident that residents living in this centre were treated with dignity and respect and that they were empowered to make decisions about their own lives. Improvements were required under Regulation 5: Individualised assessment and personal plan, and Regulation 26: Risk management procedures.

Safeguarding extends beyond the prevention of abuse, exploitation, and neglect. It involves a proactive approach, recognising safeguarding concerns, and implementing measures to protect individuals from harm. It is also about promoting the human rights of residents and empowering them to exercise control over their own lives.

The inspection was carried out over a single day by two inspectors, and was facilitated by the deputy service manager. At the time of this inspection the person in charge was on planned leave. To form judgments on the residents' quality of life, inspectors used observations, discussions with residents, a review of documentation, and conversations with key staff. Inspectors did not have an opportunity to speak with the relatives of any of the residents. A review of the provider's annual report of the quality and safety of care evidenced that they were happy with the care and support that the residents received.

The designated centre was originally two houses that have been combined to become a large home. The centre is comprised of a kitchen, a sitting/dining room, a bedroom with en-suite, a bathroom, and a utility room. Upstairs has four bedrooms, a staff sleepover room, a staff office, and two bathrooms. There is an enclosed garden space to the rear of the property. The staff team consists of community support workers and healthcare assistants and is managed by a full-time person in charge with support from a deputy client service manager. The person in charge reports directly to a senior service manager.

The designated centre was registered to accommodate four adult residents. At the time of this inspection there were three residents living in the home and one resident vacancy. Inspectors had the opportunity to briefly meet and talk to one resident. One resident chose to spend the morning relaxing in their bedroom and engaged in independent community activities in the afternoon. The third resident was abroad on a planned family holiday.

According to the centre's Statement of Purpose, its aim was to "empower people with the necessary skill to live full and satisfactory lives as equal citizens of their

local community". The centre strived to provide support in a safe, secure, and stimulating environment through the provision of competent, knowledgeable staff that are motivated and committed to providing the best possible service to each resident.

Inspectors conducted a walk-through of the premises accompanied by the deputy client service manager. Overall, it was observed that the designated centre was clean and well-maintained. Inspectors observed good fire safety systems. For instance, there was fire detection and fire fighting equipment in the home, and individualised evacuation plans were available to guide staff on the supports required by residents. It was also observed that residents could access and use available spaces both within the centre and garden without restrictions. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be in good structural and decorative condition.

Inspectors briefly met and spoke to one resident who was preparing their own breakfast. They appeared happy and content, and inspectors noted they had a good rapport with staff on duty. For example, the resident was comfortable and happy to chat with staff about the plans they had made for the day. The resident informed inspectors they were happy and had no concerns with their current living arrangement.

Staff members discussed the training they had received to better support residents' assessed needs. For instance, they had successfully completed training in safeguarding vulnerable adults, positive behaviour support, safe administration of medication, and keyworking skills. Inspectors noted that the staff on duty demonstrated a strong grasp of the relevant policies and procedures, as well as a thorough understanding of each resident's needs.

In summary, inspectors found that residents in the home were supported to engage in meaningful activities in line with their interests. They appeared to be comfortable in the company of the staff on duty, and interactions were noted to be kind. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of the report present the findings of the inspection in relation to the governance and management arrangements in the centre, and how these arrangements affected the quality and safety of residents' care and support.

Capacity and capability

This inspection found that the management systems in place were effective in overseeing risks within the service. It ensured that residents were safeguarded and were in receipt of a high-quality, person-centred service.

In February 2025, HIQA published an overview report of governance and safeguarding in designated centres operated by Sunbeam House Service CLG as part of a regulatory escalation programme. The report included findings of not compliant under five regulations. The provider submitted a compliance plan that outlined actions to improve compliance with those regulations and its governance and management systems. The regulatory escalation programme concluded in February 2026.

Safeguarding is a critical responsibility for providers in designated centres. All residents have the right to safety and to live free from harm, which is essential for delivering high-quality health and social care. Residents should be able to trust the provider, person in charge, and the staff to help them feel secure. Therefore, effective safeguarding depends on collaboration among individuals and services to ensure that residents are treated with dignity and respect, and are empowered to make decisions about their own lives.

The provider ensured that suitably qualified, competent, and experienced staff were on duty to meet the assessed needs of all residents. Inspectors noted that the staffing levels and skill-mix positively impacted residents' outcomes. For instance, inspectors observed residents being supported to engage in a range of home and community based activities, all chosen according to residents' personal preferences. The person in charge conducted formal staff team meetings, and regularly provided the provider with assurance regarding the quality and safety of care and support given to residents. Any issues or concerns were promptly escalated to the provider for resolution.

The staff team were in receipt of regular support and supervision. They also had access to regular refresher training and there was a high level of compliance with mandatory training. Staff had received additional training in order to meet residents' assessed needs. Inspectors spoke with a number of staff over the course of the inspection and found that staff were well informed regarding residents' individual needs and preferences in respect of their care.

The registered provider had established robust management systems to monitor the quality and safety of the service provided to residents. The governance and management frameworks in place were found to be operating at a high standard within the centre. The provider had prepared an annual report for 2025 on the quality and safety of care and support, which included consultations with all residents, their families, and representatives. Additionally, the provider had conducted an unannounced visit in accordance with regulatory requirements, and a comprehensive suite of audits was implemented, covering key areas such as medication, resident personal plans and finances, maintenance, and fire safety.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

On the day of this inspection, the provider ensured there were sufficient staffing levels with the appropriate skills, qualifications, and experience to meet the assessed needs of the residents at all times, in accordance with the statement of purpose and the size and layout of the designated centre. Inspectors noted that the staff team were well qualified, and dedicated to delivering care that upheld residents' rights, and ensured their safety.

The person in charge was responsible for two designated centres, and split their time evenly between both ensuring they upheld their regulatory responsibilities for both centres. The staff team was comprised of the person in charge, deputy client services manager, community support workers, and healthcare assistants.

Inspectors reviewed planned and actual staff rosters from December 2025, January 2026, and for February 2026 and noted that regular staff were employed, which ensured continuity of care for all residents. Furthermore, all rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

At the time of this inspection, there was one vacancy for a healthcare assistant. The provider had already advertised the position, and had put suitable arrangements in place in order to ensure the vacancy was covered. For example, a small panel of regular agency staff were used to back fill vacant shifts.

During the inspection, inspectors spoke with three staff members on duty, and found that all were highly knowledgeable about the residents' support needs and their responsibilities in providing care. Residents were familiar with the staff and felt comfortable interacting and receiving care. It was clear that staff had developed and maintained therapeutic relationships with residents, helping them feel safe, secure, and protected from all forms of abuse.

Judgment: Compliant

Regulation 16: Training and staff development

Effective systems for recording and monitoring staff training were implemented, ensuring staff were well-equipped to provide safe quality care. A review of the staff training records evidenced that all staff members had completed a diverse range of training courses, enhancing their ability to best support the residents. This included

mandatory training in safeguarding of vulnerable adults, positive behavioural supports, and fire safety, all of which contributed to a safe and supportive environment for the residents living in this service.

Inspectors noted that all agency staff training was recorded on the training record, further ensuring that all staff working in the designated centre had the appropriate skill set, and knowledge to best support all residents.

In addition and to enhance quality of care provided to residents, further training was completed, covering essential areas such as safe administration of medication, people handling, food hygiene, and Children First. Inspectors noted that there was a mix of online and in person training, delivered on-site and off-site, available to the staff team.

The provider and person in charge had appropriate supervision arrangements in place for all staff. All staff received support and supervision relevant to their roles from appropriately qualified and experienced personnel in line with the provider's established policy. The person in charge maintained supervision records and schedules. Inspectors reviewed three staff members' supervision records from 2025, which included a review of the staff member's personal development, and provided an opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 23: Governance and management

The provider had robust systems in place to ensure the delivery of a safe, high-quality service to residents, fully aligned with national standards and guidance. Clear lines of accountability were established at individual, team, and organisational levels, ensuring that all staff were aware of their roles, responsibilities, and the appropriate reporting procedures.

To ensure residents received effective, person-centred care and enjoyed a high quality of life, the provider maintained appropriate resources. This included staffing levels aligned with residents' assessed and changing needs and active multidisciplinary team participation in care planning.

A comprehensive suite of audits, covering medicine management, residents' support plans and finances, and maintenance, was conducted by the local management team. A review of these audits confirmed the audits thoroughness and their role in identifying opportunities for continuous service improvement. An annual review of the quality and safety of care had been completed for 2025. Inspectors completed a review of this and found that all residents, staff, and family members were all consulted in the annual review.

Inspectors reviewed the action plan developed following the provider's most recent six-monthly unannounced visit, conducted in December 2025. This visit resulted in a

detailed report that identified key areas for service improvement, from which a comprehensive action plan was formulated. Upon review, inspectors found that all actions had been successfully completed, and were being effectively utilised to support and sustain continuous service improvement.

Judgment: Compliant

Quality and safety

This section of the report provides an evaluation of the quality of services delivered and the effectiveness of measures implemented to ensure the safety of residents. Regulations pertaining to safeguarding were specifically assessed as a part of this inspection. Overall, a good quality of service was provided to all residents, and during this inspection, inspectors observed residents expressing their choices to staff regarding what they wanted to do and when they needed support. However, improvements were required in relation to individual assessment and personal plans and risk management procedures.

Inspectors found that the provider had embedded safeguarding as a core component of the centre's safeguarding practices. Residents were receiving appropriate care and support that was individualised and focused on their needs. The provider and person in charge were endeavouring to ensure that residents living in the designated centre were safe at all times.

Staff were well informed about each resident's individual communication needs. Throughout this inspection, inspectors observed that staff demonstrated flexibility and adaptability in their use of various communication strategies. A strong culture of listening to and respecting residents' views was evident within the service. Residents were actively supported and encouraged to communicate with their families and friends in ways that suited their preferences.

Inspectors observed a warm and relaxed atmosphere throughout the home, with residents appearing content and comfortable with both their living environment, and the support they received. After walking through the designated centre, inspectors found that the design and layout of the premises effectively ensured residents could enjoy an accessible, comfortable, and homely setting. There was a good balance of private and communal spaces, and each resident had their own bedroom, which was thoughtfully decorated to reflect their personal tastes and preferences.

The provider and person in charge understood that positive risk-taking was central to good practice and was a key aspect of all residents' growth and development. All residents had individual risk assessments on file. However, these required review by the person in charge to ensure that clear documentation, including accurate and

appropriate risk assessments supported how residents were assisted in making informed decisions and to mitigate against identified known risks.

There were suitable care and support arrangements in place to meet residents' assessed needs. However, inspectors observed that improvements were needed concerning individual assessments and personal plans for the residents living in this designated centre.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviours of concern. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment.

The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times. Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. Inspectors found that appropriate procedures were in place, which included safeguarding training for staff, the development of personal intimate care plans to guide staff, and the support of a designated safeguarding officer within the organisation.

Inspectors saw that staff practices in the centre were upholding residents' dignity and were supporting residents to have control over their lives. Residents were continually consulted about and made decisions regarding the ongoing services and supports they received, and their views were actively and regularly sought. Information was made available to residents in a way that they could understand in order to support them to make informed choices and decisions.

Overall, residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual and collective needs.

Regulation 10: Communication

The provider demonstrated respect for core human rights principles by ensuring that each resident could communicate freely and were appropriately assisted and supported to do so in line with their assessed needs and wishes.

Residents were provided and received information in a way that they understood. Residents in this centre used verbal communication, and where appropriate also used easy-to-read information. Inspectors observed examples of easy-to-read format information in residents' personal plans as well as information that was of interest to residents on notice boards throughout the designated centre.

Inspectors observed that residents in this designated centre were supported to communicate in line with their assessed needs and wishes. Residents had up-to-date

communication and wellbeing support plans, and communication passports on file. These included comprehensive information and support strategies pertaining to each resident. For example, information on the following was included in one resident's communication and wellbeing support plan:

- What worries me
- What makes me feel unsafe
- How often I feel good, relaxed, and content
- Actions to improve and maintain wellbeing.

Inspectors saw that staff were familiar with residents' communication needs and care plans. Staff were observed to be respectful of individual communication styles and preferences of the residents as detailed in personal plans, and all residents had access to appropriate media including; the Internet and television.

Judgment: Compliant

Regulation 17: Premises

The provider had considered safeguarding in ensuring that the premises of the designated centre was appropriate to the number and assessed needs of the residents living in the centre. Inspectors observed that the premises conformed to the standards outlined in Schedule 6 of the regulations, with consideration given to the safeguarding needs of the residents living in the centre.

Each resident had their own bedroom, which was decorated according to their personal style and preferences. For example, bedrooms featured family photos, artwork, soft furnishings, and memorabilia that reflected their individual tastes and interests. This approach supported the residents' independence and dignity, while acknowledging their uniqueness. Additionally, every bedroom was provided with ample and secure storage for residents' personal belongings.

The provider recognised the importance of residents' property and had created the feeling of homeliness to assist all residents with settling into the centre. For example, wall art, soft furnishings, photographs of residents and decorative accessories were displayed throughout each home, which created a pleasant and welcoming atmosphere.

Residents were able to freely access and use the available spaces within the centre and its gardens. Facilities were well maintained and in good working order. There was sufficient private and communal space for residents, along with appropriate storage facilities.

Overall, the designated centre was found to be clean, bright, nicely furnished, comfortable, and appropriate to the needs and number of residents living in the

designated centre. Residents indicated to the inspector that they were very happy with their home.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had implemented procedures and systems for the management of risk in the designated centre. However, improvements were needed to ensure that all known risks were assessed to ensure that they were being appropriately managed for the safety of residents

On review of one resident's individual care plans it was identified that they were deemed to be at high risk of falls both within the home and while out in the community. However, inspectors noted there was no individual risk assessment on file in relation this. This was concerning and presented a potential risk of injury to this resident.

Inspectors completed a review of a sample of individual risk assessments and found that some of them did not have an assigned person responsible for the agreed actions. It was noted that in some instances there were no documented dates for review of the control measures in place. Additionally, a number of individual risk assessments were overdue review. This presented a risk to the effective management and assessment of risks within the designated centre, as it directly impacted the ability to monitor and address risks appropriately.

Furthermore, this was inconsistent with the provider's established risk management policy, which explicitly required that all risk assessments documented the person responsible for the agreed actions or controls, along with a specified date for the review of both the risk assessment and it's associated control measures.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Inspectors reviewed all four residents' assessment of need and personal plans. They found that the provider had arranged to meet the safeguarding needs of each resident, and the person in charge had ensured that safeguarding needs were part of all residents' assessments of need. Care plans were created in a person-centred way, outlining residents' preferences and needs for their care and support.

Inspectors saw evidence that residents were able to take part in activities and goals of their own choosing.

However, it was found that not all residents had an up-to-date assessment of need on file, with two requiring review, and one had not been updated since February 2024.

These assessments are used to inform care and support plans for the residents. Therefore, inspectors were not assured that the supports required to maximise each resident's personal development, in accordance with their assessed needs, were reviewed annually or sooner, taking into account changes in circumstances and new developments.

This presented a risk to the clarity and accuracy of documentation, which was essential for ensuring residents were provided with safe and person-centred care and support at all times.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Inspectors found that effective arrangements were in place to provide positive behavioural support to residents with assessed needs in this area. Residents with an assessed need for positive behavioural supports now had positive behaviour support plans on file.

Two positive behaviour support plans reviewed by inspectors were found to be detailed, comprehensive, and developed by appropriately qualified professionals. Each plan incorporated proactive and preventative strategies aimed at minimising the risk of behaviours that challenge from occurring.

Staff spoken with on the day of this inspection were knowledgeable of positive behaviour support plans in place and the inspector observed positive communications and interactions throughout this inspection between residents and staff. Staff had access to specialist advice and suitable support through the provider's behaviour support specialists.

At the time of this inspection there were no restrictive practices used in this designated centre. Inspectors found that provider and person in charge were promoting residents' rights to independence and a restraints free environment.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with

supporting procedures. This had been recently reviewed and updated in October 2024, and it clearly directed staff on what to do in the event of a safeguarding concern.

At the time of this inspection there were no safeguarding concerns open. All staff in this centre had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about abuse detection and prevention, and promoted a culture of openness and accountability around safeguarding. Staff knew the reporting processes for when they suspected, or were told of, suspected abuse. It was evident to inspectors that staff took all safeguarding concerns seriously.

Following a review of two residents' care plans inspectors observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with their personal plans and in a dignified manner.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner that respected residents' rights, needs, and choices, thereby supporting their welfare and promoting self-development.

The provider had fostered a culture where a human rights-based approach to care was central to how residents were supported. Throughout the inspection, the use of this approach was evident, empowering residents to live lives of their choosing, guided by human rights principles. For example, residents had control over their daily routines, making choices based on their personal values, beliefs, and preferences.

Inspectors saw that staff interactions with residents were in a manner which upheld residents' dignity and provided residents with choice and control. Staff were seen offering residents choices, responding to residents needs and requests by providing direct assistance in a manner which respected residents' right to dignity and privacy.

Overall, it was clearly demonstrated residents received a high standard of support, person-centred and rights-informed care, which was upholding their human rights. Residents were observed to engage in meaningful activities in line with their assessed needs, likes and personal preferences throughout the inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ard na Greine OSV-0001689

Inspection ID: MON-0048496

Date of inspection: 19/02/2026

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 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 1. A risk assessment for one resident who is high risk of falls has been updated. Risk assessment has been updated to reflect that the client is at risk of falls both in the house and out in the community. – Completed 20.02.2026 2. A risk assessment has been completed to demonstrate residents can be left safely unsupervised for periods of time. Date 10/03/2026 3. Risk assessments which were due review have been reviewed. There is also a monthly risk register review in place completed by PIC/DSM. – Completed 20.02.2026 4. A learning notice has been completed for dissemination within the organisation to acknowledge the need to manage the risk if residents can be safely left unsupervised for periods of time. 13/03/2026	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: 1. The assessment of needs for all residents will be reviewed, updated and completed by 06.04.2026.	

2. All support plans are currently being reviewed in line with new assessment of needs form for all residents in the designated centered by keyworkers. Completion date 06.04.2026

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 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.	Not Compliant	Orange	13/03/2026
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently	Substantially Compliant	Yellow	06/04/2026

	than on an annual basis.			
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