



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

Issued by the Chief Inspector

Name of designated centre:	DC2
Name of provider:	St John of God Community Services CLG
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	15 January 2026
Centre ID:	OSV-0002934
Fieldwork ID:	MON-0046479

About the designated centre

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

DC2 is a designated centre for adults with intellectual disabilities operated by St. John of God Kildare Services. The centre is located in a congregated campus setting situated in a town in County Kildare. The centre comprises of two residential bungalows beside each other. One of the bungalows has the capacity for five residents and the other bungalow has capacity for four residents. The designated centre can provide residential services for adults both male and female with intellectual disabilities with additional healthcare and behaviour support needs. The centre is managed by a person in charge who is supported by a senior manager. The staff team comprises of nurses with health and social care workers also working in the centre to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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 15 January 2026	10:40hrs to 18:30hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

This inspection was unannounced 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 the National Standards for Adult Safeguarding (Health Information and Quality Authority and the Mental Health Commission, 2019).

The inspector had the opportunity to meet with the residents living in this designated centre, as well as speak with their support staff team, and review documentary evidence of their personal, health and social care supports and how residents were consulted and involved in their support, as evidence to indicate the lived experience of people using this service.

On arrival, all residents were up and ready for their day. Some residents were attending day service elsewhere on the campus. One resident was ready and waiting to go to a medical appointment, and was observed being reassured by staff that they would be leaving soon. All residents were well presented and dressed in sweaters and buttoned shirts. When residents went out, staff ensured they were dressed appropriately for the weather. As residents were leaving the house, staff reminded them to use their mobility or safety equipment and asked if they had remembered everything before leaving. This was done in a respectful manner with quiet reminders to the resident instead of calling across the room. Later as residents were provided lunch and drinks, those who required staff assistance were supported in a dignified manner, including ensuring they had their attention before delivering support, with staff sitting at the resident's level and going at their own pace. Where residents became distressed or engaged in self-injurious behaviour or loud vocalising, they were encouraged by staff to tell them what was bothering them using their words or gestures. Where residents wanted to spend time alone this was supported and facilitated. In one house the staff were aware that one resident used a living room for a specific time each day to listen to their music, and ensured this was ready for when they arrived home. In the afternoon some of the residents attended a drumming session delivered by an external provider on the campus, which they enjoyed.

The inspector reviewed some residents' personal outcomes and plans related to recreation, shows, events, holidays and life skills with members of the front-line team. The inspector observed that meaningful goals and events were planned by the resident with the support of their keyworker, with measurable steps between the start of planning and the event itself. There was some inconsistency in the detail with which the progress, success or lack thereof in these outcomes was recorded, with some containing brief conclusion notes, and others explaining where the resident went, what they did, and what they enjoyed in particular. For the former,

this made it difficult for staff who were not involved in the progression of the goal to know what had happened.

However, where goals had been successful, they were meaningful to the interest and preferences of the residents. Recent examples included trips to Northern Ireland to see the Titanic museum and Game of Thrones studios, trips to Mondello Park and Dublin Zoo, concerts and musicals in the Bord Gáis and Helix theatres, and Knock Shrine. One resident was in training for bocce events with Special Olympics Ireland for 2026 and they were supported to attend their weekly training sessions.

The inspector observed some instances of residents becoming annoyed with noise from their peers, however in the main, residents were comfortable in the shared living environment. Residents were encouraged to travel together, and during the day some residents travelled to go shopping near where their peers were dropped off for appointments in the local area. The residents and staff ordered in a Chinese takeaway together on Saturdays. The inspector was shown pictures of the residents celebrating Christmas events together including decorating the centre and meeting Santa Claus. Staff were observed encouraging and reminding residents to be respectful of each other in the communal areas of the houses.

The inspector observed evidence to indicate that residents were supported to understand their own health and social care requirements and care interventions required. Residents were being supported with their eye and dental care and were supported to understand recent and upcoming medical procedures. One resident had recently passed away in the centre, and the other residents were supported to understand what had happened, supported in the bereavement process and facilitated to attend the memorial. Staff were also supported in palliative care skills as part of this process where they wished. Residents were supported to visit their family members in the community and elsewhere in the country.

The person in charge advised the inspector of recent and planned changes to the centre to provide opportunities for the two houses to be less reliant on centralised services and also provide opportunities for residents to engage in recreation and life skills. This included personal monies being stored in each house for more efficient access, an upcoming garden project to add accessible walkways, new fences, raised planter boxes to grow plants or vegetables, and plans to provide laundry facilities in the centre rather than sending residents' clothes to a central laundry on campus. Restrictions and night checks which were no longer supported by evidence as necessary, had been phased out by the provider.

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

Capacity and capability

In the main, the inspector found that this service was ensuring that that principles of residents' human rights of fairness, respect, equality, dignity and autonomy were upheld by staff. The provider had arrangements in place to ensure that residents were supported by a familiar and consistent staff team, with staff overtime hours, relief and agency personnel ensuring that shifts affected by absences were filled, though some improvement was required to ensure the worked rosters represented a complete record of people who attended the centre.

Staff supervision meetings, provider-level quality reviews, and the content of the 2025 annual report contained meaningful information of areas in which the service was doing well or had opportunities for improvement, including highlighting achievements by the team and residents, and areas in which the service could be further developed in line with a human rights based approach to social care.

Regulation 15: Staffing

The inspector reviewed the statement of purpose for the centre against planned and actual staff rosters, and spoke with or observed staff on duty during the day. At the time of this inspection, the provider was one person shy of a full complement of staff, and the inspector was provided evidence that this role had been recruited and was due to commence shortly. Staff were observed to be patient and respectful, and demonstrated an overall good knowledge of the residents, their support needs, interests, personal goals and histories.

Shifts affected by absences such as holidays or sick leave were covered through a combination of overtime, relief staff, agency personnel, and the supernumerary person in charge working front-line shifts, with occasional use of staff covering from other locations. The inspector reviewed two months of planned and actual rosters and found that the records of actual hours worked were not complete and did not reflect shifts worked by relief or agency personnel, or reflect how frequently contingency measures were used to ensure shifts were filled in accordance with residents' needs.

However, a review of the person in charge's notes provided assurance that when relief personnel were deployed to the centre to cover shifts, in the main this could be achieved using a small number of regular personnel to ensure that the impact on continuity was mitigated. It was important to residents that they were supported by staff with whom they were familiar.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider was sufficiently resourced with appropriate premises, vehicles, equipment and contingency staff resources to ensure residents were supported in accordance with the statement of purpose. The service was led by a supernumerary person in charge who was consistently present in the centre and a front-line team who were familiar with the service users and their support needs. The inspector reviewed a sample of supervision meeting minutes between staff and their manager, which covered topics such as additional training requested, support required to use the provider's new digital care plans, and support in their day-to-day duties. Staff members who spoke with the inspector commented that they felt supported in their role by their management and by their colleagues.

The inspector was provided a report from an audit carried out by the provider in August 2025. This report was centre-specific and described the evidence relied upon to judge compliance with regulations, standards and policies, and followed up on matters identified in the previous six-monthly inspection. This audit was comprehensive and clear on where the provider was aiming to see development in the service, such as initiatives related to human rights based support, opportunities to make the houses individually self-sufficient, challenged restrictive practices and noted where communication supports were not progressing in line with clinician recommendations. The audit also served to highlight the success in the team delivering on personal objectives such as meaningful events and outings enjoyed by residents and the maintenance of a low trends of adverse incidents.

The inspector was provided an early draft of the annual report for the centre which was not completed yet, but contained meaningful information which reflected on the residents' lived experience in the centre in 2025, highlighting milestone birthdays, residents' news and achievements, bereavements, holiday celebrations, trips and events. The information was composed in a manner with which residents could engage, using simple language, focusing on information which was important to the residents' lives, and including pictures related to the topics covered.

Judgment: Compliant

Quality and safety

In the main, the inspector observed that residents were encouraged and facilitated to be active participants in their care and support. Residents were supported to enhance their autonomy and independence in line with personal goals agreed with them, and to engage in stimulating and meaningful community outings and events.

Residents had person-centred and evidence-based personal plans which guided staff on the residents' support needs, including in eating and drinking, activities of daily living and positive behaviour support. While the frequency of incidents and adverse events in this service was low, where trends had emerged, they were used to inform ongoing review and revision of care plans and staff guidance. Residents felt safe in the centre and enjoyed their living space, staff and activities. Systems were in place to ensure that decisions and event planning took place with the residents' involvement, though some improvement was required to ensure the documented evidence of the progress or conclusion of personal outcomes was clear to those not involved in their delivery.

Development was also required in the means by which support plans were evaluated for their effectiveness. While care plans were observed to be implemented in practice for areas such as eating drinking and swallowing, positive behaviour support and healthcare needs, a number of areas described in how residents' communication is optimised were observed not to be implemented. This had been identified in the provider's own quality of service report.

Regulation 10: Communication

In the most recent quality audit in August 2025 the provider had identified that care plan implementation required improvement for residents for whom communications supports had been recommended. The finding was that the practice of using electronic communication support measures were not being modelled for the resident per the recommendation of the speech and language therapist. The inspector did not observe electronic means of communication being used for residents identified as trialling them. The trials were stated as required to support residents to be understood by others and to communicate choices. The inspector also observed references across care plans to the use of multi-modal communication using a combination of speech, gestures, Lámh (a manual sign system used by children and adults with intellectual disability and communication needs in Ireland), or objects of reference to support communication and mutual understanding. However, these were not observed being used during this inspection and staff were not aware of them.

Where residents did use Lámh signs, person-centred guidance including images were used to explain to staff what signs the resident used most and where these were or were not accompanied by some spoken words. Aggression or frustration behaviours were recognised as a form of communication, and incident trends were used to identify what was being communicated, such as being upset over changes to plans or the environment being too hot or noisy.

For general communications, staff were provided guidance on how to ensure their body language and tone was suitable for each person, and how to effectively communicate with residents with sensory impairment. One resident was supported to prepare for a medical procedure to address a decline in their vision. Staff were

observed ensuring they got residents' attention before asking questions, and speaking with residents during physical movements to ensure safe transfers and navigation.

Judgment: Substantially compliant

Regulation 17: Premises

The premises of this designated centre consisted of two bungalows which were overall safe and suitable in their design and furnishings for the number and support needs of the residents. Residents had access to suitable kitchen spaces and accessible bathroom facilities. Each resident had a private bedroom with sufficient space for their personal belongings, clothes, photos and collectibles.

Changes were taking place on the premises to facilitate functional activity and promote independence and personalisation of the centre for the residents. One recent change was each house having secure storage for valuables which facilitated residents' property to be safely secured in their own house. The person in charge advised that work was in progress to provide laundry facilities in the centre so that residents' clothes could be washed and dried in their home rather than in a central laundry on campus. This would be used as an opportunity to promote life skills for some residents to do their own laundry as part of their routine. Work was scheduled in 2026 for a renovation of the centre's garden to provide a suitable and accessible outdoor space in which residents could spend time and do gardening.

The current layout of the centre supported residents to spend time away from their peers if they wished. One resident liked to use a sun room to listen to music first thing on return to the house in the afternoon. As another resident also liked to use this room as part of their day, staff ensured they used the time before their housemate returned to maintain a positive relationship between the residents. For residents who stood up with assistance, they were provided powered chair risers as an alternative to a standing hoist or staff lift. Residents who required posture support had specialised chair equipment. When not in use, residents' equipment could be stored in a manner which did not obstruct walkways or communal spaces.

Judgment: Compliant

Regulation 26: Risk management procedures

In the main, the inspector observed that injuries, safeguarding concerns, medical risks and other incidents were well-recorded by staff and used to inform multidisciplinary review, care planning and risk assessment.

The provider was observed to be encouraging elements of positive risk taking. Residents were supported to engage in sport training and trips around the country and abroad. Locally, the inspector observed residents being supported in a restraint-free environment and encouraged to take ownership of parts of their routine. For example, one resident said they wanted a cup of coffee, and the inspector observed staff encouraging and supporting them to boil the kettle and put the drink together with some assistance, rather than staff doing it for them. Plans were in place in the coming months to facilitate residents to do their own gardening and laundry as opportunities for developed autonomy.

The provider maintained oversight of practices and risk controls in place in the centre and in some cases challenged the proportionality and impact of the risk control relative to the risk with which it was associated. This had led to positive changes in the centre, such as night-time checks related to medical diagnoses being retired for some residents and only retained for specific residents for whom there was a higher associated risk. For residents' finances managed by staff, risk controls were in effect to protect residents and staff from alleged financial exploitation. However, the provider could not carry out these oversight measures for all of the residents, and this had not been risk assessed. The practice of storing residents' wallets in a safe to which only staff had access had not been subject to risk analysis or capacity assessment to inform this practice.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of assessments and personal plans related to the health, personal and social care needs of three of the residents. In the main these plans were personalised, evidence-based and contributed to by relevant members of the multi-disciplinary team. Residents with risk related to epilepsy, anxiety or difficulty swallowing had been kept under review by their respective clinicians, and clear guidance had been provided to the staff on supporting each resident with their assessed needs. Overall clinical assessment was delivered in a timely fashion in the sample reviewed, however the inspector was provided evidence that one resident had been waiting over a year since a referral had been submitted for an occupational therapist assessment.

Recommendations from clinicians was revised regularly or as needs changed, however in reviewing the content of care plans, some of the staff guidance contained outdated or inaccurate information. For example, recently reviewed care and support plans referenced other residents who did not live in the centre anymore, COVID-19 precautions which were no longer in effect, or care interventions which were not used by particular residents. The inspector was advised by staff that care plans were audited for their accuracy, however there was

limited evidence of how they were evaluated for their effectiveness in achieving their desired outcome.

The inspector observed personal development goals which were meaningful to each resident, including resident who wanted to go on holidays and day trips, go to concerts, musicals, museums or sport events. The steps to achieve these were set out between the resident and their keyworker at the start of the year. In the sample reviewed, some of these contained clear notes on the current status or achievement of plans, but detail was limited in others which made it difficult for other staff members to identify what had been achieved. The provider had identified in their own audits the need for more information in the progress and conclusion of these support plans related to personal wishes and outcomes, to ensure that they captured progress in achieving these outcomes, or where they had been unsuccessful or replaced with alternatives, in particular for residents who did not spend as much time outside of the centre.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector observed evidence indicating that the provider recognised that effective positive behavioural support requires understanding the reason for behaviours. Functional analysis was set out in relevant care plans to guide staff on why and how a resident may respond to changes in their environment or routine in a manner which may present a risk to themselves or others. Positive behaviour support plans were respectfully written and informed by evidence and adverse incidents.

The inspector observed that the provider was striving to provide care and support in a restraint-free environment, with restrictive practices related to safety while travelling and alerting staff to reduce high falls risk. Residents were not restricted from navigating or accessing areas of their home including the office, kitchen or garden, and there was no use of internally locked doors and cabinets, seatbelt locks or cameras required in this designated centre. Where some practices had been identified as a rights-based restraint, this had been challenged by the provider and retired where not supported by evidence and risk analysis.

Judgment: Compliant

Regulation 8: Protection

The inspector observed examples in incidents notified to the Chief Inspector, and in quality of service reports, that the provider was encouraging staff to ensure where

residents presented with bruising or marks of unknown origin, procedures were followed to rule out abuse as a cause. Trends of low-level incidents were monitored to inform safeguarding practice, for example in ensuring that residents demonstrated mutual respect in the shared living space.

The provider had procedures in effect to ensure that residents were protected from potential financial exploitation. Bank statements and ledgers were kept under review where staff supported residents with their finances, and specific authorised staff were identified to support with bank withdrawals. The inspector reviewed a sample of the oversight records for residents' cash money on the premises and these records were found to be accurate and up to date.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed examples during this inspection of care being led by resident choice and consent, and personal development objectives which were varied, meaningful and set out with a view to increase residents' autonomy in their routines. Residents were kept up to date on news and events meaningful to them, and were heavily involved in celebrating the life of a housemate who had recently passed away. Residents were observed being treated with respect by staff, reminded to respect the shared living space and advised when they were being loud or not using their words, without scolding them. Residents' access to their local community and further away was supported with planning for meaningful and varied recreation and event attendance. As referenced elsewhere in this report, the provider and local management were exploring opportunities to support residents to develop their independence and autonomy in their routines and take more ownership of their activities of daily living.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially 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 DC2 OSV-0002934

Inspection ID: MON-0046479

Date of inspection: 15/01/2026

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The person in charge has implemented a word document for planned and actual staff roster showing staff on duty during the day and night, that includes relief and agency staff</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>The person in charged has reviewed each resident communication passports.</p> <p>The person in charge has contacted the Speech and Language therapist to ensure the assistive technology recommended remains the most appropriate</p> <p>Staff will be assisted with a 12 week Total communication programme conducted by the Speech and Language team, to include visual aids (pictures and lamh signs).</p> <p>Where residents should be supported by assistive technology the same will be supported by the Person in charge and speech and language team.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The provider will ensure that individual risk assessments and capacity assessments are completed for all residents in relation to the management and storage of personal finances. These assessments will inform appropriate, person-centred arrangements for each resident regarding the storage of wallets and access to personal monies.</p>	

<p>Keyworkers will be supported by the Person in Charge to build residents capacity and support greater financial autonomy.</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The person in charge and residential coordinator will audit all personal plans.</p> <p>The person in charge will oversee the uploading of the personal plan to the online Iplanit system and make sure that the information contained within it is the most contemporaneous information available</p> <p>Occupational Therapist requested that an initial sensory assessment be completed by staff (completed) utilizing the form Occupational Therapist.</p> <p>Occupational Therapist has reviewed same and no sensory need has been identified.</p>	

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30/06/2026
Regulation 10(3)(c)	The registered provider shall ensure that where required residents are supported to use assistive technology and aids and appliances.	Substantially Compliant	Yellow	30/06/2026
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	09/03/2026
Regulation 26(2)	The registered provider shall ensure that there	Substantially Compliant	Yellow	10/03/2026

	are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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 than on an annual basis.	Substantially Compliant	Yellow	10/03/2026
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/03/2026
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is	Substantially Compliant	Yellow	31/07/2026

	the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
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