



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

**Issued by the Chief Inspector**

Name of designated centre:	DC 6
Name of provider:	St John of God Community Services CLG
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	09 September 2025
Centre ID:	OSV-0002940
Fieldwork ID:	MON-0039497

## About the designated centre

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

DC 6 is a designated centre which provides residential service to 10 residents across two houses located in a community setting in a large town in Co. Kildare. There is capacity for five adults, male and female, in each house. Each resident has their own bedroom in both houses. DC 6 supports adults with both mental health issues and intellectual disabilities. These residents have identified clinical supports including psychiatry and psychology input available through the clinical team at the Kildare service. The two houses are accessible to the local town, shopping, restaurants, public transport and community facilities. Residents are supported by a team of social care workers, social care leaders and a person in charge. Staffing levels are based on the needs at each location. Some residents have the support of 24/7 staff while other residents have the support of staff dropping into their home to provide specific supports.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	10
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## 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
Tuesday 9 September 2025	10:00hrs to 18:20hrs	Gearoid Harrahill	Lead
Tuesday 9 September 2025	10:00hrs to 18:20hrs	Tanya Brady	Support

## What residents told us and what inspectors observed

From what residents told inspectors and what inspectors observed, residents living in this designated centre were observed to be enjoying a good quality of life and receiving person-centred care and support. It was evident that the provider was aware of residents' complex and changing needs and that every effort was being made to embed a human-rights based approach to care and support. Some minor improvements were required in relation to risk assessment and the implementation of control measures to reduce risks relating to residents spending time independently in their homes.

In this centre, full-time care and support is provided to 10 residents in two adjacent premises. Two inspectors completed this inspection over the course of one day. The inspectors met with eight of the residents who live in this centre, met with the person in charge and the centre social care leader in addition to the front-line staff members on duty.

On arrival to one house the inspectors observed one resident returning to their home independently having been at their local shop. They sat with the inspectors at the kitchen table and talked about their life and how they came to live in the centre. They explained that while they really liked their home, they did not always get on with their peers and that there were frequent disagreements in the house. The inspectors observed the resident over the course of the day interact positively with their peers. In addition staff members were observed providing support to the resident to facilitate them in meeting their daily goal of a meal out and shopping. Another resident invited the inspectors to see their room which was decorated to reflect their favourite soccer team. They explained that they were going on a trip before Christmas to England and had tickets to watch their team play. The resident came to show the inspectors that they had broken a zip on their jacket and later changed this and were excited to show off their new jacket to staff and inspectors.

The inspectors observed other residents going out on planned or spontaneous trips and others relaxing for periods of the day in their rooms or watching television in the communal living room. One resident explained that they had a karaoke night planned and that this was something they liked to do with their peers. They explained that they used the sun room for this and they had access to a karaoke machine. Staff were heard engaging with residents over the course of the day in a manner that reflected a drive to ensure residents were supported to be as independent as possible. In one instance a resident requested the staff member make a phone call for them and the staff suggested they might like to make the call themselves with staff support.

In the second house visited later in the day, residents had returned from their day activities and were relaxing watching television either in their rooms or in the living room. One resident invited inspectors to meet them and showed off their love of miniature science fiction models which were displayed on shelves and also some

model boats. They spoke of a trip to a harbour and watching boats coming and going during the day. Another resident chatted to inspectors stating that they were happy in their home and showed inspectors how they had a key to their bedroom and talked of the importance of privacy to them. They were getting ready to go on a short drive with staff to get some 'messages' before dinner. Later inspectors observed three residents sitting together at the kitchen table to eat dinner chatting about their day.

The residents lived in two two-storey houses adjacent to one another in a housing estate close to local amenities. Each house was laid out in the same manner however, in one the provider had created a single occupancy small apartment and in the other this space was occupied by a large bedroom and accessible bathroom on the ground floor. The houses had a number of communal areas and each resident had their own private bedroom.

In advance of this inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre and were presented to inspectors on the day of the inspection. All ten residents returned the survey with three declining to participate in favour of speaking directly to inspectors, and the seven who filled answers commenting positively on their experiences in the centre, the support of the staff and the routines they enjoyed.

The commentary and lived experiences of the residents was also sought by the provider and contributed to a substantial portion of the centre's annual review for 2024. Residents' comments to inspectors had also been captured in this report, including their positive comments on the meals and the staff, and where they felt that relationships between housemates could be challenging. The annual report also consolidated the trends arising in complaints and adverse incidents related to residents, and how these would be used to contribute to the priorities and quality improvement initiatives for the year ahead. Inspectors observed that some of these commitments had been delivered upon at the time of this inspection, such as the provision of a new vehicle to facilitate transport for residents to their appointments and engagements.

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 to each resident living in the centre.

## Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. The purpose of this announced inspection was to monitor and review the arrangements the provider had in place to

ensure compliance with the Care and Support Regulations (2013), and to follow up on solicited and unsolicited information which had been submitted to the Chief Inspector of Social Services. In addition, findings from this inspection contributed to the decision-making process for the renewal of the centre's registration.

Overall, there were systems in place to monitor the level of care and support being provided in the centre and residents were kept safe. The residents in this centre present with complex needs and some with changing needs and the provider and person in charge maintained an ongoing review of staff levels. In addition, staff training needs were regularly reviewed to ensure staff has access to the most up-to-date and relevant training to enable them to deliver care in line with best practice. Inspectors observed evidence to demonstrate routine and ad-hoc supervision of individual staff members by their respective line managers.

There were a number of systems in place for oversight at provider and local level. Inspectors found that this was completed in line with the requirement of the regulations. In addition to as-required audits and reviews, the provider had completed their full six-monthly inspections of regulatory compliance which contained meaningful findings and specific and timebound actions for quality improvement. Audits, incidents, complaints and resident experiences were also consolidated into the centre's annual report on the quality and safety of the service provided.

#### Regulation 14: Persons in charge

The inspectors met the person in charge on this inspection and had reviewed information on their experience, qualification and deputation arrangements prior to this visit. The person in charge worked full-time in this role across four designated centres. Inspectors found that this arrangement had not negatively impacted on the quality service or oversight mechanisms as inspectors observed the person in charge was present in the centre routinely, known well by residents, and suitably deputised by a social care leader based full-time in this centre with whom they met frequently to be assured of matters related to the designated centre, staff and service users.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured that there were sufficient staff to deliver person-centred, effective and safe care to residents based on their current assessed support needs. The provider also ensured there was continuity of care and support provided to residents with no changes to the core staff team since the last inspection completed in this centre.

There were planned and actual rosters in place and the inspectors found that these were well maintained and reflective of the staffing levels. There were regular reviews of the staffing position in the centre and these included decisions such as ensuring there was flexibility for residents if they wished to stay at home during the day or if they requested an alternative activity. In line with residents' assessed needs the provider had identified the need for additional support during the day for residents who choose not to attend a formalised day service and some additional support hours were in place with an identified need for an additional 0.5 whole time equivalent (WTE) for which the provider was in the process of recruiting.

Residents who spoke with the inspectors stated that they were familiar with the staff supporting them and knew who would be working in their home. One resident directed inspectors to a photo-based schedule that was on the wall in the kitchen which they stated helped them to remember who was on day and night.

Judgment: Compliant

#### Regulation 16: Training and staff development

The provider and person in charge ensured that staff had access to training and refresher training as required. From a review of the training matrix staff had completed mandatory and resident specific training. The inspectors found that while there were some gaps where not all staff had completed their refresher training within the required timelines, in each instance evidence was provided that these had been scheduled for completion.

The person in charge and social care leader had a clear supervision plan in place to ensure all staff received routine and as-required supervision in line with the provider's policy. Inspectors reviewed a sample of performance development and review records for four staff which identified areas where staff were performing well in addition to where specific improvement was required. Clear performance targets or practice targets in response to errors or incidents were set with staff and these were observed to be reviewed on an ongoing basis.

Judgment: Compliant

#### Regulation 21: Records

Records requested by the inspectors or required by the provider to demonstrate regulatory compliance were complete, up to date and readily available for inspection, with front-line staff, and the residents where relevant, being able to readily access and retrieve documentary information.

Judgment: Compliant

### Regulation 23: Governance and management

Overall, there were systems in place to monitor the level of care and support being provided in the service. These systems of oversight both at local and provider level were being utilised effectively.

The management structure in the centre was clearly defined, and identified lines of authority and accountability among the team. There was a full time person in charge in post who had responsibility for this and three other centres operated by the provider. They were supported in their role in this centre by a full-time team leader and by a person participating in management. The staff team spoken with were clear on who they reported to and on the systems in place to report concerns or to raise queries.

The provider had in place a series of audits both at local and provider level. For example, at local level, regular audits in infection prevention and control (IPC) practices, medication management, restrictive practice, and personal planning were completed. These audits were identifying areas of improvement and in line with the provider's system a 'quality enhancement plan' was in place to monitor and track actions that arose from completed audits.

As part of the inspection process the inspectors requested a copy of the last two six month provider audits dated January and July 2025. The inspectors reviewed these audits and found them to be detailed and identifying actions that were then documented on the quality enhancement plan. The provider also had a comprehensive annual review in place which was capturing residents' views and opinions about the service they were provided.

Judgment: Compliant

### Regulation 3: Statement of purpose

Inspectors reviewed the statement of purpose which was submitted as part of the application to renew registration. This document included centre-specific information on the designated centre per the requirements of Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

Inspectors found that the provider and staff team demonstrated a constructive culture around the receipt and management of complaints in or about the designated centre. Inspectors reviewed complaints logs for the past two years and found that the details of each complaint, the response to same and the actions and learning taken to address the matter were clearly described. In one example, the residents had been supported to collectively submit a complaint on an issue which affected them all, including expressing the impact it had on them in their own words. Residents who spoke with the inspectors felt confident that they could raise a complaint and that it would be taken seriously. Inspectors noted that, where relevant, the content of complaints was reflected and referenced in safeguarding risk controls, personal care plans and audit findings.

Judgment: Compliant

## Quality and safety

In the main, inspectors observed examples of how residents were encouraged and facilitated to be active participants in their care and support, to stay busy and active in their community, and to make decisions relevant to their care and safety. Some gaps were identified in risk assessments related to periods of time during which residents may not have immediate staff support in their home.

A combination of residents and front-line staff talked through support plans for residents including assessed needs in behaviour support, medical needs, dietary requirements, mobility, and staying safe in the community. Residents demonstrated a good understanding of their support needs and for the most part care plans reflected the information provided directly from residents and staff. Risk controls which involved the implementation of restrictive practices were kept under regular review and challenged by the provider to justify their continued requirement.

Residents' autonomy and positive risk taking were encouraged in this centre and staff and residents demonstrated examples of how this was incorporated in the culture of the centre. For example, residents were encouraged to take ownership of their own household jobs, management of their own money, making their own phone calls, buying things online, learning to use their own medicines and exploring opportunities to be alone or with friends in their neighbourhood. Residents demonstrated how they were active members of society, through social outlets, meeting people in shops and bookies, and voting in their constituency. Residents were also educated in protecting themselves from abuse and averting from behaviour or activities which may cause them harm.

The residents were supported to make decisions in their home, whether cosmetic or decorative upgrades, or changes which would provide more accessible spaces and comfortable environments. Bathroom and kitchen upgrades had been identified as

required and inspectors were provided evidence that these were scheduled for completion in 2026.

## Regulation 12: Personal possessions

Residents were supported to maintain their belongings in line with their preferences, to decorate their personal space how they wished, and securely store their belongings with locks for which they held the keys. The provider maintained property inventories of valuables which was found to be kept up to date.

Residents were supported to collect their income, pension or disability allowance and have it deposited to an account to which they had access. Residents had access to their debit cards or bank statements in their home. Residents were supported to spend their money how they wished, with some residents showing off their recent purchases such as new room decorations and clothes. Inspectors spoke with another resident who on the day of inspection was going with staff to purchase a new phone that they had saved for. Some residents were supported to use phone applications to buy items or order food online to further enhance their autonomy.

Some residents were supported to do their own laundry, and inspectors were provided evidence on how a resident for whom the laundry room was a source of anxiety was being effectively supported to have their designated time to ensure the shared space could be used by others.

Judgment: Compliant

## Regulation 13: General welfare and development

The provider and person in charge were focused on ensuring residents in this centre were supported to actively participate in their home and community. Residents were observed coming and going to a variety of activities throughout the day of inspection and they spoke to inspectors about things they liked to do. Residents were engaged in everyday activities such as going to the shops, going out for coffee or to the local bookies. They also attended activities of interest such as football and rugby matches, went to the hairdresser, went to musicals and plays. Within their home residents spoke of tasks they had responsibility for such as emptying the dishwasher or cleaning the floors, some residents also had an interest in gardening and were growing herbs and salad crops.

The residents met on a monthly basis for a 'speak up meeting' and the inspectors reviewed minutes of these from June to September 2025. The meetings reflected discussions on matters such as concerns about their home, matters they wanted to discuss with staff and educational issues. Actions were identified by residents and

the staff supported them to complete these, for instance one resident wanted doughnuts for the next meeting to have with the tea, and the records of the following meeting indicated these were provided with support of that resident.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider's risk management policy was found to meet regulatory requirements. The risk register and four residents' individual risk assessments were reviewed. These were found for the most part to be reflective of the presenting risks and incidents occurring in the centre. They were also up-to-date and regularly reviewed.

The inspectors found that the provider and person in charge had determined that a number of residents could spend time without staff support in their home, however, this had not been risk assessed. In particular the identified risk related to residents to evacuating independently in a timely fashion without staff support should there be an emergency had not been considered, in addition to residents' ability to decision make should strangers present to their house.

There were systems in place to record incidents, accidents and near misses. The inspectors reviewed a sample of incident reports for 2025 and found that each incident had been reviewed and followed up on by the local management team. Trending of incidents was completed by the local management team, and learning as a result of reviewing incidents was used to update the associated risk assessments. It was also shared with the staff team in the sample of staff meeting minutes reviewed.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Inspectors reviewed a sample of assessments determining residents' capacity to manage their own medicines and how the provider determined the level of support required by each resident to do so. This included residents who were deemed to require full support and others who were supported to be fully independent to do it themselves. These assessments were revised regularly or as required due to changing needs.

For residents who were supported by staff, the inspectors reviewed prescription sheets, administration records and storage solutions with a member of the front-line team. Staff were familiar with the purpose and protocols associated with medicines they were administering, and records of administration and current prescriptions

were clearly maintained.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The person in charge had ensured there were comprehensive assessments of need occurring for residents. The inspectors reviewed these documents for four residents and found that the assessments were completed and reviewed annually.

Recommended actions had been taken to ensure the residents' needs were sufficiently met. This robust approach to assessing the residents' specific needs supported the management to be up-to-date on safeguarding concerns occurring in the centre.

In addition, the inspectors reviewed four residents' personal plans and found that based on their assessments of needs there were associated care plans in place. The inspectors reviewed care plans in relation to mobility needs, dietary needs, medical needs, night time supports and falls prevention care plans. The plans had all been updated in the latter half of 2024 or in early 2025 which meant the most up-to-date information was available to staff. Care plans in place also aligned with relevant risk assessments and associated control measures. Overall good guidance was in place to help staff deliver care in a safe manner.

There was evidence of regular multidisciplinary team (MDT) input into all plans. For example, residents had a MDT review as required with some completed in April 2025. The inspectors reviewed the notes of these meetings and found that they reviewed relevant care needs and actions were in place on to ensure that residents received the best possible care.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Inspectors reviewed a sample of assessments and support planning for residents who may respond to anxiety or distress in a manner which posed a risk to themselves or others. Inspectors observed functional analysis which had been carried out to clearly guide staff on what behaviours may occur and why, and proactive and reactive strategies to implement to avoid or respond to potential incidents. The content of these plans were evidence-based, respectfully written and informed by incidents and resident input.

Where required, behaviour support strategies were reflected in staff guidance related to communication and healthy lifestyle. For example, one resident had the

potential to become anxious thinking about upcoming events and appointments too far in advance and had an agreement with staff to be told about these as close as possible to the day they were happening. In another example, a resident had an agreement with staff to compromise on how they maintained and de-cluttered their personal space.

Some identified risks were being managed through a small number of environmental and rights-based restrictive practices. Inspectors observed these interventions to have clear rationale, were kept under regular review, and were subject to revision strategies to ensure they remained the least intrusive option available to effectively mitigate the associated risk.

Judgment: Compliant

## Regulation 8: Protection

Residents told inspectors that they felt safe living in this centre, but also noted that if this changed they were confident that they could speak up. Inspectors reviewed incidents of reported or witnessed abuse of residents as notified to the Chief Inspector in 2024 and 2025, and observed examples of how actions had been taken to reduce likelihood of recurrence. For example, where there had been an identified trend of residents interfering with the private space and property of others, actions had been taken to the satisfaction of the affected residents to keep their property safe. Residents were encouraged and reminded to be mutually respectful in the shared house to maintain a positive housemate relationship. Where concerns had been identified, they had been appropriately reported and escalated to relevant parties to identify patterns of incidents. Staff were in receipt of formal training to identify and respond effectively to witnessed, suspected or alleged incidents of resident abuse. Residents were supported on how to protect themselves from harm, including how to safeguard their finances and stay safe online.

Judgment: Compliant

## Regulation 9: Residents' rights

From speaking with residents and their support team, inspectors observed evidence to indicate that residents were being supported to be active participants in their community. Residents were registered to vote in their local constituency and some had done so in the most recent general election. Residents were supported to engage in opportunities of positive risk taking such as going into their community without staff support or staying home alone. Residents had been supported to play the lottery and place bets in the local bookies, while being supported to budget their

money and not overspend.

Residents were afforded their privacy and opportunities to be alone as they wished. Some residents choosing to have a lock installed in their bedroom for which they held the keys, including one bedroom with a self-latching door in case the resident forgot to lock their private space themselves. Residents were facilitated and encouraged to look after their own laundry, money, valuables and medicines in line with their personal preferences and capacities.

Inspectors observed examples of residents being supported to be active participants in decisions and changes in their home and support structure. For example, one resident chose to walk the inspector through their care plan and assessments, demonstrating a good understanding of their own support structure and indication that they had contributed to its contents. Inspectors observed that residents were supported to optimise the use of house meetings, complaints procedure and feedback mechanisms to be kept up to date on news relevant to them and communicate to the provider their positive or negative feedback on their experiences in the designated centre. Inspectors observed examples of how medical procedures and examinations were described to residents through easy-read information, to facilitate the resident to make informed consent to proceed or decline the intervention.

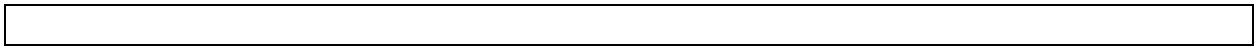
Judgment: Compliant

## Regulation 17: Premises

This centre comprises two houses next to one another in a housing estate close to a small town in Co. Kildare. The houses were identical in layout, however, in one the provider had maintained a downstairs bedroom and large bathroom and in the other the provider had reconfigured this space and created a self-contained apartment for one resident. Both houses had a large living room, sun room, utility room and kitchen-dining room on the ground floor. On the first floor was an office, resident bedrooms and shared bathroom. The residents' bedrooms were personalised and decorated to reflect the individual resident's interests; a number of residents requested inspectors look at their space and proudly showed off objects and photographs that were important to them.

The houses both had areas that presented with wear and tear and this had been identified by the provider and works were scheduled to be completed following more substantive work that was also scheduled including fitting of a new accessible bathroom in one house and a new kitchen in the other. The inspectors were advised that these works were secured as part of a capital plan for 2026 with evidence presented that supported this timeline.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 17: Premises	Compliant

# Compliance Plan for DC 6 OSV-0002940

Inspection ID: MON-0039497

Date of inspection: 09/09/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  1. The support needs of residents who wish to spend time without staff support in their home were reviewed, including individual evacuation plans, additional fire drill with staff not present to prompt, responding to strangers calling to the home. Completed by end of October 25. 2. Risk Assessment completed with control measures to reduce the risk of harm for residents who spend time without staff support in their home. Completed by end of October 2025.	

## **Section 2:**

### **Regulations to be complied with**

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/10/2025