



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

Issued by the Chief Inspector

Name of designated centre:	Sunflower House
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	12 May 2025
Centre ID:	OSV-0002998
Fieldwork ID:	MON-0038593

About the designated centre

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

This is a service providing full-time residential care and support for up to two adults with disabilities in Co. Louth. It is in close proximity to a number of villages and towns. The centre comprises of a detached bungalow containing two bedrooms, two sitting rooms and a one bedroom self-contained apartment. Communal facilities include a fully furnished kitchen/cum dining room, a laundry facility, sitting room and a bathroom in the main part of the house and the apartment comprises of a double bedroom, bathroom, sitting room and kitchenette. Systems are in place to ensure the healthcare needs of residents are comprehensively provided for and access to general practitioner (GP) services and a range of other allied healthcare professionals form part of the service provided. Residents are also supported to use their community and frequent local facilities such as barbers, restaurants and shops. Transport is available to residents for trips and social outings further afield. The centre is staffed on a 24/7 basis by an experienced qualified person in charge (who is a Clinical Nurse Manager II), a staff nurse and a team healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Monday 12 May 2025	11:00hrs to 16:22hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). It was also to inform a decision on the continued registration of the centre. At the time of this inspection, there were two residents living in the centre and the inspector met with both of them. Written feedback on the quality and safety of care from both residents was also viewed by the inspector as part of this inspection process. Additionally, the inspector also viewed a number of written compliments the service had received from family members on the quality of care provided in the centre.

The centre comprised of a detached bungalow in a quiet residential area close to a large town in Co. Louth. Well maintained garden areas were provided to the front and to the rear of the property for residents to avail of in times of good weather. The front garden had been renovated since the last inspection with a new driveway and was observed to be very well maintained. Additionally, the back garden was also well maintained and had garden furniture available for the residents use.

On arrival to the centre the inspector observed that the house was generally clean, warm, and welcoming. Each resident had their own separate sitting room/television room. One resident was relaxing listening to music, smiled at the inspector and shook their hand. The resident didn't converse with the inspector however, they appeared in good form and seemed to be enjoying listening to their favourite music. Staff were observed to be kind and caring in their interactions with the resident and, were observed to understand and respect the residents preferred style of communication. The resident also seemed happy and content in the company and presence of the staff.

The other resident was also relaxing in their sitting room. This room had recently been redecorated with new murals and paintings on the walls and the resident appeared settled, happy and content in their home. The resident enjoyed the company of the staff team and, staff were observed to be be kind, caring and person centred in their interactions with the resident. Additionally, staff also demonstrated that they were familiar with and respectful of the residents preferred style of communication.

Each resident had their own individual bedroom which were decorated to their individual style and preference. Communal areas included a kitchen cum dining room, a small sun room and a bathroom. Staff were observed to be respectful of the residents individual choices. For example, if a resident chose to have their meals in their sitting rooms, staff were respectful of this decision. Staff also offered residents the choice of what social outings they would like to participate in and supported residents to participate in their preferred daily routines.

On review of the residents person centred plans the inspector noted that residents were supported to participate in community-based activities of their choosing such as attend concerts, avail of hotel breaks, go for drives and walks and go for coffee in the local village. Residents were also supported to keep in regular contact with family members.

From viewing a sample of files, the inspector noted that some staff had undertaken training in human rights. As found on the previous inspection of this service, staff spoken with said it was important to respect residents individual choices and that the residents made their own decisions on what activities to engage in each day. The inspector also observed that both residents had a 'rights checklist' in their plans and this covered a number of areas with regard to their ensuring their rights and choices were supported. For example, the checklist informed that residents had the right to be supported to keep in contact with their families. The inspector saw that both residents were in very regular contact with their families via phone calls and visits.

The 'rights checklist' also informed residents had the right to feel safe in their home and have their healthcare-related needs met. The inspector observed that there were no safeguarding issues in this centre (at the time of this inspection) and, both residents had as required access to a number of allied healthcare professionals to include GP and clinical nurse specialist services. Additionally, the 'rights checklist' informed that residents had the right to be treated with dignity and respect and have freedom to access all parts of their home. The inspector observed staff interacting with the residents in a respectful and dignified manner over the course of this inspection and, there were no restrictive practices in place so the residents had the freedom to access all parts of their home without restriction.

Staff had supported the residents to provide written feedback on the quality and safety of care provided in the centre. This feedback was both positive and complimentary. The residents reported that they felt the centre was a nice place to live, they were happy with their accommodation and food options, they made their own decisions each day, people were kind to them and they felt safe in the centre. Residents also reported that they could make phone calls in private, they got to go on a number of social outings of their choice, staff knew what was important to them (to include their likes and dislikes), staff provided help when it was needed, they got on with each other, they were involved in decisions affecting their home and they had support when required, for making decisions.

The inspector also observed that family members were complimentary of the service. For example, one family member wrote to the centre to thank the staff for the care and support that they provided to their relative. Another family member wrote to thank the staff for everything they did while another expressed gratitude and thanks to the staff for helping their relative organise their 60th birthday party last year. Additionally, there were no open complaints about any aspect of the service at the time of this inspection.

While some issues were identified pertaining regulation 10: communication and regulation 26: risk management procedures, the inspector observed that the two

residents appeared settled, happy and content in their home. Staff were also observed to be kind and caring in their interactions with the residents and residents appeared to enjoy being in the company and presence of staff. Additionally, staff were also observed to be respectful of the residents choices and preferred daily routines.

The next two sections of the report outline 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 care provided to the residents.

Capacity and capability

The centre had a clearly defined management structure in place which was led by a person in charge. The person was a clinical nurse manager II (CNM II) and demonstrated a good knowledge of the residents' assessed needs. They were aware of the their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

A review of a sample of rosters from April 01 to April 30, 2025 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

Two staff spoken with had a good knowledge of residents' individual care plans. Additionally, from a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

The inspector observed that staff had undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and, a six-monthly unannounced visit to the centre had been carried out on March 25, 2025. On completion of these audits, an action plan/quality enhancement plan was developed and updated as required to address any issues identified in a timely manner

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of the registration of the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked on a full time basis with the organisation and was an experienced qualified nursing professional (CNM II). They also had an additional qualification in management.

They demonstrated an awareness of their legal remit to the regulations and were aware of the assessed needs of the two residents living in this centre.

They were well prepared for this announced registration inspection and, were found to be responsive to the inspection process.

They had systems in place for the day-to-day operational management of the centre and provided ongoing support and supervision to their staff team.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters from April 01 to April 30, 2025 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

For example,

- two staff worked from 8am to 9pm each day
- one staff worked live nights from 9pm to 8am each night

This meant that there was always a staff member present in the centre on a 24/7 basis to ensure the needs of the residents were provided for and to ensure the residents preferred daily routines were supported.

It was observed that on occasion, the service had to operate with only one staff member present (due to unforeseen staff absences) however, from viewing the April 2025 rosters, this was not a regular occurrence.

Additionally, there was a lone working risk assessment in place as well as a management on call system which could provide support to the centre as or when

required.

It was observed that the lone working risk assessment required review however, this was actioned under regulation 26: risk management procedures.

The person in charge maintained actual and planned copies of the rosters in the centre.

Staff personnel files were reviewed in the provider's central office in advance of this inspection. While minor issues were identified with two staff member's files, this had been addressed at the time of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the training matrix and three staff training records, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included

- safeguarding of vulnerable adults
- open disclosure
- Children's First
- fire safety
- manual handling
- basic life saving
- safe administration of medications
- positive behavioural support
- basic life saving
- dementia awareness
- infection prevention and control
- hand hygiene
- donning and doffing of personal protective equipment
- dysphagia training
- feeding, eating, drinking and swallowing training

Some staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

It was observed that a staff member who had recently commenced working in the centre required refresher training in a number of areas to include safeguarding of vulnerable adults however, the person in charge was aware of this and had a plan in

place to address it.
Judgment: Compliant
Regulation 22: Insurance
Prior to this inspection the provider submitted up-to-date insurance details for the centre.
Judgment: Compliant
Regulation 23: Governance and management
<p>There were clear lines of authority and accountability in this service. It was led by an experienced and qualified person in charge who was supported in their role by an experienced senior manager/person participating in management. Additionally, an on call management system was in place to support the overall governance and management of the centre.</p> <p>The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and, a six-monthly unannounced visit to the centre had been carried out on March 25, 2025. On completion of these audits, an action plan/quality enhancement plan was developed and updated as required to address any issues identified in a timely manner.</p> <p>For example, the auditing process identified the following:</p> <ul style="list-style-type: none"> • safeguarding was to be discussed at staff meetings • some care plans required review/some documentation required archiving • the kitchen table and chairs required updating • a new shower chair was required • new mattresses were required for the residents <p>These issues had been actioned and addressed at the time of this inspection.</p> <p>It was observed that other actions arising from the auditing process had yet to be completed however, a plan of action was in place to address these issues.</p> <p>Notwithstanding, the time frame for completion of one of those actions required review as it highlighted the need to install a ramp from the side exit out of the building. This required review as the time frame for completion was not until September 2025 and, as one of the residents used a wheelchair to evacuate the premises during a fire drill, this action needed to be addressed in a more timely</p>

manner. This issue was discussed and actioned under regulation 26: risk management precautions.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

The inspector found that a minor amendment was required to the statement of purpose however, the person in charge addressed this issue prior to completion of this inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Chief Inspector of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

Quality and safety

As found in the last inspection of this service, both residents were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed health and social care needs. However, some issues were identified with regulation 10: communication and regulation 26: risk management precautions.

Residents' assessed health and social care needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals

of their choosing and frequent community-based activities

They were also being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals to include GP services, behavioural support services and mental healthcare support

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were no open safeguarding plan in place. Systems were also in place to manage and mitigate risk and support residents safety in the centre.

Fire-fighting systems were in place to include a fire alarm and detection system, fire doors, fire extinguishers, a fire blanket and emergency lighting/signage. Equipment was being serviced as required by the regulations.

The house was found to be clean, warm and welcoming on the day of this inspection and most of the issues as found on the last inspection had been addressed.

Overall this inspection found that the individual choices and preferences of the residents were promoted and residents appeared happy and content in their home.

Regulation 10: Communication

Residents were being assisted to communicate in accordance with their wishes and needs however, their communication assessments required updating.

Staff were also observed to be familiar with and respectful of the preferred style of communication of both residents.

Residents also had access to telephones, televisions, radios and personal computers.

It was observed however, that the communication assessments on file for the residents required updating to reflect changes in their presentation and preferences and indeed, to reflect their current placement (as they had been carried out a number of years ago in a previous placement).

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were provided with opportunities for social and recreational activities of their choosing and were provided with opportunities to engage in activities of their

preference and interest.

For example, residents were supported to attend concerts that they liked, go on short holiday and or hotel breaks, go to the local shops, go for drives, support staff with shopping for the house, go for walks and have coffee out. (See section one of this report '*What residents told us and what inspectors observed*' for more information on residents preferred social and recreational activities).

They were also supported to maintain regular and on-going contact with their family members.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. They were clean, warm, welcoming and personalised to the individual style and preference of both residents.

Both residents had their own individual sitting room and bedroom. Communal facilities included a kitchen cum dining room and a small sun room. There were also three rest rooms in the centre and a staff office.

The centre also contained a small apartment area at the end of the property and this had been redecorated since the last inspection. This area contained a storage room, a utility room and a bathroom.

It was observed that some minor works were required to the premises (for example the floor of the bathroom in the apartment required attention) however, the person in charge was aware of this and had a plan of action in place to address these issues. Additionally, this bathroom was not used by the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and support residents safety in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

For example (and as found in the last inspection), where a risk related to behaviours

of concern was identified, the following control measures were in place

- residents had access to a clinical nurse specialist in positive behavioural support
- residents had a positive behavioural support plan in place (which was reviewed as required)
- staff were familiar with the assessed needs of the residents
- staff had training in positive behavioural support
- where required, residents had support and input from a psychiatrist

However, aspects of the risk management process required review as some of the control measures in place to manage risk were not adequately documented.

For example:

- a number of measures were in place for one resident at risk of falling to include staff support on a 24/7 basis, ongoing access to a physiotherapist and corridors were kept clear. While a general risk assessment was in place for the risk of falls in the centre, it did contain all of the individual control measures in place to keep the resident safe as identified above
- the lone risk assessment in the centre require updating to reflect the minimum safe staffing levels required during day hours (this was reflected in the lone risk assessment for night duty)
- more written information/clarification on when staff needed to seek medical advice regarding the risk of a resident experiencing a hypoglycemia and or a hyperglycemia event due to diabetes was required in their care plan/risk assessment
- the quality enhancement plan for the service identified that a ramp was needed from the exit of the side of the building so as to ensure residents could evacuate through this door in the event of a fire and, reduce any risk to the residents. The time frame to address this issue/risk was September 2025. This time frame require review so as the service could be assured that this risk would be addressed in a more timely manner.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers, a fire blanket and emergency lighting/signage. Equipment was being serviced as required by the regulations. For example,

- the fire extinguishers were serviced in April 2025
- the fire alarm system was serviced in July 2024, November 2024 and in February 2025
- the emergency lights were also serviced in July 2024, November 2024 and in

February 2025

Staff also completed as required checks on all fire equipment in the centre and from reviewing the training matrix, had training in fire safety.

Fire drills were being conducted as required and no issues were reported with regard to evacuating the residents during drills. For example,

- a drill conducted on February 12, 2025 informed it took the staff and two residents one minute to evacuate the premises with no concerns noted
- another drill conducted on May 08, 2025 informed that it took the staff and two residents one minute and 34 seconds to evacuate the premises with no concerns noted

Both residents had an up-to-date personal emergency evacuation plan in place which detailed the level of support and guidance they required during fire drills.

It was observed that the quality enhancement plan for the service identified that a ramp was needed from the exit of the side of the building so as to ensure residents could evacuate through this door in the event of a fire and, reduce any risk to the residents. This issue was discussed and actioned under regulation 26: risk management procedures.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services and supports:

- general practitioner (GP)
- speech and language therapy (SALT)
- physiotherapy
- occupational therapy
- dentist
- dietitian
- dentist
- clinical nurse specialist in dementia
- clinical nurse specialist health promotion
- chiropody

Where required, residents also had a number of healthcare-related plans in place so as to inform and guide practice. Two staff spoken with were familiar with residents healthcare-related plans.

Hospital appointments were facilitated as required and each resident had a hospital passport on file.

Residents were also supported to experience positive mental health and well being and had as required access to the following services:

- a clinical nurse specialist in positive behavioural support
- psychiatry support

Judgment: Compliant

Regulation 8: Protection

Policies and procedures were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were no active safeguarding concerns in the centre.

The inspector also noted the following:

- two staff spoken with said they would have no issue reporting a safeguarding concern to the person in charge. Both were also able to name the designated safeguarding officer for the service.
- easy-to-read information on safeguarding and advocacy was available in the centre
- there were no complaints about any aspect of the service on file at the time of this inspection
- safeguarding was discussed at staff meetings
- advocacy was discussed with residents at their meetings
- the person in charge was aware of their legal remit to notify the Chief Inspector of any adverse incident occurring in the centre in line with the regulations
- the person in charge was also able to inform the inspector of the reporting procedures with regard to managing and investigating a safeguarding concern

Additionally, staff had training in the following:

- safeguarding of vulnerable adults
- communicating effectively through open disclosure
- Children's First

The person in charge also informed the inspector that all staff vetting in on file.

Judgment: Compliant

Regulation 9: Residents' rights

As found in the last inspection of this service, the individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to make their own decisions with regard to their daily routines and engaged in social/recreational activities that they liked and enjoyed.

Staff were observed to be respectful of the individual choices and preferences of both residents. Easy-to-read information on decision making, advocacy and complaints was also available in the centre.

Staff had also undertaken training in capacity legislation, assisted decision making and human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sunflower House OSV-0002998

Inspection ID: MON-0038593

Date of inspection: 12/05/2025

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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: Residents will have a communication assessment carried out by a Speech & Language Therapist by 18.8.2025	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Individual risk assessment to include the risk of falls both internal and external to the building is now complete The lone worker risk assessment has now been updated to reflect the minimum staffing levels required during the day. Residents' diabetes plan of care and risk assessment now reflects and identifies when medical advice is required to support the person with their diabetes The time frame to install the ramp at side of property has now been brought forward to be completed by 31.7.2025.	

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).

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	18/08/2025
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	31/07/2025