



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

Issued by the Chief Inspector

Name of designated centre:	St Vincent's Residential Services Group C
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	24 September 2025
Centre ID:	OSV-0003926
Fieldwork ID:	MON-0047673

About the designated centre

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

This service provides residential accommodation for up to five residents, male and female with moderate to severe intellectual disability with behaviours that challenge. The designated centre is a five-bedded bungalow located in a cul de sac on a campus based on the outskirts of a city. There are four bedrooms in the main part of the house with an adjoining one bedroom apartment. The house has two sitting areas, a kitchen, dining room, two shower rooms, laundry, office and a garden to the rear. The apartment is comprised of a dining/sitting room, bedroom and bathroom with separate garden space to the rear. An appointed person in charge provides day to day oversight of service provision within the centre. Residents are supported through a social model of care to engage in a range of meaningful activities in accordance with their individualised personal plans. Staff provide supports to residents at all times both by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Wednesday 24 September 2025	10:00hrs to 17:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an un-announced adult safeguarding inspection completed within the designated centre of Group C which is located on a campus setting. The centre was registered with a capacity of five adults. The provider had submitted an application to vary the registration conditions of this designated centre reducing the numbers of residents from six to five and this had been approved by the Chief Inspector in December 2024. There were four residents in receipt of residential services at the time of the inspection and the inspector met with all of the residents at different times during the day and in line with their expressed wishes.

This designated centre had previously been inspected on behalf of the Chief Inspector in August 2023. It was evident that the provider had addressed the issues identified during that inspection which included allocating day service staff resources to enhance the provision of such services to residents in the designated centre.

On arrival at the designated centre, the inspector introduced themselves and showed their identification to the staff members present. The inspector was informed that the person in charge was working in the other designated centre which was also part of their remit. The senior staff member delegated to another staff member to ensure the person in charge and the senior management team were informed that the inspector was present in the designated centre and the purpose of the inspection. The inspector also provided the senior staff member a copy of an easy-to-understand information document, which explained the purpose of the inspector's visit to the residents. The inspector observed a number of occasions throughout the inspection where this document was used to explain to the residents who the inspector was and why they were in the designated centre.

The inspector was provided with information relating to the residents which included one had already gone out with a staff member on a planned activity in the community. Another resident was being supported to get ready to go to meet with a relative in another county. Two staff members were assisting with this activity. The inspector was also informed that due to unforeseen circumstances outside of the provider's control there was no day service staff supporting the residents as scheduled at the time the inspector had arrived. While there was a delay an additional staff did arrive by 11:00 hours to provide support to one of the residents so they could continue with their planned activity for the morning. This resident was observed by the inspector to be spending time in the communal areas while waiting for a staff to support them, staff explained the resident found it difficult to cope with increased numbers of persons in their home. Staff familiar to the resident were observed to provide ongoing re-assurance and show them the information document to explain the inspector's presence during this time. The inspector also followed staff directions to avoid causing increased anxiety for the resident. This included to remain seated when in the staff office and review some documentation in the dining room out of the resident's line of vision. It was evident during the latter part of the afternoon the resident was becoming more anxious. The cause was explained by the

person in charge that it was almost time for the evening meal to take place and the presence of additional persons in the building was also impacting them. At this point the inspector stopped reviewing documentation and left the building to reduce one source of anxiety for the resident.

The inspector observed a staff member using the nice-to-meet-you document to explain to another resident who the inspector was when they had completed their morning routine and were sitting in a sitting room near the staff office. Staff were observed to be familiar with this resident's routine and actions required to be taken to support them to continue on with their planned activity of going out in the community to meet a relative. Staff also informed the inspector of the importance of a particular item for the resident which they liked to hold in their hand. During a review of documentation relating to the same resident during the inspection it was evident staff had measures in place to ensure the resident had ongoing access to this item during the day which included washing it at night time while the resident was asleep and having additional similar items available in the event of any damage or loss of the item occurred. The inspector met with the resident on their return in the afternoon and was informed they had enjoyed meeting with their relative and lunch out.

The inspector was invited to visit another resident in their apartment after they had returned from their planned outing later in the morning. The resident was being supported by a staff member who was very familiar with the resident and had worked with them in the previous designated centre where they had lived before moving into this designated centre in December 2024. The resident told the inspector they were very happy with their new home, had picked out the decor and enjoyed their garden area. The resident consented for the staff member to show the inspector the apartment as the resident rested after their morning outing. It was observed that the garden area needed maintenance and the inspector noted this had already been identified and was addressed during the inspection. The resident enjoyed many social activities which they spoke to the inspector about. These included regular over night visits with a family member, meeting friends and peers that they had previously lived with and outdoor activities such as walks and shopping. The staff member explained the resident would inform staff what she would like to do and where she would like to go and this was facilitated by the staff team.

Throughout the inspection, the inspector observed the staff team to consistently support all of the residents. This included responding immediately to gestures, non verbal cues or vocalisations indicating a particular request for assistance. For example, a staff member was aware that a resident was requesting to go into their bedroom after completing their morning routine, this was immediately supported. The same resident also used sounds to indicate their wish to go into the kitchen to have their breakfast this was also supported by the staff member. Another resident, indicated they did not wish to have any staff present in the sitting room during the morning and this was respected while the staff member continued to provide support from a distance as the resident required it.

The inspector observed a range of information available for residents pertaining to their rights throughout the designated centre. These included easy-to-understand leaflets, newsletters, posters and details of who the designated officer and complaints officer was. There was information regarding assisted decision making and the up coming presidential election. The provider was actively supporting residents to engage in activities which supported them to become more informed about their rights. This included attending advocacy meetings.

In summary, residents were being supported by a dedicated core staff team. Regular routines were being supported as well as expressed wishes such as visiting community locations. Residents were being supported to engage daily in preferred activities and attain meaningful personal goals. Additional day staff resources were available to the residents since the previous inspection which improved residents ability to make choices regarding daily activities and planning their routine. The inspector was made aware that some longstanding issues relating to the premises had not been addressed. This will be further discussed in the quality and safety section of this report.

The next two sections of this report will 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 provided.

Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and support provided by a consistent staff team. This resulted in positive outcomes for residents in relation to the wishes they were expressing regarding how they wanted to spend their time in the centre and live their lives in the community. There were management systems in place to review if the residents received a good quality and safe service.

During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, one resident was observed to confirm their responses to the inspector with the staff member that was supporting them. Another resident who indicated on many occasions that they did not wish to engage with staff was observed to be supported in this expressed wish. Staff were also observed to respond immediately to different gestures and vocalisations made by residents. Staff were aware of what request was being made by a resident on each occasion such situations arose during the day. This included providing a drink, accessing a bedroom and providing time to rest when tired as required.

The provider demonstrated that they had effective systems through which staff were recruited and trained, to ensure they were aware of and competent to carry

out their roles and responsibilities in supporting residents in the designated centre. Residents were being supported by at least one core staff member at all times who were familiar to the residents and aware of individual preferences, routines and assessed needs.

The focus of this inspection was on safeguarding practices in the centre in keeping with a programme of inspections started by the Chief Inspector during 2024. Overall, no immediate safeguarding concerns were identified during this inspection and it was found that the monitoring practices for this centre did consider matters related to safeguarding. Staff spoken to demonstrated their knowledge around the types of abuse that can occur and relevant national standards. Staff also outlined specific protocols that were in place to provide specific support to residents in the designated centre. The majority of the core staff team had attended relevant training and regular staff meetings were taking place with the person in charge in attendance.

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents. Staffing resources were in line with the statement of purpose. There was a consistent core group of staff, familiar to the residents working in the designated centre. The person in charge worked full time and their remit was over two designated centres. There was evidence of ongoing review by the provider to ensure adequate staffing resources were available to support the assessed and changing needs of each resident.

- There was one whole time equivalent staff vacancy at the time of the inspection. There were regular relief staff working in the designated centre to fill gaps in the rosters as required. There had also been a requirement for agency staff to work in the designated centre on occasions where gaps had arisen at short notice.
- A selection of dates on actual and planned rosters since the 4 August 2025 until 5 October 2025, 10 weeks, were reviewed during the inspection. These reflected changes made due to unplanned events/leave and training. The minimum staffing levels and skill mix were found to have been consistently maintained both by day and night.
- Details of additional staff resources including day service staff and household staff were also reflected on the rosters that were reviewed.
- The person in charge ensured nursing supports were available to the residents both by day and night to meet the assessed needs of the current residents.
- The provider facilitated the person in charge to be super nummery to enable them to allocate time to complete administrative duties required of their role. However, the person in charge was also rostered on duty on the front line to support residents and the staff team as required. This included on the day of

the inspection where they were supporting residents in another designated centre under their remit.

- Due to unforeseen circumstances outside of the provider's control on the morning of the inspection, a day service staff was unable to attend for their planned shift. The inspector observed senior management had supported the staff team and organised a staff member to work in the designated centre who was familiar to the residents by 11:00 hours

However, while the person in charge had the details of the start and end time of the shifts that were scheduled for the day staff, no details were documented of the hours the waking night staff on duty in the designated centre or the twilight staff who was present to support a resident in their apartment until 23:00 hours each evening. This was discussed during the feedback meeting at the end of the inspection

Judgment: Substantially compliant

Regulation 16: Training and staff development

At the time of this inspection 12 staff members including the person in charge worked regularly in the designated centre. The core staff team was comprised of nurses, care staff and house hold staff.

- The inspector reviewed a detailed training matrix which indicated that the majority of the staff team had completed a range of training courses to ensure they had the appropriate levels of knowledge, skills and competencies to best support residents while ensuring their safety and safeguarding them from all forms of abuse. These included training in mandatory areas such as safeguarding. The documented information available to the inspector on the day of the inspection had details of the training completed by eight members of the core staff team. The inspector acknowledges that additional information was provided regarding one staff member during the feedback meeting. However, at the time of the inspection details of the safeguarding training of the remaining three staff members was unknown. The mandatory training matrix for the staff team had been updated by the person in charge on 12 June 2025.
- Not all of the staff team had completed training in understanding behaviours of concern and responding to crisis situations. At the time of the inspection details in the training matrix showed only seven staff members had up-to-date training in this mandatory course.
- The person in charge provided updated information regarding the supervision that had taken place to date in 2025 with the staff team and scheduled for the rest of 2025 during the inspection. There was documented evidence that

each staff had agreed to complete such supervision twice yearly with the person in charge.

- The person in charge ensured monthly staff meetings were taking place with the staff team throughout 2025. Meeting notes reviewed by the inspector detailed issues discussed which included safeguarding, reviews of restrictive practices and incidents that had occurred within the designated centre. The person in charge had also reminded staff of their responsibility to ensure all training was up-to-date during a staff meeting on 27 August 2025.
- From the training records reviewed some staff had also completed non - mandatory training in areas such as dysphagia to support the assessed needs of the residents in the designated centre.
- There were also details of planned/scheduled training for staff during September 2025 which included how to create a social story and easy to understand information documents, food safety and heart saver training.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider was found to have governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre.

- There was a management structure in place, with staff members reporting to the person in charge.
- The person in charge was also supported in their role by senior managers within the organisation.
- The provider had completed an annual review in January 2025 which identified a reduction in the number of residents in receipt of residential services in the designated centre. Additional staff resources were allocated to provide day service support in the designated centre and enhance the opportunities for each resident to engage in increased opportunities for meaningful community activities.
- The provider had ensured six monthly internal audits had been completed in the designated centre. Such audits had been completed in June and December 2024 and 20 June 2025. There was a repeat action relating to a medication audit not having been completed in the June 2024 audit and this was subsequently completed in November 2024. A further medication audit was completed in January 2025 with no actions required to be addressed. The person in charge had documented when actions identified on other completed audits had been completed and by whom. For example, a fire register audit and infection prevention and control audit was completed in July 2025, a handover audit in May 2025 and monthly audits of residents finances were being completed in the designated centre.

- On review of staff meeting notes, there was a repeat reference to issues relating to the kitchen door , this will be actioned under Regulation 17: Premises

Judgment: Compliant

Quality and safety

The purpose of this safeguarding inspection was to review the quality of service being afforded to residents and ensure they were being afforded a safe service which protected them from all forms of abuse, while promoting their human rights.

Residents were encouraged to build their confidence and independence, and to explore different activities and experiences. It was evident from observations made by the inspector and a review of documentation throughout the inspection, the staff team ensured residents were being supported to engage in various activities, had a routine that suited their assessed needs and had their voice heard.

The inspector reviewed a number of documents including individualised personal plans, risk assessments and relevant safeguarding information. It was evidenced that most of these documents were subject to regular review, were reflective of the input of the resident and person centred. Individualised personal plans had been updated to reflect the residents current and changing supports needs. This included a range of support needs for each resident with detailed guidance to promote continuity of care. The inspector did review a centre specific orientation folder that was available to new staff. Specific information relating to one resident which the inspector questioned with the person in charge referenced a night time routine and regular checks to be completed throughout the night. The inspector was informed this was not correct and the information was immediately updated by the person in charge who also ensured the night time manager was provided with the correct updated version of care and support required by the particular resident.

The inspector left the designated centre before completing a full review of documented risks within the designated centre as one resident was becoming anxious. The inspector did review sections of personal plans for three of the residents during the inspection which included individual risk assessments for these residents. These were evidenced and documented to have been subject to recent and regular review. For example, one resident had a review of their risk of falling in early September 2025 after a review by the physiotherapist of their specialised footwear.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes.

- Residents had access to telephone, television and internet services in line with their expressed wishes.
- Residents were supported to communicate with relatives, friends and peers in other designated centres.
- Each resident had an up-to-date communication passport to reflect their individuality and preferences when communicating with others. This included the meaning for individuals when they used non verbal cues and vocalisations to express themselves.
- Residents were provided with information in easy to understand format which included the up coming presidential election.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was designed and laid out to meet the assessed needs of residents living in the designated centre. The building was clean, well ventilated and decorated to reflect personal interests of the residents living there. The reduced number of residents since the previous inspection and the upgrading of the self-contained apartment had benefited the current residents.

- This included the three residents in the main house having less individuals to share communal spaces with which better supported their preferences not to have too many people in their personal space.
- The upgrading of the apartment to support one resident who moved from another designated centre on the same campus had provided a new home for them which they reported was working well for them.
- On the day of the inspection, it was noted the floor plans did not accurately reflect the actual use of all of the rooms in the designated centre. For example, the apartment was documented as being vacant on a set of floor plans reviewed by the inspector. The person in charge completed a review to ensure an up-to-date accurate version was consistently available throughout documentation and on display within the designated centre.
- Planned external garden maintenance was completed on the day of the inspection which supported the use of the space for one resident living in the apartment.

The inspector acknowledges that that the upgrading of fire doors throughout this designated centre was not part of the provider's compliance plan response following the previous inspection in August 2023. However, the inspector observed upgrades to the fire doors within the self contained apartment had been completed. The

inspector was informed there were delays outside of the provider's control relating to the upgrading of the fire doors within the campus including in this designated centre but the existing doors in the main building of this designated centre were subject to ongoing review and regular checks in line with the provider's procedures.

While reviewing the monthly staff meeting notes, the inspector noted a re-occurring issue documented regarding the external kitchen door. A gap at the base of the door was reported to be letting water in from the exterior. This issue was originally documented in the staff meeting notes in June 2024 and remained unresolved at the time of this inspection. This was discussed during the feedback meeting at the end of the inspection

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed different sections of three personal plans over the course of the inspection. Each resident had an assessment of need and personal plan in place. These plans were found to be well organised which clearly documented residents' needs and abilities. There was evidence the residents had been consulted in the development of their personal plans. The language used was respectful and considerate of each resident. There were numerous photographs which showed residents enjoying a variety of activities.

- An internal audit of residents personal plans during 2025 had identified an action relating to the rationale being documented for individual residents goals. The person responsible and time lines were also required to be completed for each resident. These were observed to be evident in the plans reviewed. There was additional information provided to the inspector during the day relating to the fourth resident identifying and working towards their goals which included a successful visit a hotel for afternoon tea in April 2025.
- One resident was being supported to attain progress with a personal goal relating to improving the quality of visiting their relatives in their family home. Details of progress to date included photographs of the resident being supported by both the staff team and relatives to achieve the goal in a stepped approach to ensure the resident did not become anxious while trying to attain this meaningful goal.
- Details documented for residents in daily notes were reflective of staff ensuring activities were purposeful, such as going to the canteen to meet peers for one resident, another resident had successfully travelled on a train and was enjoying being responsible for the recycling activities of the designated centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage challenging issues. The provider ensured that residents had access to appointments with allied health care professionals such as, psychiatry and psychology.

- The person in charge had ensured a tracking log was maintained when doors within the designated centre were locked, the time and the duration were consistently recorded by the staff team.
- All four residents had behaviour support plans in place. While the details in some of the plans reviewed had been subject to review within the previous 12 months, one resident's behaviour support plan had last been documented as being reviewed in November 2023. This was not in line with the provider's own requirements for an annual review to take place. The person in charge did contact the behaviour support specialist during the inspection regarding this matter and a review was requested of the behaviour support plan for this resident.
- There were a number of restrictive practices in place in the designated centre to ensure the ongoing safety of residents. The inspector acknowledges that the person in charge had sought to have such restrictions reviewed by the provider's restrictive practice committee on a number of occasions. The previous review had taken place in June 2024 with a planned review scheduled to take place in October 2025. This was not within a 12 month period or in line with the provider's procedures.
- In addition, while the inspector did not review Regulation 31: Notifications as part of this safeguarding inspection, on review of the current restrictions in place in the designated centre it was noted that the Chief Inspector had not received written notifications of restrictive practices that were being used in the designated centre during Quarter 1 2025. This included restrictions that were put in place to support a resident's privacy and dignity who had moved into the apartment at the end of December 2024.
- The inspector acknowledges that the person in charge made changes on the day of the inspection to information contained within the orientation folder pertaining to 30 minute night time checks for one resident which were not taking place and the inspector was informed the information was incorrect. The purpose of this folder was given to new/unfamiliar staff such as agency staff to review to enable them to effectively support all of the residents within the designated centre.

Judgment: Not compliant

Regulation 8: Protection

Eight of the core staff team had attended training in safeguarding of vulnerable adults, as per the details contained in the training matrix reviewed on the day of the inspection. This will be actioned under Regulation 16: Staff training .

- Safeguarding was also included regularly in staff and residents meetings to enable ongoing discussions and develop consistent practices.
- The provider had ensured a policy for the protection and welfare of vulnerable adults and the management of the allegations of abuse was in place and subject to regular review. The current policy had been approved by the provider in May 2024.
- There were three open safeguarding plan at the time of this inspection. There was evidence the residents affected were consulted and controls were in place to ensure the ongoing safety and well being of the residents. This included changes to meal time routines, transport arrangements and ongoing activation during the day to reduce the risk of similar safeguarding concerns occurring within the designated centre.
- Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines. All of the plans reviewed by the inspector had been subject to regular updates and review. These plans reflected if a resident could independently complete personal care or if assistance was needed.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre. The residents were supported to take part in the day-to-day decision making, such as meal choices, activity preferences and to be aware of their rights through their meetings and discussions with staff.

- Residents were supported to attend advocacy meetings or receive updates from such meetings regularly.
- Residents were being supported to be informed to vote if they choose to do so in the upcoming presidential election.
- Residents were supported to maintain meaningful links with relatives, friends and peers.
- Residents were being supported to attain personal goals and identify activities in which they had an interest such recycling and art.
- All residents were supported to have access to their finances. Three residents had their own bank accounts while one resident was experiencing barriers to opening their own bank account the provider was working towards a solution

to remove barriers in place by financial institutions. However, the inspector was informed there were no issues at present for the resident to access their personal finances while awaiting opening their own bank account. The person in charge had registered the resident with the on-line service my.gov.ie to enable the process to be completed once all current barriers have been removed.

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 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Vincent's Residential Services Group C OSV-0003926

Inspection ID: MON-0047673

Date of inspection: 24/09/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Off duty now reflects the start and finish time for night staff and also twilight staff.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Mandatory training that was outstanding for some staff has either been completed or else staff have been booked in for same. The training matrix has been updated for all staff by the PIC.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The external kitchen door has been reviewed by maintenance manager in order to try to prevent water entering the kitchen. A new door is on order from suppliers and awaiting delivery.	

Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The behaviour support plans for all residents have now all been reviewed and will be reviewed annually going forward.</p> <p>The restrictive practices within the designated centre have been reviewed and updated.</p> <p>All restrictions are now included in quarterlies notifications to the chief inspector.</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 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	25/09/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	06/11/2025
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair	Substantially Compliant	Yellow	30/01/2026

	externally and internally.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Not Compliant	Orange	22/10/2025