



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

## Issued by the Chief Inspector

Name of designated centre:	Community Residential Service Limerick Group B
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	29 January 2026
Centre ID:	OSV-0003940
Fieldwork ID:	MON-0049337

## About the designated centre

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

The Community residential service provides full time residential support to ten adult residents on a full time basis. The centre is comprised of two separate houses located in quiet residential areas close to local amenities and public transport. The service provides a homely environment for the adults, both male and female, where they can live with respect and dignity, express their individuality, live as members of a household and be integrated into the local community. The service offers all residents the opportunity to live in their own home, to share their home with friends, to build their own network of friends and family and to utilise all community resources as desired. These opportunities are available through an individualised approach to planning and provision of care and support, which involves the service user, the family, friends and key workers. The support provided is a social model of care with staff support during the day when residents are unable to attend their day service. Sleep over staff are also present in both houses each night.

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

Number of residents on the date of inspection:	9
--	---

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 29 January 2026	09:45hrs to 18:45hrs	Kerrie OHalloran	Lead

## What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013).

The inspector found through observation in the centre, conversations with staff and management of the centre and meeting the residents that lived in the centre, that residents were relaxed in their home, generally enjoyed a good quality of life, had choices in their lives and were supported by staff to be involved in activities both in the centre and in the local community.

The centre comprised of two houses located in residential areas close to local amenities and public transport. Both houses were a short distance from each other. On the day of the inspection nine residents were living in the designated centre. At the time of the inspection there was one vacancy. The inspector had the opportunity to meet eight of the residents throughout the course of the inspection. Both houses had enclosed back gardens with seating areas, along with communal areas, such as kitchen/dining rooms, sitting rooms and bathrooms. Each resident had their own bedroom. One of the houses had an adjoining apartment area which could be accessed by a separate front and back door. This apartment contained a living room, bedroom and bathroom for the resident living here.

This inspection was facilitated by a person in charge from another designated centre within the provider as the person in charge was on leave on the day of the inspection. The service manager also facilitated the inspection. The inspector spent the morning and afternoon in one of the houses reviewing documentation and meeting staff and residents. Later in the evening the inspector visited the second house that comprised of the designated centre and had the opportunity to meet the residents and staff along with reviewing additional documentation.

On arrival to the centre the inspector was introduced to a staff member on duty. The staff member was supporting one resident to get ready for the day ahead. The staff member informed the inspector that one resident was getting ready to attend their day service while other residents had already left the centre to attend their day services. Shortly after this a person in charge from another designated centre arrived to facilitate the inspection. This person was knowledgeable about the centre and the residents living in the centre as they had previously been the person in charge for this centre. Later in the afternoon the inspector met four of the residents living in this house. Three of the residents were happy to engage with the inspector while one resident greeted the inspector they appeared happy watching their evening meal be prepared by staff. The residents living in this house appeared happy and relaxed in their home. They told the inspector that they liked living in their home and that they felt safe. One resident spoke to the inspector about music

and sports. The resident said they liked having their own space to relax in but they also liked visiting the residents in the house attached for residents meetings.

Another resident living in this house spoke to the inspector about a recent achievement of becoming a coach for a nearby club. The resident spoke about how they had only just started this but they were very happy as they had progressed to this. Another resident living in this centre spoke to the inspector about their day service, they were relaxing in the sitting room while they spoke to the inspector. The resident spoke about the staff being good to them. During this time a staff member brought the resident a cup of tea which the resident was happy with and told the inspector they liked this.

Later in the evening when the inspector visited the second house they were greeted by two residents at the front door. One of the residents had a quick chat with the inspector before leaving with a family member. Two more residents were enjoying their evening meal when the inspector arrived. They spoke to the inspector about their day and how they enjoy living in their home and the staff do a great job in supporting them. One resident discussed plans they had for a holiday during the year.

The inspector had the opportunity to meet five staff members during this inspection. It was evident that each resident was being supported to have person centred care, while ensuring each resident was supported to engage in meaningful activities frequently. For example, one resident was supported to have their meals in their own living area as this is what they preferred.

Each house had a transport vehicle available which could be used for outings or activities that residents could choose to do. This ensured that residents could access individual outings in line with their own choices, along with group outings. Some activities residents enjoyed in their homes included listening to music and watching television and enjoying the garden area when the weather was good. Residents also enjoyed a number of activities in the local community which included going to the swimming, shopping and going to the cinema. Resident also enjoyed eating meals out and getting a take-away.

Overall it was seen that residents had a generally good quality of life living in Community Residential houses Group B. The next two sections of the report present the findings of this inspection about the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

This section of the report describes the governance and management arrangements and how effective these were in ensuring a good quality and safe service.

The provider had governance and management arrangements in place. There were clear lines of responsibility and accountability. A person in charge was in place for the designated centre and was employed on a full time basis. An on-call governance system was in place for the designated centre during times the person in charge was not on duty.

Overall, this inspection found that arrangements were in place to ensure that residents received care and support that was person-centred. However, review is required under four regulations reviewed under capacity and capability to ensure that systems in place were effective. This included to ensure an up to date organisational structure was in place in the centres statement that identified the correct person participating in management. Ensure all staff training was up to date, this included to ensure all staff had completed training to support residents assessed needs. Complaints required review to ensure the documentation in place recorded that complaints were closed and the complainant was satisfied with the outcome of the complaint.

Under Regulation 23: Governance and management overall the provider had management systems in place that provided oversight. However some improvement was required to ensure that six-monthly unannounced visits were completed at least every six months. Also the provider had not come into compliance with assurances provided in the last inspections compliance plan response in November 2023. This required review to ensure the provider was meeting these time lines.

The provider had employed staff who had the necessary skills and expertise to support residents. The provider supported staff to be aware of their roles and responsibilities in relation to the care and support they provide for residents. For example, staff spoken with were knowledgeable of behaviour support plans in place and feeding, eating drinking support plans in place for residents.

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

## Regulation 15: Staffing

A planned and actual staffing roster was maintained as required by the regulations. The inspector reviewed a sample of roster from January 2025 to the end of February 2026 . There was a consistent staff team in place at the time of the inspection. Staff spoken to on the day were knowledgeable in the residents care and support needs.

The inspector spoke to five staff members. Some of these conversations were brief as the staff were supporting residents. The inspectors found that they were

knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents. For example, they could describe the support required for residents during mealtimes and knew about the specific likes and dislikes of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff received training in a number areas to ensure the safety and to meet the assessed needs of the residents in the centre. The inspector reviewed the training matrix which identified all staff had received training in areas such as fire training, safeguarding and medication administration training. Some review was required to ensure all training was up to date to support staff to support residents with their assessed needs. This included:

- Two staff required training in Manual handling.
- One staff required training in Managing challenging behaviour.
- One staff required training in dysphagia.

The provider had procedures in place in terms of supervision of staff. A supervision schedule was in place for 2025 which identified completed supervisions and a schedule was also in place for 2026. All staff had completed supervision as per the providers own policy.

Judgment: Compliant

### Regulation 19: Directory of residents

The inspector reviewed the records of the residents which were maintained in the directory of residents. The inspector saw that these records were maintained in line with regulations and included, for example, each residents name, date of birth and the details of their admission to the centre.

Judgment: Compliant

### Regulation 23: Governance and management

The provider was found to have suitable 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 the person participating in management and service manager.

There were arrangements such as regular governance and management meetings which were seen to discuss both houses that comprise of the designated centre. This included audits, safeguarding, complaints, and restrictive practices. The person in charge had ensured monthly team meeting were taking place. The inspector reviewed a sample of team meetings from 2025. Again these were seen to be informative for the staff team providing updates for each the houses.

The person in charge had ensured audits were also being conducted at a local level in the designated centre. Such audits covered areas such as, health and safety, medication audits, infection prevention and control, mattress audit and hand hygiene audit. These were all seen to have taken place as identified by the schedule in place.

An annual review of the quality of care and support provided to residents had been completed for 2025. The annual review had sought input from residents and resident's family. This feedback was positive with families and residents expressing high levels of satisfaction with the service. An action plan was in place identifying any areas that required review or improvement. The action plan was found to be clear with the person responsible to complete the action and a tracker to monitor the progress of actions. For example, staff supervision was identified on the action plan for the person in charge and these were found to be up to date on the day of the inspection.

The provider had also completed six-monthly unannounced visits to the centre. However, these had not been completed within a six month time frame. One visit had been completed in November 2024 and the most recent audit in August 2025. This required review to ensure these audits were completed at least once every six months. The audits were seen to have action plans in place with actions completed within the identified time frame. For example, all staff had completed medication training and positive behaviour support plans reviewed by the inspector had been reviewed.

The centre had last been inspected in November 2023. During this inspection it was identified that there was compatibility issues in areas of the designated centre. The provider responded with assurances of how they were going to come into compliance under Regulation 8: Protection and that this would be completed in June 2024. However, during this inspection the provider had not successfully achieved this date of June 2024 to have an alternative living accommodation for one resident and this resident still resided in the designated centre. During this inspection the inspector had the opportunity to meet the resident and review the incidents in the centre. These incidents had significantly reduced and the resident had supports in place. The service manager informed and showed documented evidence of plans in place going forward to support this resident with their own living accommodation.

However, this required review to ensure that the provider was achieving the time lines they had set in the compliance plan response in the last inspection report.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

Under this regulation, the registered provider is required to ensure that there is a statement of purpose in place that contains specific information and which is reviewed at intervals of not less than one year. The inspector reviewed a copy of the statement of purpose on this inspection and it had been reviewed in September 2025. Some review was required to this document to ensure it reflected the current organisational structure of the designated centre. The document reviewed did not identify the correct person participating in management in the centre.

In addition, a walk around of the premises confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Chief Inspector under the Regulation was reviewed during the inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact the residents. All notifications had been submitted as required. For example, the provider had notified the Chief Inspector of any use of a restrictive practice within the centre on a quarterly basis.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There was a designated complaints officer nominated and displayed in the designated centre. The inspector was informed that there was no open complaints on the day of the inspection. The inspector reviewed four complaints recorded on the designated centre complaints log located in one of the houses. There was evidence that complaints received were recorded in a timely manner, with actions also recorded. However some improvement was required. Two of the complaints

reviewed were not fully documented. For example, one complaint recorded in August 2025 did not record if the complainant was satisfied with the outcome of the complaint. While another complaint recorded in December also did not record if the complaint was satisfied with the outcome and it did not document and date if the complaint was closed. This was discussed with the service manager who confirmed both of these complaints were closed.

Judgment: Substantially compliant

## Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality.

As mentioned earlier in the report, the centre was seen to be clean, tidy and homely. Resident's bedrooms were seen to be decorated with their personal items. Some review was required to ensure the all areas of the premises was maintained, this will be discussed under Regulation 17: premises.

Residents had risk assessments in place which had considered their safety and safeguarding. Restrictive practices were in place in the designated centre, these are to be reviewed on an annual basis.

Overall, the inspector found that residents lived a meaningful and good quality life. Residents were supported by staff on day trips and holidays, along with regular community activities and in house activities. Residents enjoyed attending their day services.

## Regulation 10: Communication

The inspector reviewed the communication needs of three residents living in this centre. The communication plans in place provided guidance to staff in supporting resident's communication needs and to be understood in their choices and feelings. Residents living in the centre expressed themselves with various forms of communication, including verbally, use of words, gestures and expressions.

Documentation in resident's personal plans highlighted the individual communication needs for each resident. For example, how a resident may communicate their feelings and needs was documented. This highlighted a list of feelings and needs

such as bored, happy, tired, doesn't like someone or wants to be alone and how the resident may verbally express this or the non-verbal clues they may express.

Judgment: Compliant

### Regulation 13: General welfare and development

The management and staff were working to ensure the residents were supported to take part in activities they enjoyed. It was evident to the inspector through discussion with management and review of resident's activities that residents regularly had opportunities to take part in activities both in the community and in their home. Examples of some activities residents were involved in included walks, cinema, visits to local cafes, shops and restaurants, and going to sporting events. Residents attended day services which was also very important to residents living in the centre.

Judgment: Compliant

### Regulation 17: Premises

The designated centre had a homely atmosphere throughout. The two houses that comprised of the designated centre was noted to be clean, well ventilated and well furnished. Residents had access to private space, with each resident having their own bedroom, along with adequate communal space. Residents had storage available in their bedrooms for their items. Laundry facilities were also available in each of the houses.

Some improvement was required in one of the houses, a radiator in a downstairs bathroom had visible rust. The internal doors in both of the houses required painting as they were visible marked.

The provider did have a maintenance plan in place which identified areas of the designated centre that required improvement or upgrading. A number of areas had been highlighted on this by the provider this included repair works to en-suite bathrooms and areas of the centre to be repainted. This plan also identified works that had been completed such as the boundary fencing had been replaced in 2023 in one of the houses and external doors had also been replaced.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The centres risk register had schedule review dates identified for 2026. The centre had identified risks in a number of areas such as risk of injury, falls, medication management and lone working.

Individual risk assessments were in place for residents and these were seen to be regularly reviewed. The inspector reviewed the individual risks in the centre for three residents. The person in charge had identified risks in areas such as behaviours of concern, fire safety and safeguarding.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that an assessment of need was completed for each resident, this informed the resident's personal plan. The plans in place were informative and contained good profile of the residents. The inspector viewed three of the residents' files.

Residents had been part of regular multi-disciplinary meetings. Where a support need was identified, care and support plans were developed. In general, these were seen to be kept under ongoing review and updated as required. For example, residents who had an assessed feeding, eating and drinking need had been assessed by speech and language therapy. Support plans were in place which provided detailed guidance to staff and the supports required to care for the residents.

Residents' personal planning meetings were being held annually, which included a review of the previous year and planning for the year ahead. As part of one resident's personal planning meeting, goals had been set with residents. The inspector reviewed a sample of these goals and they were found to be personalised to each resident and what they would like to achieve. Staff were also consistently monitoring resident's goals by documenting regular progress of each goal.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Some residents in this designated centre had behaviour support plans in place. The inspector reviewed two of these plans and found they were detailed and reflective of the residents assessed needs.

The plans contained guidance for staff in the management of behaviours and were individualised for the resident, taking into account their preferences and how they respond best. Behaviour support plans included identified behaviours of concern, triggers, and strategies both proactive and reactive.

The inspector spoke to management and staff regarding the behaviour support plans in place. They were knowledgeable on the resident's behaviour support plans in place. For example, staff spoke about different triggers or signs for a residents and how they support the residents through this.

There were some restrictive practices in use in the centre. These had been identified and were reviewed by the providers committee and at residents multidisciplinary meetings no less than on an annual basis. The service manager discussed with the inspector that these reviewed annually and when required would be reviewed more frequently.

Judgment: Compliant

## Regulation 8: Protection

The registered provider had implemented systems to safeguard residents. For example, there was a clear policy and procedure in place, which clearly directed staff on what to do in the event of a safeguarding concern. All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit. There was easy-to-read information relating to safeguarding and protection available. Residents took part in regular residents meetings and safeguarding was a regular agenda item.

As mentioned earlier in the report, the last inspection that took place in November 2023 identified compliance issues in relation to Regulation 8: Protection. This was address under Regulation 23: Governance and management as the provider had not achieved the time lines identified.

During this inspection, the provider had active plans in place to address the living environment for a resident. It was also found in this inspection that the provider had measures in place to support a resident which was having a positive impact for the resident in their overall life.

The inspector reviewed three closed safeguarding plan in place in the designated centre. At the time of the inspection no open safeguarding plan were in place. A

safeguarding audit had taken place in September 2025. A safeguarding information folder was also available in the centre.

Residents' had intimate care plans in place that detailed the care and support they required in relation to personal care, from review of three of these plans they were found to be individualised in line with the residents personal preferences.

Judgment: Compliant

### Regulation 9: Residents' rights

In this designated centre, residents were supported by staff to have choice and by provided with information regarding their rights. Residents were engaging in meaningful activities such as attending day services, being part of local clubs and events, planning trips and holidays. Residents were supported to be part of their local community and enjoy accessing their local shops and restaurants. One resident spoke to the inspector about their involvement in a local club and how they enjoyed the progress they had made. While another residents discussed how they choose to have their meal in their own apartment and like having a fridge in place.

During this inspection the inspector seen the provider had a proactive approach in relation to residents' rights. Residents were seen to be kept informed with regard to any maintenance repair works taking place in their home. For example, one residents shower in their en-suite required repair, the inspector reviewed documentation that informed the resident that repairs would be taking place, gained consent for repairs to take place and informed the resident of the use to the communal bathroom with shower facilities in their home. Residents were supported to be involved in monthly residents meetings. There were reviewed for 2025 and seen to take place regularly. These meetings discussed complaints, safeguarding, social roles, environmental updates and advocacy.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Community Residential Service Limerick Group B OSV-0003940

Inspection ID: MON-0049337

Date of inspection: 29/01/2026

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider has a schedule in place to ensure all 6 monthly audits are completed within recommended timelines. A 6 monthly audit was completed in August 2025 and the most recent 6 monthly audit took place on 19th of January 2026.</p> <p>Alternative living accommodation has been identified for one resident, and the license agreement has been signed. This has been discussed at MDT on 23rd February 2026 and IPNA is being updated currently. Transforming Lives officer will support the transition plan with the resident.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose for this Group was updated by the PIC and Service Manager and reviewed at Governance meeting on the 16.02.2026. This is in place in both houses and for discussion at next team meeting scheduled for 9th and 12th March 2026 and will also be discussed at the next residents meeting scheduled for March.</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Both complaints have been closed off by the PIC. Complaints training was provided to the PIC and staff team by Quality, Safety and Risk advisor on the 07.01.2026. Service Manager and PIC reviewed the local complaints logs for both houses at centre governance meeting on 16.02.2026 and the management of complaints was discussed again with all PICs at Governance meeting held on 16.02.2026 with Service Manager.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The PIC had escalated the premises works to the maintenance manager and service manager and these have been identified on the schedule of works for discussion and planning for completion with the Approved Housing Body. This schedule was reviewed at maintenance meeting with Service Manager on 10.02.2026 and with the PIC at Governance meeting on 16.02.2026.</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 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 externally and internally.	Substantially Compliant	Yellow	30/06/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2026
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit	Substantially Compliant	Yellow	28/02/2026

	to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	16/02/2026
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	16/02/2026