



# 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 E
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	11 November 2025
Centre ID:	OSV-0003943
Fieldwork ID:	MON-0047671

## About the designated centre

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

The centre comprises of one domestic style house located in a suburban area close to a large city. The service is available to adult women who have mild to moderate intellectual disabilities. The aim of the centre is, through a person-centred approach, to improve the quality of life of residents by ensuring they are encouraged, supported and facilitated to live as normal a life as possible in their local community. The intention of the designated centre is to provide residential and day supports for the older residents who are retired, semi-retired or in the pre-retirement stage of their lives. The intention is to maintain the residents in their own home and provide staff to support their age-related needs either from a distance, part-time or full-time as appropriate.

**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
Tuesday 11 November 2025	08:45hrs to 16:45hrs	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 E which is located in a residential setting in the community. The centre was registered with a capacity of four adults who were 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 September 2023. It was evident that the provider had sought to address the issues identified during that inspection which included staff training and some upgrade works to the premises.

On arrival the inspector introduced themselves to two residents who were about to leave the designated centre for their day service. Two staff were supporting them. One resident acknowledged the inspector and spoke of their plans for the day ahead. This resident was observed to be supported by staff to get onto the transport vehicle with the provision of a portable step which had a handle support to assist the resident to get onto the vehicle with minimal assistance. This step was stored in the back of the vehicle so it was available at all times for the resident when they needed to get on or off the vehicle. The inspector did not meet with this resident again as they had not returned from their day service by the time the inspection had ended.

The second resident was surprised and stated that they were not aware of the inspector's visit. The inspector explained that they had not informed anyone of the inspection taking place. The resident expressed a preference that they would like to know in advance if someone was visiting their house. The inspector explained they did not wish to delay the resident with their planned departure and would be happy to meet with the resident later in the day if they wished. The person in charge spoke with the same resident by phone during the morning to provide assurance to the resident about the purpose of the inspection and establish if the resident would like to meet with the inspector in the afternoon. Initially the resident indicated they would meet with the inspector. However, on arrival back to the house the resident declined the opportunity to meet with the inspector and this was respected.

The inspector spent some time at the start of the inspection talking to another resident who was getting ready to attend a retirement group for the day. The resident welcomed the inspector into their home and was observed to answer the land line phone during the conversation. The resident explained to the caller, who was a member of the management team, that the inspector was present and the resident relayed a message to the inspector that the person in charge was on their way to the designated centre. The resident spoke to the inspector about their current health, mobility and weekly activities. They had celebrated a milestone birthday earlier in the year and outlined all the celebrations that had taken place

with peers, friends and family. This included an extended stay in another country during the Summer where the resident stated it was hotter than Ireland and this helped aid their feeling of well being and reduced the need for regular pain relief. The resident informed the inspector they were very happy in their home but had commenced discussions with the staff team about their wishes for their future care provision.

The inspector was informed the fourth resident had already left the designated centre at the start of the inspection. This resident returned briefly in the late morning and spoke with the inspector in the kitchen. The resident outlined how they had a role in the local church which they enjoyed very much and had a lot of responsibilities in this role. The resident also spoke about a recent request they made to be assisted to change their payment plan for their mobile phone and the new plan was working well for them. The resident explained how they liked to relax in the sitting room in the evenings and enjoyed craft activities such as knitting while watching television with their peers.

Two of the residents explained at different times during the inspection to the inspector how they engaged in social and community activities together such as going to the hairdresser and shopping. Both of these residents also spoke of how they managed situations within the house if another peer was experiencing increased anxiety or other difficulties. One resident outlined how they would go to their own bedroom to allow their peer time to self regulate. They described this approach as working well for them but also explained that since there had been an increase in staff resources since December 2024 this had a positive impact on the lived experience in the designated centre. The other resident outlined how they would know if there was tension in the house when they returned but also explained that there had been no adverse incidents while they were in the house. In addition, the inspector was also informed by one of the residents that the four residents had a private meeting in advance of a planned over night short break to another county in recent months. The purpose of the meeting was to ensure all residents were aware that if any issues occurred during the short break a similar group activity would not take place in the future. The inspector was informed by both residents and staff members spoken to that the short break had been a positive experience for all.

The inspector met with a number of the staff team during the inspection which included a care assistant, an agency relief staff member, the person in charge and two clinical nurse managers. All staff spoken to were aware of individual residents preferences, routines and interests. These staff were observed to be familiar to the residents who engaged in multiple conversations with these staff during the inspection. The person in charge outlined the positive impact for residents with the additional staff resource during the day time. Residents were being supported to identify meaningful goals with the input of the provider's co-ordinator. These included trips abroad, short breaks in Ireland and joining local social groups.

The inspector completed a walk around of the communal areas of the designated centre. There were many personal possessions and photographs to reflect the residents living in this centre. Preferred seating arrangements in the sitting room

were identified, involvement in meal preparation, delegation of household chores and consultation with menu choices was also evident. The person in charge had documented the provider's oversight regarding the ongoing monitoring of maintenance issues within the premises. This was consistent with other designated centres under the remit of the provider. Upgrade works to one resident's ensuite facilities had been completed since the last inspection and the resident had logged a complement to the staff team on the completed works which they were very happy with.

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, voting and the recent 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. Residents engaged daily in preferred activities and attained 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 routines. However, following a review of complaints made by residents since the last inspection in September 2023, two complaints were made regarding residents inability to attend classes for which they had paid due to a lack of transport or driver being available. One occurred in October 2024 and one in November 2024. While the provider had put effective measures in place to reduce the risk of similar situations occurring which included increased staff resources since December 2024, neither resident had been re-imbursed the financial loss they incurred on these occasions. 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 had 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 had not expected any visitors to their home and a staff member supporting them provided ongoing assurance, such as responding to questions made by the resident about the inspection. In addition, the person in charge spoke with the same resident later on during the morning to ensure they were not experiencing increased anxiety due to the inspection taking place.

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 staff members 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. All staff working in the designated centre 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 and these were familiar to the residents in the designated centre.
- A selection of dates on actual and planned rosters since the 12 October 2025 until 22 November 2025, 6 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.

- The provider facilitated the person in charge to be supernummary 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 working in this designated centre supporting residents at least one day each week.
- The provider had also put additional staff resources in place by day to ensure the assessed needs of residents were effectively supported at all times. This additional resource was deemed necessary and risk funded by the provider. Residents outlined the positive impact for them having the additional support during the day time to assist with social activities and linking with the community

Judgment: Compliant

## Regulation 16: Training and staff development

At the time of this inspection four staff members including the person in charge worked regularly in the designated centre. The core staff team was comprised of a social care worker, health care assistant and care staff. One staff member was on long term leave at the time of this inspection and regular relief staff or familiar agency staff also worked in the designated centre.

- The inspector reviewed a detailed training matrix which indicated that 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 and managing behaviours that challenge. On the day of the inspection the person in charge provided updated information in relation to the mandatory training completed by a new staff member.
- 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.
- The person in charge ensured regular 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 safety checks such as daily review of fire exits were to be completed as required and not left to one staff member.
- The person in charge was aware prior to this inspection that there were gaps in some of the staff team mandatory training, this included one staff who

required refresher training in fire safety since January 2025. The inspector acknowledges that that efforts had been made for this staff member to attend training during 2025. Another staff member had required refresher training in fire safety since September 2025 and was scheduled to attend in November 2025.

Judgment: 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 October 2025 which was still in draft format and had not been issued to the person in charge at the time of this inspection. The inspector reviewed the annual report from October 2024 which contained a summary of views from residents and ongoing monitoring of safeguarding concerns that required high levels of service provision to residents. This was evident to have been effectively addressed by the provider by December 2024. All actions had been updated and dated when completed.
- The provider had ensured internal six monthly audits had also taken place in the designated centre during 2025, one was completed in June 2025 by the provider's transforming lives co-ordinator. Updates on actions identified were documented apart for one relating to a resident's positive behaviour support plan, this will be further discussed under Regulation 7: Positive behavioural support.
- A further internal audit took place in September 2025, actions from the previous audit were documented as having been completed or ongoing. In addition, actions from this most recent audit had also been updated by the person in charge which included a review of all residents contracts of care, financial audits being completed and ongoing review of staff training requirements.
- The provider ensured regular audits such as health and safety audits were being completed as required with the person in charge ensuring actions were addressed and updated in a timely manner.
- The provider demonstrated responding to the voice of the residents regarding issues arising about the availability of transport. The provider ensured alternative options such as taxis or other transport vehicles were available for

the residents at no cost to them if a transport was not available in the designated centre or a driver was not on duty.

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. Residents were supported to engage in individual and group activities in line with expressed wishes. The residents were supportive of one another while ensuring a safe and secure home environment was being maintained at all times.

The inspectors reviewed a number of documents including individualised personal plans, risk assessments and relevant safeguarding information. It was evidenced that 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.

Residents were afforded the opportunities to express their preferences in many aspects of their lives including being supported to document their decisions regarding their end of life care and arrangements if required to support possible future care needs.

## 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, electronic tablet devices and internet services in line with their expressed wishes. This included residents receiving emails from members of the provider's management team in response to concerns raised. In addition, a resident had been supported to

change their billing agreement with their mobile phone provider to another payment plan in -line with their expressed wishes.

- Residents were supported to communicate with relatives, friends and peers such as when attending retirement groups.
- Residents were supported to attend classes in areas they had interests in such as music.
- Each resident had an up-to-date communication passport to reflect their individuality and preferences when communicating with others.
- Residents were provided with information in easy to understand format which included the recent 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 provider had completed upgrade works to one resident's ensuite facilities.
- There were systems in place to ensure ongoing review of general maintenance issues within the designated centre were documented and subject to regular review by the person in charge and the provider's senior management team.
- There were systems in place to ensure regular cleaning duties were consistently being completed. For example, a new format of recording daily duties had been introduced by the provider. The inspector observed that a repeated issue since 3 November 2025 had been documented by staff that the tumble dryer was not working. A sign advising the appliance was not working was also evident on the day of the inspection. However, the person in charge outlined how the appliance had been reviewed and was deemed to be working. Residents also had alternative methods of drying their clothes in place which did not impact on their ability to complete their laundry tasks.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy in place which provided for the identification, assessment and management of risk. This policy also outlined the

measures to mitigate specific risks as required under this regulation including unexpected absence and self-harm.

- There were no escalated risks at the time of this inspection.
- The provider had ensured there were processes and procedures in place to identify and assess centre specific and individual risks. The person in charge ensured at a minimum every six months the risk register for the designated centre was subject to review or more frequently if required. The most recent review had taken place in May 2025. It was evident pro-active measures were working effectively to support the provision of safe services to residents. For example; on the morning of the inspection two staff were supporting two residents on the transport vehicle. This was in line with the control measures to support one of these residents when they were sharing a transport vehicle with a peer.
- Individual risk assessments for one resident were linked to their positive behaviour support plan and the rationale for the control measures documented by the person in charge.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed different sections of two 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. This included celebrating milestone events in one resident's life during 2025 which they enjoyed.

- Information that was important to the residents was clearly documented in their personal plan.
- Health management plans were subject to review as required and reflective of the current assessed needs of the residents for which they were written. For example, supporting one resident to use a shower chair and complete regular physiotherapy exercises to maintain their joint health.
- Details documented for residents in daily notes were reflective of staff ensuring activities were purposeful, such as attending music classes, retirement groups or day services. The narrative was respectful in nature such as writing the person's name about whom the staff were referring too and consideration to how the resident was presenting was consistently documented.

- Residents were being supported to engage with staff to identify meaningful goals which included travel, joining community groups and engage in sporting activities such as swimming. Where a barrier had been identified alternative options were considered. For example, a resident who had identified a goal to increase their exercise was being supported to look at alternative options in a gym. While progress on attaining goals was documented by staff it was observed a repeat narrative relating to one resident not attaining or progressing with some of their goals including a full body massage was documented. The same narrative was not relevant to all of the goals for which it had been used and this was discussed during the feedback meeting at the end of the inspection.

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.

- There were no restrictive practices in this designated centre, residents were supported to maintain their independence both within their home and in the community.
- Residents were provided with supports and information regarding staying safe such as road safety, money management and medication administration.
- One resident had a positive behaviour support plan in place which had been subject to regular review. The most recent review occurring in May 2025. The plan was also available in an easy -to -understand version. The inspector noted that the descriptive part of the plan provided details of the individual and their positive attributes. The plan focused on providing meaningful supports to the resident to build on their own personal development. Staff were provided with information on how to effectively support the resident when they were presenting with increased anxiety.

However, an action from the internal audit completed in May 2025 had identified the requirement for the resident's positive behaviour support plan to be linked to the resident's hospital passport to ensure effective supports would be provided to the resident in the event of a hospital admission. This had not been done at the time of this inspection.

Judgment: Substantially compliant

## Regulation 8: Protection

All of the core staff team had attended training in safeguarding of vulnerable adults. 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.

- Safeguarding was included regularly in staff and residents meetings to enable ongoing discussions and develop consistent practices.
- There were no open safeguarding concerns at the time of this inspection. One safeguarding concern had been closed and was subject to monitoring.
- 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 recent 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 exercise, travel and personal development. One resident was attending a course in the management of their finances and staff were supporting with additional education around banking transactions such as tap and go.
- Residents were supported to have discussions about their choices relating to their end of life care and where they would like their future care needs to be met.

- The person in charge was actively seeking to arrange for one resident to re-start swimming activities at the time of the inspection.

However, two residents had been subject to financial loss due to circumstances outside of their control when they were unable to attend music classes in October and November 2024 for which they had paid for when there was either no transport or staff resources available to take them. This was discussed during the feedback meeting. The inspector acknowledges that since these occurrences the provider had ensured arrangements were in place to ensure residents could attend planned activities in line with their expressed wishes.

Judgment: Substantially 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 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Community Residential Service Limerick - Group E OSV-0003943

Inspection ID: MON-0047671

Date of inspection: 11/11/2025

## 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 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The resident's behaviour plan has now been linked to their hospital communication passport to ensure effective support is provided to the resident in the event of a hospital admission.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The residents were re-imbursed for activities they had not been able to attend. The provider has systems in place to ensure that activities are not cancelled due to staffing or transport issues. Service Manager had discussed this with all PICs at Governance meeting on 29.07.2025 and again on 27.11.2025. Memo sent out to all areas highlighting this also on 15.07.2025 and again on 08.12.2025.	

## 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 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	12/12/2025
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	12/12/2025