



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

## Issued by the Chief Inspector

Name of designated centre:	Abbeytrinity Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	05 February 2026
Centre ID:	OSV-0004067
Fieldwork ID:	MON-0045339

## About the designated centre

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

Abbeytrinity Services provides a full-time residential care service to people with an intellectual disability who have been identified as requiring a support level ranging from low to high, and also to people with intellectual disability and autism. This service can accommodate male and female residents from the age of 18 upwards. Abbeytrinity Services cannot accommodate individuals with complex medical or physical needs. The centre is a two-storey house with a garden in a residential area of a rural town. Residents at Abbeytrinity Services are supported by a staff team which includes a social care leader, who is the person in charge, in addition to social care workers and care assistants. Staff are based in the centre when residents are present and a staff member sleeps in the centre at night to support residents.

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

Number of residents on the date of inspection:	5
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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 5 February 2026	09:00hrs to 16:30hrs	Maureen McMahon	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met all five residents who lived in the centre and observed how they lived. The inspector also met the person in charge, the person participating in management, the team leader, three staff members and viewed a range of documentation and processes.

Based on the findings of this inspection, residents who lived in this centre were supported to experience a good quality of life. Their choices were respected, and they were able to participate in activities they enjoyed. Some improvements were required in relation to aspects of the premises, the consistency of the personal planning process, some areas of food and nutrition, and the communication of risks in the centre.

The centre comprised of a two-storey house in a residential area. The design and layout provided sufficient space for residents to relax and to enjoy visits from family and friends. The centre had a homely atmosphere and was decorated with artwork created by a resident. The house was well maintained internally, and recent improvement works included new flooring and internal painting. One resident accompanied the inspector on a walk around the centre, showing their bedroom and newly renovated bathroom. All bedrooms were suitably sized and provided adequate storage space for residents' personal belongings.

The five residents in the centre were mostly independent in managing their care and support needs. However, some residents required support in relation to specific health conditions, such as a visual impairment and respiratory-related issues. Staff were very familiar with residents' individual support needs and discussed these with the inspector. Throughout the inspection, the inspector observed staff engaging respectfully with residents, offering prompts in line with residents assessed needs. Staff described residents as actively contributing in the centre, such as preparing cups of tea and doing household chores, including washing dishes, laundry, and emptying bins.

Upon the inspector's arrival, residents were in the process of getting ready to leave the centre and spoke briefly to the inspector about their day centres, their locations and the types of activities they partake in such as drumming and gardening. Staff described how all residents choose to sit together after they return from their day centres to catch up and share a cup of tea. Later in the day, after residents had returned, the inspector had the opportunity to sit and chat with residents as they gathered at the table to catch up with one another. Residents were happy to share stories and discuss life in the centre and were eager to understand the role of the inspector and the inspection process. Feedback from residents regarding the care

and support they received was very positive. Residents described having good relationships with the people they lived with and they stated that they were happy living in the centre. The inspector observed residents exchanging friendly conversation and joking with one another. From discussion had with staff and residents, it was noted that residents did not use the garden in the centre, although the reason for this was unclear. Residents were familiar with the person and charge and described seeing them frequently in the centre. They also described a consistent staff team that supported them. The inspector discussed food choices and menus with residents and the feedback was positive regarding the quality and choice of food available.

The inspector found that residents had opportunities to engage in a wide range of activities, both within the centre and in the community, such as attending exercise classes, going to musicals, meals out, taking holidays, going on day trips, and going to the pub. Staff described a range of home-based activities that residents enjoyed, including listening to music, reading the newspaper, and watching movies. Staff also described a recent holiday to Centre Parcs, with plans for another holiday later this year. Residents showed the inspector photographs from their most recent holiday and described having an enjoyable time.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affect the quality and safety of the service provided.

## Capacity and capability

Based on these inspection findings the provider had good arrangements in place for the management and monitoring of the service, ensuring a high quality, and safe service was provided to residents living in this centre.

The provider had recently appointed a new person in charge, and they maintained good oversight of the centre and were engaged in the governance, operational management and administration of the centre with the support of the staff team, a team leader and the person participating in management. The person in charge was regularly present in the service and they were well known to the residents. There were arrangements in place for management support for out-of-hours and weekends.

The centre was resourced adequately to meet the assessed needs of residents. The provider had ensured that staff numbers and skill mixes were maintained in line with residents assessed needs, and a review of staff rotas showed these levels were consistently maintained. Residents had access to transport, Wi-Fi, personal telephones and comfortable living arrangements. Staff had received appropriate training to support their roles and responsibilities.

The provider had systems and processes in place to maintain oversight and the safe delivery of care to residents. These systems included six-monthly unannounced provider audits, an annual review of the service and a suite of local audits. Regular team meetings took place in the centre and there was evidence of good internal communications, with senior management meetings minutes present in the centre for staff to review. The centre also had an accessible complaints procedure and access to advocacy.

#### Regulation 14: Persons in charge

The provider had appointed a suitably qualified person in charge. The person in charge was responsible for two other designated centres and was supported in their role by a team leader who had protected time in the centre for administration.

The person in charge was employed on a full-time basis. Upon speaking with the person in charge they had a good understanding of their regulatory responsibilities and knowledge of each resident's assessed needs.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels and skill mix were appropriate to the assessed needs of residents living in the centre.

The person in charge had prepared an actual and planned rota, and the inspector reviewed this for January 2026 and up to the 05 February 2026. The rota accurately reflected the staffing arrangements on the day of inspection. This review demonstrated a consistent staff team within the centre, which supported continuity of care for residents.

The inspector observed a relaxed and homely atmosphere in the centre, with staff attentive and responsive to residents' needs. For example, as residents prepared to leave in the morning to attend their day services, staff promoted residents' independence by encouraging them to manage personal items such as their bags and coats in preparation for the day.

The inspector also spoke to residents in relation to staffing levels. Residents expressed satisfaction with the staffing arrangements in the centre during the day, at night, and at weekends.

Judgment: Compliant

## Regulation 16: Training and staff development

The provider had ensured that all staff who worked in the centre were suitably trained and received refresher training as required.

The inspector reviewed the training records for the centre and found that mandatory training, and other appropriate training, had been completed by all staff, as required. Staff had received mandatory training in areas such as fire safety, positive behaviour support, and adult safeguarding. In addition, training relevant to the specific needs of residents had been undertaken, including the management of dysphagia, epilepsy and respiratory emergencies. Staff could clearly describe the support requirements of a resident who required thickened fluids and explained the process involved in achieving the correct consistency.

There was a schedule of supervision for staff members maintained by the person in charge. Formal supervision meetings were held at least every six months for staff, and more frequently for newly appointed staff. Records of supervision were available for review in the centre.

Judgment: Compliant

## Regulation 23: Governance and management

There was effective governance and management arrangements in place to oversee all aspects of the service. A clearly defined management structure was established, with identified lines of accountability and specific roles and responsibilities outlined. The provider had arrangements in place to ensure effective management of the centre in the absence of the person in charge.

There were various monitoring and oversight systems in place, including an annual review and six-monthly unannounced provider audits. The inspector reviewed the most recent annual review for 2024 and noted a high level of satisfaction among residents and their representatives. A six-monthly unannounced audit was completed in January 2026, and areas for improvement were identified. The person in charge had responsibility to address these actions and monitor until completed. For example, improvement was required in the management of residents' meeting records, and this had been addressed prior to this inspection. In addition, a schedule of weekly and monthly audits was undertaken, including audits of medicines, finances, health and safety, maintenance and key working files. These local audits demonstrated a good level of compliance and oversight.

Team meetings were regularly held in the centre, and the inspector reviewed the most recent record available from January 2026. Standard agenda items included restrictive practices, safeguarding, fire safety and staff training. As part of one

meeting, arrangements were made for a pharmacist associated with the centre to deliver a training session to staff on a new medicines management system. Staff spoken with described this session as beneficial and reported feeling supported in the transition to the new system.

There was evidence of good internal communication in the centre, with records of senior management meetings accessible to staff. The person in charge was regularly present in the centre and was known to staff members and residents. Weekly residents' were also held, during which upcoming social events, menu planning, feedback regarding the house, and general house updated were discussed.

The centre was adequately resourced in terms of staffing, and other resources to ensure effective delivery of care and support. Residents had access to transport, Wi-Fi, necessary equipment, and comfortable living arrangements.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The provider had ensured that a written contract was in place for all residents and contained all the required information.

These contracts were made available to residents and included detail of any costs to be incurred by residents. For example, the provider had recently updated contracts to ensure all costs incurred by residents were clearly outlined, such as pharmacy charges.

Judgment: Compliant

### Quality and safety

Based on the findings of this inspection, there was a good level of compliance with regulations relating to the quality and safety of care delivered. However, improvements were needed to ensure parts of the external environment were fully accessible and to review aspects of regulation 5 (individualised assessment and personal plan), and regulation 18 (food and nutrition).

The centre consists of a clean, comfortable house in a residential area near Galway city. Each resident had their own bedroom, adequate bathroom facilities, and access to laundry support. A rear garden is available, though further work is required to ensure safe accessibility. Transport is provided to support appointments, community activities, outings, and family visits.

Residents attend local day services or receive home-based supports and participate in a range of person-centred activities, including social outings and hobbies. They are supported to maintain family connections and community involvement. Residents have access to appropriate healthcare and advocacy services. Nutritional needs are assessed, with opportunities to take part in shopping and meal preparation. Personal plans and risk management systems are in place, though improvements are required to better define personal goals and ensure staff understanding of risks.

Human rights were promoted, with systems supporting independence, privacy, safeguarding, financial management, and informed choice, including participation in religious activities if desired.

Fire safety arrangements had been recently improved, including upgraded fire doors, staff training, regular drills, and individual emergency evacuation plans (PEEPs) for each resident.

## Regulation 10: Communication

The provider ensured that residents were well supported to communicate their needs and wishes.

The inspector had the opportunity to spend time with and speak to all residents living in the centre. Residents spoke openly with the inspector about their needs, preferences and the activities they enjoyed. Staff were supportive of, and responsive to, residents' individual communication needs. For example, where a topic of conversation had the potential to be difficult for a resident, staff recognised this and used scripted responses to ensure the resident's communication and support needs were appropriately met.

The inspector reviewed the personal plans of three residents, and found that they these provided clear and comprehensive guidance on residents' communication support needs. These plans were up to date and offered detailed directions to staff on how best to support each resident. In addition, residents had access to a range of media, including newspapers, radio, telephones and televisions.

Judgment: Compliant

## Regulation 17: Premises

Overall, the centre was suitable to meet the needs of residents, with some improvements required in the external environment to ensure full accessibility in line with residents' assessed needs.

The provider had recently completed a number of improvement works within the centre, including bathroom upgrades, installation of new flooring, upgrades to fire doors, and internal painting. During a walk-around of the premises, the centre was observed to be visibly clean and well maintained. Local management described the use a cleaning company to complete a deep clean to address any residual dust or debris from recent works. The inspector observed residents had adequate space to spend time alone or to relax, watch television or listen to music. All bedrooms had adequate storage, such as wardrobes or drawers to store their personal possessions. Residents had personalised their bedrooms in line with their preferences, with items such as photographs, music-related items and comfortable furniture

The provider had identified one resident required environmental adaptations in response to their changing needs. Plans were in place to complete these adaptations in the near future. A multidisciplinary review, involving physiotherapy and occupational therapy, had been undertaken to assess the suitability of the premises. As a result, of this review, a stair-assist device was scheduled for installation to promote this resident's independence and safe mobility within the centre.

Some improvement was required to the external environment to enhance accessibility and safety. The inspector observed a number of patio slabs were uneven, which could pose a potential trip hazard, and a pathway required review to ensure it was suitable for residents' assessed needs. A small garden shed was noted to be in poor repair, with a missing door and damage to the floor. Some items were stored in this shed and in the garden area, including a mobility aid, and a leather chair. The provider needed to review the purpose and storage arrangements for these items to ensure the outdoor space was safe and accessible for residents' use.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

The nutritional needs of residents was appropriately met in the centre. Residents had access to choice at mealtimes and received wholesome meals that were suited to their specific dietary requirements. Some improvement was required in the labelling of food items, and food intake records to ensure these accurately reflected residents' nutritional intake.

The inspector observed food items in the fridge and freezer that were not clearly labelled. Improvement was required to ensure all food items were clearly and accurately labelled once frozen or opened, to ensure safe food handling practices. The inspector also reviewed the files of three residents, which evidenced that residents' nutritional needs had been identified. However, many gaps were noted in

food records over the three-week period reviewed. These areas for improvement were discussed with local management during verbal feedback.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The provider had arrangements in place for identifying, recording, investigating and learning from incidents and accidents. The inspector reviewed accident and incident data for December 2025 and January 2026 and found the provider had responded appropriately to incidents. From discussion had with local management, they were familiar with all incidents and had reviewed each incident for learning opportunities.

The provider had prepared a risk register for the centre, clearly identifying the top five risks in the centre. The inspector reviewed this register and found it to be in line with the care and support needs observed on the day of inspection. For example, an increase in medicines management incidents had been identified and risk rated as a medium risk, with control measures in place to reduce this risk. Systems for overseeing risk, such as signature banks on risk assessments and team meetings were established practices in the centre. A minor improvement was required to ensure that all staff reviewed these assessments and that risk management was discussed regularly at team meetings to support ongoing oversight.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had systems and structures in place to ensure fire safety in the centre. Fire safety equipment throughout the house was well-maintained, and the provider had recently upgraded all fire doors in the centre.

There was a current fire safety certificate, and regular fire drills were undertaken which demonstrated that residents could be evacuated in a timely manner. The inspector reviewed three PEEPs, and these were found to be sufficiently detailed and gave guidance to staff on the assessed needs of residents to support evacuation of the centre. The inspector reviewed records of fire drills for 2025 and found drills were taking place regularly, and the person in charge monitored these records to ensure each staff member participated in this process.

All staff members had received fire safety training, and from discussions had were confident about their role in ensuring the safety of residents and the supports required in the event of an emergency.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were appropriate practices in relation to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

The inspector reviewed medicines records for two residents, and found these to be well maintained and in line with residents' prescriptions. The provider had identified an increasing trend in medicine-related incidents and had undertaken a review of these incidents. Learning had been taken from this review and applied to improve practices. The provider was in the process of transitioning to a new system designed to strengthen medicines safety. This system included a colour-codes schedule corresponding to the medicines prescription sheet, to support staff in accurately administering medicines at correct times.

Staff had received training in the safe administration of medicines and a recent education session from the local pharmacist was undertaken to demonstrate the new medicines management system.

Storage of medicines was appropriate, with keys and access kept secure. The centre also had appropriate procedures for the handling and disposal of used and out-of-date medicines, with records confirming that these medicines were returned to a local pharmacy.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The provider had ensured that each resident had a personal plan. However, some aspects of personal planning required review to ensure that residents' goals were consistently identified and reviewed on an annual basis.

The inspector reviewed three personal plans and identified gaps in the personal planning process. The provider operated two processes for each resident; a three year review and an annual review. While both processes contributed to goal-setting, the inspector found inconsistencies between them. For example, in one resident's plan, goals related to family, friends and music were recorded in one area, while goals relating to their day service and home responsibilities were recorded in another. This lack of consistency may impact on staffs ability to fully understand residents priorities and support their goals.

In addition, one resident was overdue their annual planning meeting by several months. Local management confirmed that this meeting is planned to take place in the near future.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents healthcare needs were well supported with access to allied healthcare professionals such as, general practitioners (GP), medical consultants, physiotherapists, occupational therapists and speech and language therapists.

The inspector reviewed three files and found comprehensive healthcare plans in place for residents. Residents were fully informed and supported to make decisions regarding their healthcare. From discussions had with local management, it was evident that there was ongoing engagement with medical consultants in relation to one resident's care, with the resident central to all discussions and decision-making processes. Accessible information was provided to residents to support their understanding of health conditions and individual needs.

Judgment: Compliant

## Regulation 9: Residents' rights

There were systems in place to support residents' human rights. The inspector saw each resident was supported in an individualised way, appropriate to their assessed needs and preferred methods of communication.

Residents' meetings were held weekly and were chaired by a different resident each week. These meetings were an established social occasion where residents spoke about their plans and discussed upcoming events. Records of these meetings demonstrated that they promoted residents' rights and encouraged participation in community-based activities, in line with residents' wishes.

The inspector observed systems in place to ensure that personal information was respected and confidentiality was maintained. Residents spoken with were aware that information was held about them and knew where it was stored and how to access it.

Residents' civil and political rights were well supported, with their right to vote facilitated where wished. Intimate care plans were in place to guide staff and were up-to-date. Advocacy services were also available in the centre, and residents had access to the National Advocacy Service (NAS), including relevant contact details.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Abbeytrinity Services OSV-0004067

Inspection ID: MON-0045339

Date of inspection: 05/02/2026

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            A ramp will be installed at the rear external door to remove the existing step and improve access to the rear garden and front of the building for all residents. The pathway to the garden and extending to the end of the garden will be widened and reconfigured to improve accessibility. The existing paving area will be renovated or replaced with concrete to remove any potential trip hazards by the 30.11.2026            The current garden shed used as a designated smoking area will be removed and replaced with a fire-retardant shed to enhance fire safety. Ramped access will also be provided to ensure accessibility by the 30.11.2026. All items currently stored in this shed will be removed with immediate effect.            The shed located at the end of the garden will be renovated to provide improved storage for non-sensitive tools and materials (e.g. gardening equipment). Power will be installed to facilitate lighting and minimal electrical use by the 30.11.2026            A 4m x 3m insulated shed will also be installed to provide a multi-purpose space, with provision of power, water and heating by the 30.11.2026</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:            An immediate review of food storage practices was completed. All food items in the fridge and freezer were checked, appropriately labelled, and dated where required. Completed.            A clear labelling system has now been implemented to ensure all food items are labelled</p>	

with the date opened or frozen, in line with safe food handling practices. This was discussed with staff at the Staff meeting held on the 03.03.2026.

Food Records, the documentation requirements and the importance of accurate and consistent recording was addressed at the team meeting on 03.03.2026. PIC and Team lead will check these records initially on a weekly basis to ensure records are completed correctly.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The keyworkers, PIC and Team Lead will review Residents current goals and ensure they are aligned across both the three-year review and annual review. This was discussed at the staff team meeting on the 03.03.2026 and will be completed by the 30.05.2025.

Residents annual planning meeting is scheduled to take place on the 13.03.2026.

## 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(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	30/11/2026
Regulation 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Substantially Compliant	Yellow	04/03/2026

Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/05/2026
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/05/2026