Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	No.1 Dewberry
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	01 September 2025
Centre ID:	OSV-0004579
Fieldwork ID:	MON-0039660

About the designated centre

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

No.1 Dewberry consists of two detached dormer bungalows located a short distance apart in a rural area. This designated centre provides a full-time residential service for a maximum of 4 male residents over the age of 18 with intellectual disabilities and complex support needs. Two residents live in each of the dormer bungalows provided. Each resident has their own bedroom and other rooms in the centre include bathrooms, living rooms, kitchens, utility rooms and staff rooms. Residents are supported by the person in charge, a social care leader, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 1 September 2025	10:00hrs to 18:50hrs	Conor Dennehy	Lead
Monday 1 September 2025	10:00hrs to 18:50hrs	Louise O'Sullivan	Support

What residents told us and what inspectors observed

All four residents living in this centre were met during this inspection. The four residents were away from their homes for part of the inspection, either at day services or to go on outings. Direct feedback from residents and comments from completed surveys indicated that residents were happy with their current lives.

This centre was made up of two houses with each house providing a home for two residents. Upon arrival at the first of these houses, inspectors were greeted at the front door by one resident who invited the inspectors into their home. Inspectors then met the second resident living in this house who warmly greeted inspectors before offering inspectors a cup of tea which inspectors accepted. This resident then went onto talk about the county where they were from, knowing different parts of that county and of seeing certain family members.

During this time, residents, staff on duty, the person in charge and inspectors were all present in the house's kitchen-dining area. The atmosphere at this time was very good natured with residents appearing comfortable, happy and relaxed. One resident went on to invite inspectors and the centre's person in charge to come on an outing that they were going on. Another resident talked about having a chicken coup at the house and it was indicated that this resident sold the eggs that came from the chickens they kept there.

An inspector then asked residents if they could give the inspectors a tour of their house. Residents agreed to this with one of the residents first showing inspectors to their bedroom and pointing out various photographs that were hung on their bedroom wall. This bedroom was noted to be well-furnished and had a television and a radio present. Just outside this resident's bedroom was a picture of some famous Irish people, a staff member informed inspectors that the resident had got this while on a holiday in Wexford. This was one of the personal pieces, such as holiday photos and family photos, that were seen to be present throughout the house.

The second resident living in that house then showed the inspectors their bedroom which was also seen to be nicely presented. It was noted though that some paint was slightly peeling on one wall. This resident then showed inspectors another bedroom that was being used for storage purposes. While in this room, the resident indicated that they liked living in the centre. When asked what they liked about living in the centre, the resident said that they liked getting out a lot. This resident also informed inspectors that they were happy with everything.

Shortly after this both residents left the house to go an outing with staff and were not met again during the inspection. However, inspectors did get an opportunity to review surveys that had been completed for both residents in advance of this announced inspection. These surveys asked questions on various areas about what life was like for residents in the centre. Respondents were given an opportunity to

indicate answers of 'yes', 'no' or 'it could be better' and also to make other comments if they wished. One of the surveys was indicated as being completed by a resident themselves while the other was indicated as being completed with staff support.

Both of surveys contained positive responses to all areas queried including matters such as staffing, activities and rights. Specific comments made in one of the surveys included "I am very happy with my choice everyday", "staff are kind to me" and "I love my room". In the other survey completed in the first house visited some additional comments had also been recorded which were also very positive in nature. For example it was commented that "all the food here is nice", "I enjoy my friendship with my fellow peer" and "I like being out in the community meeting people".

After spending much of the inspection day in the first house visited, inspectors went to the second house in the final hours of the inspection. Upon arrival at that house neither of the two residents living there were present as both residents were attending day services operated by the same provider in the locality. Inspectors were provided with surveys for both of these residents which had been completed with staff support. Again these surveys contained positive responses to all areas queried. One survey contained an additional comment that "I enjoy activities in the community where I get to meet my friends".

Soon after these surveys had been read, the two residents living in the second house visited returned from their day services. Both residents lived in different areas of this house so inspectors went to meet both in their own areas. The first of these residents greeted inspectors by shaking their hands before reminding both inspectors to perform hand hygiene. When asked how they were , the resident indicated that they had had a good day and had got a new office in their day service. The resident then pointed out some photographs that were on display in their kitchen-dining room with the person in charge also present at this time.

This resident seemed very upbeat on meeting inspectors and then brought inspectors into their living room where they pointed out more things on display there. This included a painted galaxy mural (which the resident had helped to paint), a personalised calendar, more phonographs and a painted badge for the resident's favourite football team, Chelsea. When asked if they had gone to see Chelsea, the resident indicated that they had the previous year. The resident then went on to demonstrate to an inspector how a reclining couch in the living room worked because they wanted to show inspectors how comfortable this couch was.

After this, while this resident showed one of the inspectors their bedrooms which was noted to be nicely presented, the other inspector went to speak with the other resident in their living area before being joined by the first inspector soon after. During the discussion with this resident they mentioned an upcoming medical appointment and indicated that they would have to move from the house where they were currently living. The resident said that this was because this house was leased and the landlord wanted to give the house to someone else. The resident said that they did not know where there they would be moving to and was not

looking forward to the move. The resident said that they had told staff about this

The resident then went on to mention that a staff member had helped them to complete a book about Michael Collins (public figure) which they pointed out in their living area.

It was indicated by the resident that they liked living in their current home while liking going out to a pub and playing music. The resident went on to speak of cleaning vehicles in their day service and told inspectors that they would be watching the soaps on television later in the day with EastEnders being their favourite. Shortly after meeting this resident, inspectors conducted a feedback meeting with management of the centre before finishing the inspection. Both residents said goodbye to the inspectors as they left.

In summary, positive feedback was received directly from residents and from surveys read although one resident indicated that they were not looking forward to moving away from their current home. Residents spoke of some of the things they did such as seeing family members, going to a pub and tending to a chicken coup. The residents met during this inspection appeared happy in their current homes.

The next two sections of the report 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 delivered.

Capacity and capability

A good level of compliance was found during this inspection. This indicated that residents were well supported and that the centre was being appropriately managed. The lease on one house of the centre was due to end in 2026 but the provider had secured an alternative premises.

This designated centre was registered until March 2026 and had been previously inspected on behalf of the Chief Inspector of Social Services in March 2024. The March 2024 inspection was prompted by some unsolicited information of concern submitted to the Chief Inspector. Given the nature of that information of concern, that inspection focused on one of the two houses that made up this centre. During the March 2024 inspection it was highlighted that the landlord of the house had served notice to terminate the lease for that house. This was due to take effect in November 2024 and would mean that the two residents living in that house would have to vacate it by then. However, communication received from the provider near end of 2024 indicated that the lease had been extended until October 2026 with the provider looking to buy and register a new property in 2025. With the provider due to submit an application to renew the registration of No.1 Dewberry during September 2025 for a further three years beyond March 2026, the current inspection was conducted to assess general compliance with the regulations and to

seek an update regarding the leased house.

Overall, this inspection, which primarily focused on the other house of the centre, found a good level of compliance with residents highlighted as being happy in their homes and enjoying a good quality of life. Such findings indicated that there was appropriate governance and management of the centre. Regarding the status of the leased house, inspector were advised that the provider had recently securely an alternative premises and hoped to register this with the Chief Inspector during 2026 as a designated centre. Once registered, the provider was considering looking to transition all residents of the two current houses to this new premises. This in turn would mean that the leased house of the centre would be removed as part of No.1 Dewberry but that the other house would remain part of No.1 Dewberry. Given that the provider was due to submit an application to renew No.1 Dewberry's registration, management of the centre were advised that a clear plan around these planned changes would be needed to inform the renewal application.

Regulation 15: Staffing

Staff rotas were maintained in this centre. Based on rotas reviewed from 1 July 2025 on, discussions with staff and observations of the day of inspection, appropriate staffing arrangements were in place to meet the needs of residents. For example, in one house visited, two staff members were on duty on the day of inspection to facilitate an outing for residents. Aside from staff rotas specific documentation relating to all staff working in a centre must be obtained. This documentation includes written references, full employment histories and evidence of Garda Síochána (police) vetting. During this inspection, documentation relating to three staff members was reviewed with all of the required documentation found to be in place.

Judgment: Compliant

Regulation 16: Training and staff development

Under this regulation, the person in charge must ensure that all staff are appropriately supervised. During the inspection, the person in charge indicated that all staff supervision was up-to-date. A supervision log provided indicated that staff working in this centre had undergone formal supervision in 2025 with a further formal supervision scheduled for later in 2025. This supervision log did not include two members of staff but inspectors were informed that these were relief staff who had only recently commenced working in the centre. These two relief staff had also not completed some training but it was highlighted that training dates for these staff had been identified during September 2025. A training matrix provided indicated that all other staff working in the centre had completed relevant training in areas

such as hand hygiene, first aid and food safety.

Judgment: Compliant

Regulation 19: Directory of residents

Separate directories of residents were being maintained in each house of the centre. An inspector reviewed these directories and found that they included required information about the residents living in those houses such as residents' names, their dates of birth and details of their general practitioners (GPs).

Judgment: Compliant

Regulation 23: Governance and management

The overall findings of this inspection indicated that that there were appropriate governance, management and monitoring systems in operation for the centre to help ensure that residents received a safe and quality service. Such systems included:

- An organisational structure was in place for the centre as outlined in the centre's statement of purpose. This structure provided for lines of accountability and reporting with a staff member spoken with aware of the identities of centre's management as per this structure.
- Records of staff team meetings were reviewed in one house of the centre. These indicated that such meetings were happening regularly and that topics such as safeguarding and maintenance issues were being discussed. These meeting notes also indicated that the person in charge attended such meetings.
- Based on documentation provided scheduled audits, reviews and self-assessments were being conducted in areas such as fire safety, safeguarding and restrictive practices. This indicated that there was some systematic monitoring of the services provided in the centre.
- An annual review for the centre, a key regulatory requirement, had been completed for the centre since the March 2024 inspection. This annual review was reflected in a written report and covered all of 2024. From reading the report of this annual review, it was noted that it assessed the centre against some relevant national standards and included some feedback from residents and their representatives.
- Since the March 2024 inspection on behalf of the Chief Inspector, representatives of the provider had conducted three unannounced visits to the centre. Such unannounced visits are required under this regulation to be conducted every six months and are intended to assess the quality and safety

of care and support provided to residents. The three unannounced visits were reflected in written reports and included action plans for addressing any areas for improvement identified by representatives of the provider who conducted such visits. These three visits had been conducted in June 2024, January 2025 and June 2025. Based on these dates there have been a seven month gap between the June 2024 and January 2025 unannounced visits which was not consistent with this regulation. During the feedback meeting for this inspection, it was suggested that a representative of the provider had visited one house of the centre in December 2024 to conduct such a visit but had been unable to gain access then so had returned the following month.

Such systems contributed to there being a good level of compliance with the regulations. In turn, this indicated that residents were well supported and enjoying a good quality of life while living in this centre.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose is an important governance document that forms the basis for a condition of registration while also describing the services and supports to be provided to residents. During this inspection, the statement of purpose was found to be present in both houses of the centre and noted to have been recently reviewed. It was also noted that the statement of purpose generally contained the information required under this regulation. This included a description of the rooms in the centre, the arrangements made for consultation with residents and the arrangements made for dealing with complaints. However, it was identified that the stated whole-time equivalent details for one staffing position was not accurately stated in the statement of purpose.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

An easy-to-read sign around the complaints process was seen to be on display in both houses of the centre. This indicated that a named manager would help residents with their complaints and residents could put a complaint in the complaints box. Such complaints box were also seen to be present in both houses of the centre while complaints was referenced as being discussed with residents during regular residents' meetings that took place.

While in one of the houses, an inspector read a copy of one complaint that had been made since the March 2024 inspection. This complaint record outlined the nature of

the complaint, follow up action taken, the outcome of the complaint and whether or not the complainant was satisfied with the outcome. For this complaint, it was indicated that the complainant had been satisfied with the outcome while other documentation reviewed confirmed the follow up action that had been taken following the complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

During this inspection, policies' folders provided were reviewed by an inspector with the provider required to ensure that specific policies are in place and reviewed at least every three years. The folders reviewed were found to contain all of the required policies which included policies on medicines management, complaints and visitors. All of these policies were found to have had been reviewed within the previous three years although a digital copy of the provider's policy related to nutrition had to be reviewed by an inspector to confirm this.

Judgment: Compliant

Quality and safety

Residents were found to be appropriately supported in various areas such as with their health, maintaining contact with families and pursing activities. No regulatory actions were identified in areas such as fire safety and safeguarding. This indicated that residents were being appropriately protected in their homes.

No current safeguarding concerns were identified during this inspection while all staff had completed training in areas such as safeguarding and fire safety. The two houses of this centre were found to be provided with appropriate fire safety systems such as fire alarms and emergency lighting. Such houses were also observed overall to be clean, homely and well-maintained with residents having their own bedrooms with storage facilities provided. When in one of the houses, medicines storage facilities were reviewed and were found to be in order. Documentation reviewed for one resident indicated that they were receiving their medicines as prescribed while residents' personal plans were found to contain guidance on supporting their assessed health needs. These personal plans also contained information on residents' other needs and the overall findings of this inspection indicated that there were appropriate arrangements in place to meet such needs. For example, residents' personal and social needs were supported by residents being able to pursue activities of their choice and to maintain relationships with families.

Regulation 12: Personal possessions

The residents' bedrooms seen were observed to be provided with appropriate storage facilities for residents to store their personal belongings. Logs of residents' personal possessions were also being maintained and were noted to have been recently updated. It was noted though that the location of these logs (which were contained with residents' personal plans) was not wholly consistent with the provider's policy on residents' personal property, personal finances and possession. This was highlighted to management of the centre on the day of inspection.

When reviewing the provider's policy on residents' personal property, personal finances and possession, it was noted that this outlined specific criteria on the recording of residents' financial transactions. An inspector reviewed the financial records for two residents and found that the records of such transactions was generally in keeping with this policy. For example, receipts were kept for certain transactions and most transaction reviewed were double signed. It was observed though that two recent recorded transactions for one resident were only signed by one staff member. The person in charge indicated that there would have only been one staff member present when these transactions took place.

Judgment: Compliant

Regulation 13: General welfare and development

Based on discussions and documentation reviewed during this inspection, residents were being supported to avail of activities that were in line with their interests with such activities also being community based. Examples of activities which residents did included fishing, going to the cinema, doing volunteer dog walking, getting coffee out and going to pubs or restaurants. Further records reviewed indicated that residents were facilitated to take holidays both within Ireland and abroad.

It was also apparent that residents were being facilitated to develop and maintain relationships with their relatives. Records reviewed highlighted how residents kept in touch their relatives while some residents also had photographs of their families on display in their homes. Inspectors positively noted how one resident had received support from the provider and its staff to reconnect and engage with their family. It was highlighted to inspectors that this had been a very positive development for the resident.

Judgment: Compliant

Regulation 17: Premises

Both houses of this centre were visited during inspection. While one house was older in its general style and appearance, the two houses overall were seen to be clean, homely and well-maintained although some peeling paint was seen in one resident's bedroom. All four residents had their own individual bedrooms which were noted to be personalised. For example, one resident's bedroom had bed sheets that reflected their favourite football team. Communal space was available in both houses including living rooms and kitchen-dining rooms with bathrooms also provided for. While the bathrooms seen during this inspection were generally of a reasonable standard, it was highlighted to inspectors that a recommendation had been made for one resident to have a bigger en suite bathroom then the one that they currently had. This bigger bathroom was intended to better suit the needs of the resident.

Aside from this, it was noted that one house of the centre was divided up into two separate living areas for one resident each. One of these living areas did not have laundry facilities but the other one did. As such the resident living in the former living area did not have direct access to laundry facilities. While it was indicated by the person in charge that this resident chose not to use laundry equipment and was happy with this this arrangement, the provider had identified this matter as being a rights restrictions on the resident.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

During this inspection, a risk register for the centre was provided which outlined identified risks for the centre. This risk register was indicated as being reviewed in September 2025 and was supplemented with individual risk assessments for each identified risk. These risk assessments described the risks in question and outlined control measures to mitigate their potential impact. Maintenance of these risk assessments and the risk register was in keeping with provider's risk management policy which had been reviewed in July 2025. This policy was read by inspector and was found to provide for the identification, assessment and management of risk. The policy also outlined measures to mitigate specific risks including accidental injury and violence. The contents of this policy were in keeping with the requirements of this regulation.

Judgment: Compliant

Regulation 28: Fire precautions

The training matrix provided indicated that all staff (including two new relief staff) had completed training in fire safety while the two houses that made up this centre were found to have appropriate fire safety systems provided. These systems including fire alarms, fire extinguishers and emergency lighting. Records were seen which indicated that such systems were receiving maintenance checks by external contractors to ensure that they were working as intended while regular internal staff were also being recorded as being completed. Multiple fire drills had been conducted each house of the centre in the previous 12 months. These drills had been done at varying times, including to reflect a night-time situation, with low evacuation times recorded.

Residents had personal emergency evacuation plans which outlined the supports they needed to evacuate their homes while recently reviewed protocols were in place outlining how both houses were to be evacuated at night if required. The procedures to be followed in the event of a fire evacuation being required were seen to be on display in the two houses. These procedures were presented in an easy-to-read format while notes of residents' meetings reviewed referenced fire safety being discussed with residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Aspects of medicines management practices were reviewed in one house of the centre. While doing so it was observed that secure facilities were present in that house for medicines to be stored in. When viewing inside this medicines storage it was found to be appropriately organised with a sample of medicines reviewed found to be labelled and in-date. Within the overall storage facilities in this house there was a separate storage area for medicines that were for return to the pharmacy. Medicines documentation was also reviewed for one resident and was found to contain required information.

Medicines administration records reviewed for the same resident for August 2025 highlighted that they received their medicines as prescribed. Some documentation reviewed for the other resident in that house indicated that they had protocols for PRN medicines (medicines only taken as the need arises) in place. Such protocols gave guidance on when these PRN medicines were to be given and the maximum dose that could be given in a 24 hour period. Incident records reviewed in the same house suggested that there had been no medicines administration error in the six months leading up to this inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

This regulation requires that all residents living in a designated centre must have personal plans. Such plans are intended to set out the health, personal and social needs of the residents and provide guidance for staff in how to meet these needs. During the course of this inspection, inspectors reviewed documentation relating to three residents' personal plans. From this the following was noted:

- The contents of residents' personal plans had been reviewed within the previous 12 months. This included completed assessments that considered areas such as residents' physical wellbeing, belonging and creativity.
- These personal plans outlined key information about residents such as their backgrounds and personal information.
- Within the personal plans there was information and guidance on how to support residents' needs in various areas such as their health needs, providing intimate personal care, residents' communication and residents' eating and drinking
- Annual multidisciplinary reviews of residents' had taken place within the previous 12 months.
- Goals were identified for residents as part of the personal planning process with time frames and responsibilities for supporting residents with these goals outlined. Examples of goals included going on holidays, supporting gardening and visits to families. Documentation around residents' goals was presented in an easy-to-read format.

Such findings were in keeping with this regulation which also requires that appropriate arrangements be in place to meet the assessed health, personal and social needs of residents. Based on the findings of other regulations reviewed during this inspection, such as Regulation 6 Health care and Regulation 13 General welfare and development, the provider was also meeting this requirement.

Judgment: Compliant

Regulation 6: Health care

Guidance on supporting residents with their assessed health needs was contained within residents' personal plans. For example, one resident had a detailed support plan in place related to catheter care. Records reviewed during this inspection indicated that residents were supported to attend or avail of appointments or reviews with health and social care professionals as required such as GPs. Further documentation reviewed and discussions with management indicated that residents had also been facilitated to avail of vaccines and participate in national screening services. It was highlighted during the inspection that one resident had an upcoming medical appointment. Inspectors were informed how the resident had been supported around this matter. From discussions with the resident, it was clear that

they had been given information about this.

Judgment: Compliant

Regulation 8: Protection

Since the March 2024 inspection, there been one notified safeguarding matter submitted from this centre to the Chief Inspector. Documentation provided during the current inspection confirmed that this matter had been processed through safeguarding processes with a safeguarding plan also developed in response. Further records reviewed indicated that this safeguarding matter was now closed. These records further indicated input of the provider's designated officer (person who reviews safeguarding concerns) with contact information about this person seen to be on display in both houses. A staff member spoken with demonstrated a reasonable knowledge of how to respond to a safeguarding concern if it arose and who to report it to. The training matrix reviewed indicated that all staff (including two new relief staff) had completed relevant safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Although there was a rights restriction relating to laundry facilities, taking into account the overall findings of this inspection, inspectors were satisfied that the rights of residents were being appropriately safeguarded and promoted at the time of this inspection. From the documentation reviewed and feedback from residents it was clear that residents were living a life of their choosing and taking part in activities that they wanted to. It was notable also that residents in both houses of the centre were being consulted on a weekly basis through residents' meetings. An inspector reviewed notes of these meetings and found their content to be resident focused. Topics recorded as discussed during these meetings included meal planning, social plans, complaints and safety with the meeting notes indicating that residents were given input when planning out their week ahead.

As highlighted earlier in this report, one resident told inspectors that they would have to move from the house where they were currently living. The resident said that this was because this house was leased and the landlord wanted to give the house to someone else. The resident also said that they did not know where there they would be moving to. During the inspection, it was highlighted to inspectors that the provider had securely a new premises for residents to live in. Taking into account the comments of the relevant resident, this had not been communicated to that resident as yet but it was acknowledged that the provider had only recently

taken possession of the new premises.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No.1 Dewberry OSV-0004579

Inspection ID: MON-0039660

Date of inspection: 01/09/2025

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Provider has updated the Statement of Purpose to reflect the correct whole time equivalent time commitment of one staff member [5/09/2025]	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The peeling paint identified in one residents bedroom will be repaired and repainted [26/09/2025] • As assessed by OT, the en suite bathroom currently meets the resident needs. However, it has been recommended, that a larger bathroom is likely to be needed in the future. This will continue to be kept under review. A plan is in place to relocate the resident to a new property in the future, where larger bathroom facilites will be availabe [31/10/2026] • A laundry skills plan is currently in place, and the resident is supported to carry out laundry tasks in line with their will and preference. There are two washing machines available in this house. [23/09/2025]	

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 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2026
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	05/09/2025