



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

## Issued by the Chief Inspector

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| Name of designated centre: | Nova Residential Services                |
| Name of provider:          | Brothers of Charity Services Ireland CLG |
| Address of centre:         | Waterford                                |
| Type of inspection:        | Announced                                |
| Date of inspection:        | 14 October 2025                          |
| Centre ID:                 | OSV-0005091                              |
| Fieldwork ID:              | MON-0039808                              |

## About the designated centre

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

Nova Residential Services consists of two residential properties, one dormer bungalow located in a rural location and a two-storey house located in an urban area. The centre provides residential care for a maximum of six adult residents, with intellectual disabilities. Both houses provided support to the residents 365 days of the year and also on a 24 hour basis at weekends and during day service holiday periods. Each resident has their own bedroom and other facilities in the centre include kitchen/dining areas, sitting rooms and bathroom facilities. Staff support is provided by social care workers with care assistants providing relief cover.

**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 |
|-------------------------|----------------------|---------------|------|
| Tuesday 14 October 2025 | 09:00hrs to 19:00hrs | Linda Dowling | Lead |

## What residents told us and what inspectors observed

This was an announced inspection to monitor the designated centre's level of compliance with the associated standards and regulations and inform the upcoming registration renewal decision. Overall, the findings indicated that while residents were in receipt of person centered care and support, there were concerns relating to ongoing peer to peer safeguarding incidents in the centre. The inspector also identified areas for improvement such as assessment of need, risk management, identification of restrictive practices and protection.

This centre comprises of two properties, one property is not currently occupied although the inspector did visit the property and completed a walk around. The inspector spent the majority of the day in the first property occupied by four residents. The inspector spent time with the residents and their staff members on return from day service. In addition, document review and observation of daily practices were utilised to determine residents' lived experience in the designated centre.

When the inspector arrived to the first property staff and residents were getting ready to leave. The inspector said good morning to three of the residents who were on the bus with their day service staff. The remaining resident was in their bedroom preparing to leave. The residents on the bus spoke about going horse riding and others said they would see the inspector when they got home. All residents were well dressed and had their coats, bags, mobile devices and other personal belongings on their person. When they left for day service the inspector made contact with the person in charge to facilitate the inspection. The person in charge and the services manager arrived at 10.30 and the inspector held an opening meeting. Both the person in charge and the services manager remained at the centre for the duration of the inspection.

The first property was a large bungalow with a sea view, the residents had ample communal spaces within the centre including a kitchen-dinning room, sitting room and sun room, each resident had their own bedroom, they were seen to be decorated in line with their preferences. Three residents like to keep their bedroom door locked as another resident can wander in and move or take their belongings. One resident spoke to the inspector about this and said they don't mind locking their bedroom it keeps everything safe and I keep the key.

Three residents returned from day service around 16.30 and were seen to put away their belongings, lunchboxes, bottles and coats. Residents were eager to talk to everyone and show the inspector their bedrooms. One resident showed the inspector their bedroom, where they keep all their clothes, their personal hygiene products and their en-suite. Another resident was eager to show the inspector their art work and trophies.

One resident was seen to go into the sitting room and use the treadmill, they spoke to the inspector about health and exercise and how they monitor their steps on their fitness watch. They also spoke about all the activities they are involved in through their day services, such as horse riding, swimming, beauty course, growing vegetables and the upcoming Halloween fancy dress party. The same resident told the inspector about a safeguarding concern in the centre and they didn't like when another resident displays certain behaviours. They told the inspector it was better now they had more staff and they had more opportunities for social outings at the weekends. The resident was aware of their right to complain and knew who to speak to if they were unhappy.

The remaining resident returned to the centre a little later in the care of a paid support worker hired by their family, they had spent a number of hours with this person and visited a local garden for a walk and went to the shop. They were seen to quickly go to their bedroom and sort their purchases. The inspector spent time with them but they did not wish to engage. They were seen to select a DVD to watch, put on their slippers and looked through their magazines. The provider did not have evidence of any oversight of this paid support worker, this is discussed further under Regulation 8: Protection.

The inspector visited the second property and completed a walk around. The property while unoccupied was being maintained, the heating was on a timer, the taps and showers were being run weekly. The centre comprised a five bed, two story, detached house with a sitting room, kitchen and dining room. The property had the potential to be homely with some attention.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre and were presented to the inspector on the day of the inspection. The inspector received four forms. All forms were filled out with the support of family members. The feedback for the most part was positive but residents and their representatives did highlight their concerns in relation to the remoteness of the property, staffing arrangements in line with safeguarding concerns and lack of consistent key worker to progress goals for residents.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

While there was a clear management structure in place and a regular management presence in the designated centre with a full-time person in charge, the inspection identified a number of areas that required improvement.

Some improvements were noted from the previous inspection. Due to the additional staffing resource in the centre residents were given choice around how they wished to spend their time, they had more opportunity to engage in community activities especially at the weekend.

The inspector noted local management were taken steps to manage the safeguarding incidents in the centre and were also seen to take action due to the changing needs of one resident.

### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included in the application. This included submitting information in relation to the statement of purpose, floor plans and submitting fee to accompany the renewal of registration.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was full time and had the responsibility of two other designated centre operated by the same provider this remit was due to change in the coming weeks with the reduction of one designated centre. The person in charge had appropriate qualifications and experience to manage the centre. It was evident that the person in charge was present in the centre on a regular basis, the residents in the centre were seen to be familiar with the person in charge and approached them with ease. The person in charge was familiar with the needs and preferences of the residents and were seen to be actively working through improvement plans and actions from audits.

Judgment: Compliant

### Regulation 15: Staffing

The staff team as outlined in the providers statement of purpose consisted of a person in charge and two social care workers. At the time of inspection the staffing arrangements required review.

Due to an ongoing safeguarding incidents in the centre the provider had allocated unfunded additional staff from the hours of 16.30-22.00 Monday to Friday and 10.00-22.00 Saturday and Sunday, while this had reduced the risk of safeguarding incidents during those specific hours, the safeguarding plan was not effective outside of these hours. This is discussed further in regulation 8: Protection.

In addition, during the hours of lone working one resident experienced a fall while transferring into their wheelchair, the staff member was unable to support them up on their own resulting in the resident having to wait 30 minutes until additional support came to the house to support them up. This required review.

The centre had one vacancy and one extended statutory leave resulting in both positions being filled by relief staff and agency. From review of the rosters for the previous two months the staff cover arrangements were stable and consistent. The person in charge was ensuring familiar staff were present daily in the centre to meet the needs of the residents. The provider was actively engaging in recruitment and the inspector reviewed the current advertisement for social care workers.

The inspector reviewed two staff personnel files and these were reflective of the necessary documents required under Schedule 2 of the regulation, for example they all had up-to-date photo identification, completed employee history inclusive of two references and in date Garda Vetting all stored on file.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The inspector reviewed the staff training matrix that was present in the centre. For the most part, it was found that the staff working there had up-to-date training in the area of safeguarding, medication management, fire and manual handling. Training had been pre-planned and staff were booked for upcoming refresher training when it was due and this was reflected on the matrix and roster.

Due to the additional staffing arrangement in place, these shifts were often covered by day service staff who were already familiar with the residents. The person in charge had oversight of their training and was liaising with the day service manager to ensure refreshers were booked when required. The person in charge also held a training record of the regular agency staff working in the centre.

Judgment: Compliant

### Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents, including residents' property, were appropriately insured.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management system in place within the centre. The staff reported to the person in charge and they were supported by the service manager.

The provider had ensured the centre had an unannounced audit completed every six months, from review of the audits they were completed in November 2024 and June 2025. The provider had also completed an annual review for the year 2024 this had been completed by the person in charge. From review of the report areas such as fire, medication systems and analysis of notifications submitted to the Chief Inspector of Social Services was reviewed. The report also captured feedback from residents and their representatives and identify areas for improvement.

Steps had been taken to address the safeguarding concern in the centre. The provider had submitted a formal request to their funder to request funding to cover the cost of additional staff currently in place in the centre. The local management had also identified a change in one residents needs and had submitted a transfer request to the provider for consideration.

Overall the systems in place were being utilised in an effective manner by the staff and management team.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose is an governance document which outlines the service to be provided in the designated centre. As part of the registration application the provider had submitted a statement of purpose which outlined the service provided and met the requirements of the regulations. The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to the resident in the service and the day-to-day operation of the designated centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record was maintained of all incidents and accidents occurring in the centre. The person in charge had ensured that all indents were notified to the Chief Inspector of Social Services in line with the requirements of the regulations. The inspector review the incident and accident database and found all incidents and accidents were appropriately followed up by management and any that required notification had been submitted.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a policy and procedure in place for the management of complaints including some easy-to-read documents. The inspector found that residents and their representatives were aware of how to make a complaint if they wished to. Details of who to complain to was available in the centre, in addition to information on accessing advocacy and other supports.

On the day of inspection there were two open complaints in the centre, the provider had progressed both in line with their policy.

Judgment: Compliant

## Quality and safety

From what inspectors observed, speaking with the residents, staff and management and from review of the documentation it was evident that residents were afforded good opportunities to engage with their community and complete activities of their choosing. Their home was warm and comfortable.

Inspectors completed a walk around of the centre with the person in charge. The designated centre was found to be bright and spacious and in a good state of repair. Residents personal items were seen on display in their bedrooms.

Although there were systems in place in an attempt to keep residents safe including risk assessments and safeguarding procedures, the safeguarding plan in place was not fully effective as safeguarding incidents were still occurring in the centre, some

restrictive practices had not been identified or reviewed by the human rights committee and one resident faced challenges in moving around the centre.

## Regulation 17: Premises

The centre comprised of two properties, as mentioned previously one property is not currently occupied. As the provider has requested to re-register this property as part of the centre, the inspector visited it on the day of inspection. The inspector found that although the property felt cold, the heating was on a timer to prevent damp in the property, and there were weekly visits to ensure water was run through taps and showers. The property was spacious and had potential to be homely. There was parking available at the front and a garden space with storage shed to the rear.

The other property was a large bungalow overlooking a sea view. This property was occupied by four residents, each resident had decorated their bedrooms in line with their wishes and preferences. Residents were seen to have ample storage facilities for their clothing and personal belongings. There was communal spaces including a kitchen dining room, a large sitting room and a sun room. Residents were seen to move about their home and knew where to store and find their belongings.

One resident used a wheelchair to mobilise and while they could move through the property and enter communal spaces and their bedroom this involved a lot of navigating. For example, the resident was seen to be in their bedroom when the fire door closed due to noise, the resident opened the door with difficulty before leaving their bedroom. They were also observed to use their forearm against door frames to support themselves through the doorway. A review was required to assess if the property met the needs of the resident.

While efforts had been made to make the property homely one resident had chosen to remove some photos from the hallways leaving the walls bare.

Judgment: Substantially compliant

## Regulation 20: Information for residents

The inspector reviewed a residents' guide which was submitted to the Chief Inspector of Social Services prior to the inspection taking place. This met regulatory requirements, for example, the residents' guide contained information on how to access HIQA reports.

Judgment: Compliant

## Regulation 26: Risk management procedures

Overall the provider had good systems in place to management and mitigate risks and keep residents safe in the centre. Although some poor practices were identified on the day of inspection that required review.

The provider had detailed risk assessments and management plans in place which promoted safety of residents. The inspectors reviewed the individual risk assessments in place for three residents and found that the measures in place suitability addressed the risk. All risk assessments were reviewed by person in charge on a regular bases of sooner if required.

On the morning of the inspection the inspector observed keys left in the unlocked medication press, they also observed a staff member using a table to hold open a fire door into the office/staff sleepover room, this required review to ensure the control measures identified in risk assessments were being implemented effectively.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

While improvement was required to ensure a comprehensive and clinical lead assessment of needs was completed and reviewed annually for each resident, the management and staff team were striving to achieve person centred care and support.

The inspector found that while attempts had been made to assess residents needs, this had not been formally completed by an appropriately skilled and qualified person. It was evident that local management had requested additional support and input from clinical professionals to review residents assessed needs and subsequently guide the care and support of residents in the centre but due to vaccines there was a delay in receiving this support. The provider assured the inspector these vacancies were now filled and would commence in position in November 2025.

The inspector reviewed three of the residents' personal plans, these were found to be person centred and reflect individual preferences and wishes around how care and support is provided to them. They included individual preferences and wishes. From observations residents were provided with person centred care. For example, staff members were seen to adapt their communication style in line with the residents needs and preferences.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

The residents had psychological assessments including cognitive and adaptive functioning reports on file these were completed in 2021. While the person in charge had completed a review of the identified supports recommended in these reports they had not formally been reviewed by an appropriate clinician. The provider had advertised and successfully recruited a behaviour specialist who is also due to commence their role in November 2025.

The person in charge reported that the staff team were trained and had the knowledge and skills required to support the residents in managing their behaviour. From review of training records all staff had received training in de-escalation techniques.

There was a number of restrictive practices in use in the centre, for the most part these had been identified and reviewed by the human rights committee and were reported to the Chief Inspector of Social Services. However, the inspector noted that one residents bedroom key was kept on a hook at the top of their door and they were unable to reach same to access their bedroom. Furthermore all residents finances including their personal wallets were kept in a locked press in the staff office this was not identified or reported as a restriction.

Judgment: Substantially compliant

## Regulation 8: Protection

As previously mentioned, there was an open safeguarding plan in place in the centre, this was as a result of residents behaviours having a negative impact on other residents. While the provider had a safeguarding plan in place this was not effective at all times of the day and night.

The provider had implemented additional unfunded staffing to the centre to reduce the risk of safeguarding incidents this was only effective during the hours where two staff were present. There was evidence of two safeguarding incidents that occurred recently during the hours of lone working.

In addition, one residents family member had hired additional support for their relative to come once per week for three hours and take the resident on a social outing. This was in place for three weeks and the provider had no oversight of the person the family had hired. They had no formal background checks such as Garda vetting in place to ensure the residents safety while spending time with this person. This required review.

Judgment: Not compliant

## Regulation 9: Residents' rights

Through the review of documentation, discussion with residents, staff and management it was evident that residents lived in a service that empowered them to make choices and decisions about where and how they spent their time.

Residents were observed responding positively and with ease towards how staff respected their wishes and interpreted their communication attempts. They were observed being offered choices in a manner that was accessible for them. Residents were at ease in staff presence and were seen to express their wishes freely. For example, two residents were seen to request songs to be played so they could perform.

In addition, residential house meetings were seen to be completed weekly and topics such as safeguarding, human rights and advocacy were being discussed to ensure residents were aware of their rights.

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>   |                         |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant               |
| Regulation 14: Persons in charge   | Compliant               |
| Regulation 15: Staffing  | Substantially compliant |
| Regulation 16: Training and staff development                                      | Compliant               |
| Regulation 22: Insurance   | Compliant               |
| Regulation 23: Governance and management   | Compliant               |
| Regulation 3: Statement of purpose   | Compliant               |
| Regulation 31: Notification of incidents   | Compliant               |
| Regulation 34: Complaints procedure  | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 17: Premises  | Substantially compliant |
| Regulation 20: Information for residents   | Compliant               |
| Regulation 26: Risk management procedures  | Substantially compliant |
| Regulation 5: Individual assessment and personal plan                              | Substantially compliant |
| Regulation 7: Positive behavioural support   | Substantially compliant |
| Regulation 8: Protection   | Not compliant           |
| Regulation 9: Residents' rights  | Compliant               |

# Compliance Plan for Nova Residential Services

## OSV-0005091

**Inspection ID: MON-0039808**

**Date of inspection: 14/10/2025**

### **Introduction and instruction**

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

| Regulation Heading   | Judgment                |
|--|-------------------------|
| Regulation 15: Staffing  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing:<br>As an interim measure, the implementation of a waking night staff will be introduced in replace of the sleepover cover. Each morning and evening, two staff members will be on duty to assist the residents and to implement the safeguarding plans.  |                         |
| Regulation 17: Premises  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises:<br>1. An OT Assessment has been scheduled for the 21st November 2025. This should help identify some actions which will afford greater independence for one resident around the house.<br><br>2. The registered provider will continue their efforts to seek a more suitable house closer to the town which will better meet the needs of all residents in this designated centre. |                         |
| Regulation 26: Risk management procedures  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  |                         |

- An automatic fire door closer is scheduled to be fitted to the staff sleepover bedroom. This would enable staff to work from the office space while maintaining the recommendations in the safeguarding plans.

|   |                         |
|---|-------------------------|
| 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 multi-disciplinary team has begun a clinical comprehensive Assessment of Needs for each of the residents to ensure that all aspects of care, and, the required levels of support are being fully recognised and effectively addressed. In addition to this, specialist input from Speech and Language Therapy and Occupational Therapy is being incorporated to identify any further interventions.

Collectively, the outcome of these assessments will determine the most effective individual care plans and the required supports for all individuals.

|  |                         |
|--|-------------------------|
| Regulation 7: Positive behavioural support | Substantially Compliant |
|--|-------------------------|

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- Residents were given the choice of keeping their wallets in a secure unit in their own bedrooms, or, if they would like to continue to keep them in the staff office. They opted to keep them in the staff office, therefore, the relevant documentation will be submitted to the Human Rights/Restrictive Practice Committee.

|                          |               |
|--------------------------|---------------|
| Regulation 8: Protection | Not Compliant |
|--------------------------|---------------|

Outline how you are going to come into compliance with Regulation 8: Protection:

- As an interim measure, the implementation of a waking night staff will be introduced in replace of the sleepover cover. Each morning and evening, two staff members will be on duty to support the residents, and, to implement the safeguarding plans.
- Once the clinical assessment of needs are completed for all residents, they will be

submitted to the Application Management Team. These will then be reviewed to determine the feasibility of internal transfers to alternative settings within the services that consists of appropriate staffing resources to adequately meet the needs of residents.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation          | Regulatory requirement   | Judgment                | Risk rating | Date to be complied with |
|---------------------|--|-------------------------|-------------|--------------------------|
| Regulation 15(1)    | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Substantially Compliant | Yellow      | 21/11/2025               |
| Regulation 17(1)(a) | The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.   | Substantially Compliant | Yellow      | 30/06/2026               |
| Regulation 26(2)    | The registered provider shall ensure that there are systems in place in the  | Substantially Compliant | Yellow      | 31/01/2026               |

|                     |   |                         |        |            |
|---------------------|---|-------------------------|--------|------------|
|                     | designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.  |                         |        |            |
| Regulation 05(1)(b) | The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis. | Substantially Compliant | Yellow | 31/03/2026 |
| Regulation 07(3)    | The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.  | Substantially Compliant | Yellow | 15/10/2025 |
| Regulation 08(2)    | The registered provider shall protect residents from all forms of abuse.  | Not Compliant           | Orange | 21/11/2025 |