



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

Issued by the Chief Inspector

Name of designated centre:	Cara House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	28 January 2026
Centre ID:	OSV-0005199
Fieldwork ID:	MON-0045052

About the designated centre

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

This designated centre is operated by Nua Healthcare Services Ltd. The centre can provide residential care for up to five male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one two-storey house, located a few kilometres from a town in Co.Laois. Residents have their own en-suite bedroom, shared bathroom and communal use of a kitchen and dining area, two sitting rooms, utility and staff office. A large rear and front garden is also available for residents to use as they wished. Staff are on duty both day and night to support the residents who live here.

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
Wednesday 28 January 2026	09:00hrs to 15:00hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to assess the provider's overall compliance with the regulations. The day was facilitated by the person in charge, and the inspector also got to meet with some of the staff members on duty, and also with four of the residents that lived in this centre. Overall, this was a positive inspection that found many examples of where care and support was provided to a high standard. There were some aspects of the service that did require review by the provider, which will be discussed later on in this report.

The centre comprised of one large two-storey house rurally located a few kilometres from a village in Co. Laois. Residents had their own en-suite bedrooms, and communal access to two sitting rooms, a kitchen and dining area, utility, and there was also a staff office. To the front and rear of the property, a large well-maintained garden was available to residents to use as they wished. The house was well-kept, very spacious, clean and comfortably furnished. Photographs of residents engaging in various activities were displayed throughout the house, and each resident had designed and decorated their own bedroom in accordance with their own personal preferences.

There were five female residents living in this centre, and generally got on well together. They primarily required care and support in response to their assessed social care needs, some required positive behaviour support, others had an identified absconsion risk, some had identified risks associated with their behaviour management, and others required support with an aspect of their health care needs. The staffing arrangement for this centre provided each resident with one-to-one support during the day, with two waking staff members on duty each night. Over the course of this inspection, the inspector got to meet and speak with four of these residents, with the fifth resident already having gone out for the day to visit family.

Upon the inspector's arrival to the centre, there was a very relaxed and calm atmosphere, with residents being supported by staff with their morning routines. The first resident that the inspector spoke with told of how they loved to go to the gym and unfortunately had sustained a minor injury a few days previous, and were being supported by staff in relation to this. The inspector had met with this particular resident on previous inspections, and was aware of their love for body art. Since the last inspection, they had gotten a new tattoo and proudly showed this off to the inspector. This resident brought the inspector down to see their bedroom, where they had displayed many items relating to boxing, which was the sport of their choice. They also told the inspector that since she last met with them, they were now taking responsibility for their own medicines, and were getting on well with this. They were heading out that afternoon to an appointment, and planned to do some shopping with staff before they returned home. The second resident that the inspector met with was getting ready to head out that afternoon to meet with family. They told of how they were looking forward to valentines day, and of how

they were supported to maintain a personal relationships. This resident had a keen interest in the colour pink, and also loved a particular boy band, which was very much reflected in how they decorated and furnished their bedroom. The third resident told the inspector that they were planning on having a chill day at home, but that on other days, they loved to go shopping in big shopping centres and enjoyed going to a local spa for facials. They also showed the inspector their bedroom, which they were in the process of up styling. In response to a reduced ligature risk that this particular resident once presented with, some items had been re-introduced into their bedroom which they were very happy about. The fourth resident was a new admission to this centre since the last inspection. This resident was heading out to a medical appointment that morning, and later returned for a short while, before heading out again to attend a fitness class. The person in charge told the inspector that this resident had settled in well since their transition, and was getting on well with the others. As well as individual conversations with these residents, the inspector had the chance to sit in the sitting room with three of them before they headed out for the day. They each spoke positively about the staff support they received, and also with regards to the multiple opportunities available to them daily to get out and about. They told of how they were regularly involved in fire drills, and each knew what to do, so as to evacuate the centre. They also spoke of their involvement in residents' meetings, where they were kept informed of any changes. They also spoke of how they were supported to contribute and voice their own thoughts on the running of their home at these meetings. Many of them also told of their love for cooking and baking, and were very much involved in the planning and preparation of meals in this centre, which they were very happy about. Interactions between staff and residents over the course of this inspection were observed to be warm and respectful, with plenty of friendly banter between them all about the day ahead. It was clear that this staff team were well-known to these residents, and that residents were very comfortable in their company.

As already mentioned, social care was a fundamental aspect of the service that these residents received. There were multiple vehicles available to this service, coupled with the one-to-one staffing arrangement, which allowed for these residents to be as socially active as they wanted to be. They often went to the cinema, enjoyed going to hubs where they learned various life skills, went out for lunch, attended music concerts, went to the gym, some enjoyed going to fitness classes, went shopping, often had day-trips out, and many regularly visited family and friends. Personal goal setting was also important to these residents, with many being supported to develop money management skills, and some were working towards scheduling a night away with staff to a hotel. These residents very much led out on how each day was planned in this centre, and staff endeavoured to support them to have a high quality social life, which residents voiced they were very happy about.

There were many systems working well in this centre, to include, personal planning and assessment arrangements, staffing, safeguarding, and behavioural support. There was good oversight maintained by the provider in relation to the operation of this centre, and it was well-resourced to meet the assessed needs of these five residents. While there were some improvements required to aspects of risk

management, medication management and fire safety, this inspection overall found that these residents were receiving a good and safe quality of service.

The specific finding of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

Overall, this was found to be a well-run and well-managed service. The centre was adequately resourced to meet the assessed needs of the residents, and operational needs of the service. Defined management structures were in place, which had a positive impact on oversight and management arrangements, while also ensuring a member of management was at times available to support staff.

The person in charge held the overall responsibility for this service. They were very familiar with the care and support arrangements required by these residents, and were regularly on-site to oversee care delivery. In between their visits, the governance of this centre was overseen by a shift team leader, whom the person in charge linked in with regularly.

There was a well-established staff team working in this centre, and residents were very familiar with them. Residents who met with the inspector spoke positively about the support they received from staff, and knew they could approach them if they had any concerns. Staffing levels were maintained under very regular review, and the current compliment provided residents with one-to-one staff support during the day, which was working well in this centre. Effective staff training arrangements were also in place, ensuring each staff member had the training they required to carry out their duties.

Complaints management required on-going oversight in this centre, and evidence was found upon this inspection, that these were being managed in line with the provider's own policy and procedure. There was also good practices found in relation to internal communication systems, with regular staff and management team meetings occurring, to ensure each member of staff was kept informed around any issues or changes occurring. Monitoring systems were working well in identifying where improvements were required, and generally focused on specific aspects of this service, relating to the care and support that these residents were assessed with. The person in charge was proactive in addressing any areas that did require further review, with time bound actions plans maintained to evidence these improvement works.

Regulation 14: Persons in charge

The person in charge held a full-time role and regularly visited the centre each week. They were supported in their role by a shift lead manager, their line manager, and staff team. They knew the residents' assessed needs very well, and were familiar with the operational needs of the service delivered to them. They were responsible for another designated centre operated by this provider, and current governance and management arrangements gave them the capacity to fulfill their managerial duties.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to on-going review, ensuring each resident had the level of staff support that they were assessed as requiring. Five staff were rostered on duty during the day, with two waking staff on duty each night. Despite this routine staffing compliment, the person in charge informed that based on the assessed needs of these residents, the centre could safely operate at a lower staffing level. At times when this rarely occurred, this was maintained under review by the person in charge. There was regular relief staff available to support this centre's staffing resources, who were familiar with these residents and the care and support required by them.

There was a familiar staff team working in the centre, and at the time of this inspection, further recruitment had occurred with a number of new staff undergoing induction. In addition, a second shift lead manager had been recruited and was due to start in the coming weeks. There was a well-maintained staff roster in place, which clearly named all staff and their start and finish times worked.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge maintained regular oversight of staff training, ensuring all staff had up-to-date training in the areas they required for their role. When refresher training was required, this was scheduled accordingly by the person in charge. All staff also received regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that this centre was adequately resourced to meet the assessed needs of the residents, and operational needs of the service. There was a clearly defined local management team in place, which provided clear lines of responsibility and accountability for the running of this centre. There were effective internal communication systems, with monthly staff meetings occurring allowing regular discussion about residents' care and support arrangements, along with any other business. The person in charge maintained good contact with their shift lead manager in between their own visits to the service, and also were in frequent contact with their own line manager about operational issues. On-call arrangements were also in place, which provided additional support to staff, at times when local management were not present at the centre.

The oversight and monitoring of care delivery in this centre was largely attributed to regular managerial presence, the centre's incident reporting system, and also through regular communication between staff and local management. Where any issues were identified through these arrangements, these were quickly responded to and rectified. The person in charge also had an escalation pathway available to them to make senior management aware of any issues arising in the service. They also prepared a weekly governance report for senior management review, outlining the performance of key operational functions. Six monthly provider-led visits were occurring in line with the requirements of the regulations, and with action plans developed to address any areas of improvement required.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Where complaints were received, the person in charge was supported in their response and management of these by a nominated complaints officer, and guided by a complaints policy. Each resident and their families were aware of the complaints process, and supported to make a complaint, as required. Advocacy services were identified for this centre, and information with regards to the provider's appeal process was clearly outlined within their complaints policy. From a review of complaints that had been received within this centre, there was evidence that these were promptly acknowledged with the complainant, and that a timely

response was given in relation to the outcome of any investigation undertaken. For the purpose of their own oversight of the management of complaints in this centre, the person in charge maintained a complaints register, which outlined the context and nature of each complaint, outcome of investigation, action taken, and the overall satisfaction of the complainant.

Judgment: Compliant

Quality and safety

This was very much a resident-led service, whereby, daily routines were carried out in accordance with resident wishes for how they wanted to spend their time. There were very good staffing and transport arrangements in place, which enabled residents to get out and about as much as they wanted to do the activities they wished to do. Personal goal setting arrangements were very much adhered to, with residents having many goals that they had chosen themselves to work towards. However, this inspection did identify where some improvements were required to aspects of medication management, fire safety, and risk management.

Fire detection systems were in place throughout this house, all staff had up-to-date fire safety training, and fire exits were maintained clear at all times. While regular fire safety checks were being carried out, these did require review to ensure their overall effectiveness in identifying issues that were found during a routine walk-around by the inspector and person in charge. Furthermore, although fire drills were regularly occurring, these too required review, as there was a variance noticed in evacuation time frames, with no determined factor identified as to why this was occurring.

There was an effective and timely response to risk, which had a positive impact on maintaining residents safe. In general, there was a very good incident reporting culture in this centre, and there was good communication maintained between local management and staff around the implementation of any new control measures required in response to risk. However, in response to a specific behavioural related risk, one resident was subject to twice daily environmental checks of their bedroom. Although there was evidence that these were being carried out, guidance as to how these were to be thoroughly conducted required review. Improvements were also found upon this inspection with regards to some risk assessments, and also in how risk-ratings were being calculated, when incidents did occur.

Medication management was subject to regular monitoring, which had resulted in very few medication errors happening in this service. Records reviewed by the inspector were found to be well-maintained and legible, with all staff having up-to-date training in medication management. For one resident, they had been assessed to manage the administration of their own medicines, and this resident spoke briefly with the inspector about how they were supported to do so. However, over the

course of this inspection, the inspector did observe that some further review of this arrangement was required, particularly with regards to the adherence to the safe storage of this resident's medicines.

Overall, good practices were observed in relation to residents' personal planning, assessment and behavioural support arrangements, health care, general welfare and development, and the centre was well supported by a team of allied health care professionals, as and when required. There was also a proactive approach to safeguarding in this centre, which was maintained under regular review by the person in charge.

Regulation 13: General welfare and development

The provider had ensured that each resident was provided with appropriate care and support with regards to their social care needs, with due consideration given to the nature of their disability, assessed needs, and their own wishes. Along with regularly getting out and about, the layout and design of this centre provided residents with areas for recreation, either in the company of, or independent to their peers. Suitable staffing and transport arrangements meant that residents had the opportunity daily to engage in activities of their choice, or to spend time at home, if they so wished. Residents were supported to maintain personal relationships with their significant other, and also with their family members. They were supported to maintain links with the local community, often availing of local amenities, shops and various group classes. In more recent times, these residents were attending an activity hub, where they met with their peers, and engaged in multiple courses around living skills.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of a large two-storey house, located in a rural setting close to a village in Co. Laois. Residents had their own en-suite bedrooms, and communal access to two sitting rooms, a large kitchen and dining area, and utility. Residents had been supported to decorate their bedroom in accordance with their own personal preferences. The centre was well-maintained, clean, spacious and provided a comfortable living environment. Where maintenance and up-keep works were required from time to time, there was a system in place for staff to report this, and any issues were rectified by the provider in a timely manner.

Judgment: Compliant

Regulation 26: Risk management procedures

When incidents occurred in this centre, they were quickly reported and responded to. All staff were made aware of any additional controls required to ensure residents' safety, and the application of these were overseen by the person in charge. However, there were some aspects of risk management that required improvement.

Many of the incidents reported in this centre were behavioural related and subject to review by the person in charge. In response to a particular type of incident, one of which occurred a few days prior to this inspection, one resident was subject to twice daily environmental checks of their bedroom. This bedroom was visited by the inspector and was found to contain multiple storage units and a large volume of clothing and personal items which belonged to the resident. Although these twice daily environmental checks were evidenced on records that were maintained, given the multiple areas in which items of harm could be potentially concealed in this bedroom, no specific guidance had been developed to guide staff on how to thoroughly and consistently carried out an effective environmental check of this bedroom.

Although there were many risk assessments in place in response to residents' identified risks, some of these required further review. For example, with regards to the resident with identified ligature and self-injurious behaviour risks, associated risk assessments required review to ensure these clearly and better outlined the specific controls that were put in place to mitigate against these particular risks.

Although there was a good incident reporting culture in this centre, the method of risk-rating incidents required review by the provider. At the time of this inspection, this centre had encountered two significant ligature related incidents pertaining to a resident. Although these had been reported and responded to, the overall risk-rating afforded to these incidents was calculated as low. This calculation was solely done on the basis that no injury or property damage occurred, and didn't allow for other factors impacting these the significance of these incidents to be considered in this overall risk-rating.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, and had ensured that all staff had up-to-date training in fire safety. However, there were some aspects of fire safety that did require review.

Upon a walk-around of the centre, a number of fire doors were observed not to be closing properly. The person in charge took immediate action in relation this, with maintenance staff attending the centre to rectify. However, a review of the overall

effectiveness of fire safety checks was required, as despite regular fire doors being carried out by staff, this issue hadn't been detected.

Although fire drills were often occurring, the manner in which these were being conducted required some review. Upon review of a number of fire drill records, the inspector observed a noticeable variance in evacuation time frames, despite the availability of fire exits, all residents having good awareness of the fire procedure, and each requiring minimal support to evacuate. Fire drill records provided no information around the details of each fire drill and evacuation, so as to provide some indication as to why the variance in evacuation time frames was occurring.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Although there were good practices found in relation to medication management in this centre, the arrangements in place to support one resident with taking responsibility for their own medicines did require further review.

Following a capacity assessment, it was deemed safe and appropriate for one of these residents to take responsibility for the administration of their own medicines. Their medicines were dispensed via blister pack, and they always adhered to letting staff know that they had taken their medicines at the prescribed time. Although the provision of a lockable safe had been made to their bedroom to allow them to securely store their medicines, on two separate occasions over the course of this inspection, this safe was found unlocked. Although this was addressed immediately by the person in charge, some review of this resident's support arrangements was required, to ensure this resident's consistent adherence to the secure storage of their medicines, so as mitigate against re-occurrence.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Effective personal planning and assessment processes were in place in this centre, ensuring residents' needs were subject to on-going re-assessment. This was regularly overseen by the person in charge, and where any changes did occur to residents' care and support needs, updates were made to the relevant documentation. Personal goal setting was done with each resident, and they were supported by staff to achieve these. Residents had identified goals in relation to living skills, one wished to apply for an age card, others were working towards an overnight in a hotel, and many had goals associated with money management.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs in this centre were minimal; however, this aspect of their care was still under regular review. One resident did at times present with re-occurring infection and required regular review of this aspect of their care, which was consistently being carried out. The service was supported by a range of allied health care professionals, and when residents did have medical appointments, they were supported by staff to attend. At the time of this inspection, one resident had sustained an injury while undertaking a recreational activity. They had medically assessed after this incident, with staff implementing all relevant care to ensure the resident's recovery.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that any resident requiring positive behavioural support interventions, had the supports and services they required available to them. Behavioural related incidents were reported when they occurred, and subsequently reviewed by the person in charge, and behavioural support specialist, as and when required. At the time of this inspection, the person in charge was in the process of responding and reviewing an incident of this nature which had occurred a few days prior, and ensured all staff had been communicated with regarding new safety and support measures. Furthermore, in response to one resident's assessed behavioural support needs, they at times required administration of as-required medicines. Although there was a protocol in place for this, it required minor review to ensure it provided better guidance to staff on the appropriate administration of this medicine. When brought to their attention, the person in charge made arrangements for this update to be completed.

In response to some residents identified risks, a number of environmental restrictions were in place to maintain their safety. Arrangement had also been made to ensure these restrictions did not impact other residents in which they were not intended for. All restrictions were subject to regular multi-disciplinary review.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to guide staff on how to identify, report, respond to, and monitor any concerns regarding the safety and welfare of residents in this centre. All staff had up-to-date training in safeguarding, and this topic was also often discussed with each resident to ensure they knew to report any concerns to staff. Incidents had happened in this centre which when reviewed by local management, were recognised as having the potential for future negative peer-to-peer interactions. In response to this, a general safeguarding plan was developed for this house, outlining the preventative and proactive measures to be implemented by staff, so as to reduce the likelihood of this potentially happening.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cara House OSV-0005199

Inspection ID: MON-0045052

Date of inspection: 28/01/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1. The Person in Charge will review risk assessments relating to Individuals with identified ligature and self-injurious behaviour risks and updated to clearly detail the specific control measures in place to mitigate each identified risk. 2. The Person in Charge will revise the Environmental Check List to include step-by-step instructions and implement the updated version, with staff briefed and sign-off completed. 3. The Person in Charge will review the incident risk-rating on incidents of self-harm to ensure that the risk rating reflects not only actual harm or property damage, but also the potential severity of harm, clinical risk factors. 4. The Person in Charge will conduct a full environmental risk assessment of the resident's bedroom to identify areas where harmful items could potentially be concealed due to the volume of storage units, clothing, and personal belongings. Develop and implement clear, written guidance for staff detailing how to complete a thorough and consistent environmental search of this room. Work collaboratively with the resident to identify and agree on alternative storage solutions to reduce clutter and improve visibility, while maintaining dignity and personal choice. 	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

1. The Person in Charge will arrange for Maintenance Technicians to inspect all fire doors to ensure they close fully on their own weight. Any defects identified will be logged and addressed. Feedback from the inspection will also be shared with the maintenance team, discussed at their next meeting and the discussion documented for ongoing awareness and development.

2. The Person in Charge will conduct a planned fire drill by simulating a fire on the stairs. The drill will assess staff response, evacuation routes, and time taken for all individuals to reach the designated safe assembly point. Evacuation time will be recorded and reviewed immediately after the drill. Any delays or learning points will be documented, and an action plan developed.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

1. The Person in Charge will complete a keyworking session with the individual regarding the importance of keeping the medication safe locked at all times. The discussion and agreed outcomes will be documented in the individual's keyworking notes.

2. The medication safe will be checked daily as part of the Safety Walk. This will be documented on the Daily Safety Walk Checklist, and the PIC will review the checklist weekly to ensure compliance.

3. The Person in Charge will place medication safe security on the agenda for the next Team Meeting and ensure the discussion and agreed actions are recorded in the meeting minutes.

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	17/03/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	27/03/2026
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	27/03/2026

Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	27/03/2026
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