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:	Tús Nua
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	21 May 2025
Centre ID:	OSV-0005415
Fieldwork ID:	MON-0038257

About the designated centre

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

Tús Nua is a designated centre operated by Sunbeam House Services located in County Wicklow. It provides community residential services to four male or female adults with a disability. The centre is a detached bungalow which consisted of a kitchen/dining room, sitting room, four bedrooms, a staff sleepover room/office and a shared bathroom. There is a well maintained patio area and garden to the rear of the house. The centre is located close to amenities such as public transport, shops, restaurants, churches and banks. The centre is staffed by a person in charge, nurses and social care workers. The person in charge divides their role between this centre and one other designated centre.

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
Wednesday 21 May 2025	09:30hrs to 17:30hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

The purpose of this inspection was to monitor compliance with the regulations. As part of the inspection, the inspector also assessed aspects of the provider's implementation of their organisation's improvement plan which was a response to an overview report published in February 2025.

From speaking with the person participating in management, the person in charge, staff and residents, as well as a review of documentation and observations on the day, the inspector found that there was sufficient evidence to demonstrate satisfactory levels of progress on the implementation of the provider's organisation improvement plan. In addition, there was good levels of compliance with the regulations found on the day of the inspection which was resulting in positive outcomes for residents living in the designated centre.

The inspector found that residents in the centre were supported to enjoy a good quality life. The residents' wellbeing and welfare were maintained by a good standard of evidence-based care and support. The provider, person in charge and staff promoted an inclusive environment where the residents' needs, wishes and preferences were taken into account. Feedback provided by residents, and where appropriate their families and representatives, was positive and particularly regarding the quality of care and support provided to residents.

Residents living in the centre used different forms of communication and where appropriate, their views were relayed through staff advocating on their behalf. Residents' views were also taken from the designated centre's annual review, Health Information and Quality Authority's (HIQA) residents' surveys and various other records that endeavoured to voice residents' opinions.

The inspector used observations alongside a review of documentation and conversations with residents, staff and management to inform judgments on the residents' quality of life. The inspection was facilitated by the person in charge. The person participating in management attending the inspection in the morning and returned later in the afternoon for feedback. The deputy manager was also available to the person in charge, if they required their support.

There were four residents living in the centre and the inspector was provided with the opportunity to meet with all of the residents during different times of the day. One resident was happy to show the inspector their room. The resident had been out in their community that morning carrying out a number of recycling tasks. One of the tasks included returning bottles in their local shop. The resident told the inspector that they had received coupon for the returned recycling and were then able to purchase soft drinks for themselves with the coupon.

The resident also informed the inspector about their advocacy work. In line with one of their current goals, the resident was involved in advocating for improved

accessibility for their local footpaths. Staff informed the inspector that the resident had attended several meetings with a number of stakeholders and was working with them in advocating for change and improvement. The resident told the inspector that they were also involved in the organisation's advocacy group. The resident said the group was supporting them with their advocacy work. The resident also talked to the inspector about an upcoming musical show, which they had a part in. Staff informed the inspector that part of one of the resident's goals was to perform and sing in the show.

The inspector met briefly with three other residents. On meeting with the residents, they were supported by staff members to engage in the conversation with the inspector. One resident showed the inspector their talking photograph album which contained a variety of colourful photographs. On pressing a button on each page, the album vocalised a short description about the photograph. Most of the photographs related to the resident enjoying activities with friends and family. The album was very meaningful to the resident and was also beneficial in supporting their assessed needs, in relation to their visual impairment.

Another resident was supported to use an electronic device when engaging and communicating with their staff. There was a communication tool uploaded to the electronic device. The tool had recently been upgraded and reloaded to the device. Staff who spoke with the inspector advised that when the resident needed something they would press a button on the device that would clearly explain what it was. For example, if the resident wanted to go for a drive, there was a specific button for them to press that would explain their wish. The resident also enjoyed watching television shows and movies on the device. Later in the day the inspector observed the resident relaxing in their room with their headphones on, appearing happy while watching a programme on their device.

Some residents living in this designated centre required supports in relation to their manual handling and healthcare needs. The provider had ensured the centre was supplied with a comprehensive scope of manual handling aids and devices to support residents' mobility and manual handling requirements. For example, there was a shower and toilet facility that was supplied and fitted with a large shower chair for one resident. There was also small velcro strips along the hallway, to support and guide a resident, who was visually impaired, from their room up the hallway to communal spaces in the house.

The centre was a large detached accessible building consisting of four bedrooms, a sitting room, a kitchen-cum-dining area, a staff office and sleepover room and an accessible shower and toilet facility and bathroom. The house was observed to be homely with lots of photograph collages throughout the halls of the house. There was a large garden and patio space at the rear of the house. This space included a number of trees, plants and garden chairs.

The inspector observed residents' bedrooms to be decorated in line with residents' needs, likes and preferences. Bedrooms included posters, medals, a computer gaming console, televisions, sensory lights, soft toys, family photographs as well as paintings by residents. Communal spaces were homely and inviting and again

included a number of photographs of residents and artwork made by residents. In the front hallway of the centre, there were a number of notice boards that included easy-to-read information for residents, such as photograph boards of what staff members were on duty during the day and night. There were also other easy-to-read and colourful posters that included information regarding advocacy, the organisation's own internal advocacy group, which was run by residents, a complaints poster and posters with photographs of the social work team, to mention a few.

In advance of the inspection, residents were provided with individual HIQA, 'Tell us what is is like to live in your home', surveys. Four residents chose to complete the surveys with the support of their staff members. Overall, the surveys relayed positive feedback regarding the quality of care and support provided to residents living in the centre.

For example, surveys relayed that residents found the centre was a nice place to live in and that they liked the food and had their own bedroom. The surveys included that residents felt staff knew what was important to them and were familiar with each of their likes and dislikes. Surveys noted that staff provided help to residents when they needed it.

Residents expressed, through staff members, how much they enjoyed living in the centre and that they liked the food. One resident said that they looked forward to when their family came to visit them, they also said that they knew their staff very well and that if they needed anything, they press a bell in their room and staff will come to their aid.

In other surveys, residents expressed their happiness with who they shared their home with, one resident in particular noted that they 'loved living with their friend and it made them happy'. One resident noted that they 'loved when their favourite food was on the menu and when it was their day to choose the menu'.

Referring to their bedroom, one resident commented that their own bedroom was very important to them and they liked things to be neat and tidy and everything to have its own place. A number of residents commented on their enjoyment of activities. They said they were happy that staff brought them on outings that they knew they enjoyed. One resident said that they communicate with their own sign language and staff use the signs to communicate back to them.

Another survey noted that the resident had a good relationship with all staff in the centre and appeared comfortable in asking for help when needed. The survey also noted that the resident appeared happy and comfortable around the people they live with, often engaging in activities (community) together with their peers and spending time together in their home.

The inspector found that residents were facilitated to exercise choice across a range of therapeutic and social activities and to have their choices and decisions respected. The person in charge was ensuring that residents were provided meaningful activities in the community to ensure positive outcomes for residents in terms of the their wellbeing and development. On the day of the inspection,

residents participated in their community through recycling activities, eating lunch out and going for walks. Resident were also support to engage in a number of other community activities such as going to the pub for a drink, attending musicals and plays, going the cinema and bowling. All resident were provided with a large photographic scrapbook that included lots photographs of them enjoying a variety of community activities.

The inspector found that the provider and person in charge had put a variety of systems in place to ensure that residents and their families were consulted in the running of the centre and played an active role in the decision making within the centre. Families played an important part in the residents' lives and the person in charge and staff acknowledged and supported these relationships and in particular made strong efforts to facilitate and enable residents to keep regular contact with their families.

Through observations and a review of menu plans, the inspector saw that residents were provided with a choice of healthy meal, beverage and snack options. Where residents required assistance with eating or drinking, there was a sufficient number of appropriately trained staff available to support residents during mealtimes and were consistent with the residents' individual dietary needs and preferences as laid out in their personal plan.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. Residents appeared to be content and familiar with their environment. On observing residents interacting and engaging with staff using different styles of communication, it was obvious that staff interpreted what was being communicated.

In summary, the inspector found that each resident's wellbeing and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support and that overall, the person in charge and staff were endeavouring to continuously promote residents' independence as much as they were capable of.

Some improvements were required in to the upkeep and repair of areas of the premises to ensure that the infection control measures were effective at all times. In addition, some improvements were needed to personal possessions to ensure that residents were provided with adequate supports when managing their own finances. These are discussed further in the next two sections of the report which 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 to each resident living in the centre.

Capacity and capability

In February 2025, HIQA published an overview report of governance and safeguarding in designated centres operated by the provider. The report incorporated the findings of 34 inspections carried out in 2024 and focused on five regulations (Regulation 5: Individualised assessment and personal plans, Regulation 7: Positive behaviour support, Regulation 8: Protection, Regulation 15: Staffing, and Regulation 23: Governance and Management). The provider was found to be not compliant under those regulations.

The report included an organisation improvement plan from the provider that outlined its actions to address the poor findings and to come into compliance. This inspection formed part of the Chief Inspector's overall assessment of the provider's implementation of the provider's plan and its effectiveness in driving improvements.

There had been a number of quality improvements made in the centre which demonstrated effective progress on the provider's implementation of the improvement plan and how it was impacting positively on the quality of life for the resident living in this centre.

On the day of the inspection the inspector found that there was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre.

The service was led by a capable person in charge, who was knowledgeable about the support needs of the residents living in the centre. The person in charge was full-time and responsible for this and one other designated centre. They were present in this centre regularly and they were supported in their role by a deputy client services manager and a senior service manager (person participating in management).

The registered provider and person in charge had implemented satisfactory management systems to monitor the quality and safety of service provided to residents. Overall, the governance and management systems in place were found to operate to a good standard in this centre.

Six-monthly unannounced visits of the centre were taking place to review the quality and safety of care and support provided to residents. The review included an action plan to address any concerns regarding the standard of care and support provided.

In addition, the provider had completed an annual report of the quality and safety of care and support in the designated centre during July 2023 and June 2024 and there was evidence to demonstrate that residents and their families and or representatives were consulted about the review.

The registered provider had ensured the skill-mix and staffing levels allocated to the centre were in accordance with residents' current assessed needs. There were two social care staff vacancies at the time of inspection and recruitment was underway to back fill these vacancies. Continuity of care was provided through permanent staff filling the gaps on the roster. Where agency staff were required, the person in

charge was endeavouring to employ the same two agency staff so that they were familiar to residents and their support needs.

Through-out the day the inspector observed positive and caring interactions between staff and residents and it was evident that residents' needs were known to staff and the person in charge. The inspector observed that residents appeared very comfortable in their home and relaxed in the company of staff.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for residents.

A supervision schedule and supervision records of all staff were maintained in the designated centre. The inspector saw that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and professional development.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose had been recently reviewed and was available to residents and their representatives to view.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed full-time. They divided their role between this centre and one other designated centre. The inspector found that the person in charge was ensuring effective governance, operational management and administration of the designated centres concerned.

The person in charge was supported by a deputy manager in this centre and a deputy manager in the other centre they were responsible for. They were also supported by a person participating in management.

Documentation submitted to the Chief Inspector, demonstrated that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

The person in charge had developed a number of additional local oversight systems. For example, on the day of the inspection, the person in charge showed the inspector an additional risk assessment and restrictive practice audit tool which they used to further enhance and ensure the effectiveness of local monitoring systems in place

The person in charge was familiar with residents' support needs and was endeavouring to ensure that they were met in practice. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of residents living in this centre.

Judgment: Compliant

Regulation 15: Staffing

On review of documentation and from speaking with management, the inspector found that number of the provider's plans for bringing Regulation 15 into compliance across their organisation had been completed or partially completed in this centre, with evidence of good progress being made.

Some examples are listed below (additional examples can be found under Regulation 16).

Where agency staff were employed in the centre, they had been provided with an appropriate induction. There was an induction folder for agency staff in place and this was available for agency staff to review. The folder included pertinent information for staff to familiarise themselves with residents' support needs and other service delivery matters.

The person in charge ensured that agency staff had completed mandatory training and where additional training was required, the person in charge was in the process of organising the training.

The person in charge had ensured that agency staff were provided with access to most of the organisations information technology (IT) systems. This was to ensure agency staff were provided with access to recorded reports and incident reports for residents and to ensure accurate information was passed on. Some improvement was needed to ensure agency staff had access to the provider's new IT system that was used for staff day and night duty checklists.

The local management had developed a bespoke advertisement poster specific to the designated centre and support needs of residents living in the centre. This was in an effort to ensure that individuals applying for the post were knowledgeable about the requirements and expectations of the role before applying and overall, providing a more effective recruitment campaign.

On the day of the inspection, the inspector found that the provider and person in charge were endeavouring to ensure that there were sufficient staffing levels with the appropriate skills, qualifications and experience to meet the assessed needs of the residents at all times, in accordance with the statement of purpose and the size and layout of the designated centre.

The staff team consisted of the person in charge, a deputy manager and 12 permanent staff comprised of social care workers and care assistants. Two full-time social care worker vacancies had occurred in the last two months. The inspector was informed that there was a recruitment drive in place to fill the posts, using the above bespoke advertisement.

The inspector found that the staffing arrangements in place were ensuring continuity of care and promoting the development and maintenance of trusting relations. On review of the roster, the inspector saw that for the most part, the person in charge had employed the same two agency staff to cover shifts. Permanent staff were also covering shifts which meant that residents were being supported and cared for by staff who were familiar to them. Having familiar staff was in line with residents' assessed needs and overall, supported them to enjoy a positive lived experience in their home and in the community.

During the inspection, the inspector spoke with and observed a number of staff members on duty. The inspector spoke in detail with two staff members and found that they were very knowledgeable about residents' support needs and their responsibilities in providing care. The inspector observed that residents were familiar with the staff and appeared comfortable interacting and receiving care from their staff. It was clear that staff had developed and maintained therapeutic relationships with residents, helping them feel safe, secure and protected from all forms of abuse.

The person in charge appropriately maintained both planned and actual staff rosters. The rosters clearly reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts. The working hours of the person in charge and deputy manager were also noted on the roster and when the person in charge worked in this centre as well as the other centre they were responsible for.

On review of a sample of four staff files, the inspector found that they contained all the required information as per Schedule 2. Overall, the inspector found that the staff team was well qualified, and dedicated to delivering care that upheld residents' rights and ensured their safety.

Judgment: Compliant

Regulation 16: Training and staff development

As part of the organisation's escalation programme quality improvement plan, the provider had developed and was rolling out a number of training courses to better support management and staff carry out their roles to the best of their ability. The inspector found that there was good progress being made on the delivery of training programmes, which were due to be completed by December 2025.

Some of the examples include:

the roll out of a specialised person-centred positive behaviour supports training which was completed by eight staff members, with five staff yet to complete it.
Twelve staff members had completed the restrictive practice training course, with one staff yet to compete it.
The key working training programme had yet to be completed by six key working staff members however, all staff were booked on a course between July and September 2025.
Twelve staff had completed training relating to autism with one member of staff on a waiting list for the course.
The person in charge and deputy manager had both completed additional in-house safeguarding training in February 2025, which was provided by the National Safeguarding Team and the provider's Senior Social Work Safeguarding Liaison Officer.
All staff members had completed eLearning training relating to updated safeguarding policy and restrictive practice policy.

A specific resilience training programme for persons in charge has commenced, with phase one rolled out in July 2024 with 35 participants. The inspector was informed that the person in charge of this centre will participate in phase two of the programme. On review of the programme's learning outcomes the inspector saw that they include some of the following: enhanced decision-making, effective communication, conflict resolution, team building, adaptability and wellbeing impact.

On the day of the inspection, the inspector saw that the person in charge had good systems in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

On review of the staff training matrix in place in the designated centre, the inspector saw that staff had completed or were scheduled to complete the organisation's mandatory training such as manual handling, safeguarding, human rights, fire safety, feeding, eating, drinking and swallow (FEDS), infection and prevention and control.

The person in charge had ensured that one-to-one, supervision meetings, that support staff in their role when providing care and support to residents, were scheduled for all staff and had completed all staff supervision in quarter one of 2025. Staff who spoke with the inspector noted that they found the supervision

meetings to be supportive and beneficial to their practice. They advised the inspector that they found the person in charge very approachable and was always available to support them when needed.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. The directory had elements of the information specified in paragraph three of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

On the day of the inspection, records required and requested were made available to the inspector. The inspector found that records were appropriately maintained. The sample of records reviewed on inspection reflected practices in place.

On the day of the inspection, the person in charge organised for staff records to be made available to the inspector in the designated centre for review. On review of a sample of four staff files, the inspector found that they contained all the required information as per Schedule 2.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

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 submitted to the Chief Inspector and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

On review of documentation and from speaking with management the inspector found that number of the provider's plans for bringing Regulation 23 into compliance, across their organisation, had been completed or partially completed in this centre with evidence of good progress being made.

Some examples are listed below:

Training in areas of safeguarding, person-centred specialised positive behaviour supports, restrictive practices, autism and key working training programmes that were due for completion by December 2025 were well underway.

There was a new electronic system in place to ensure the effectiveness of audit and oversight systems in centres. On the day of the inspection, a staff member demonstrated to the inspector their ability to use the system, showing an example of how to sign in and complete the staff day duty checklist.

There was evidence to demonstrate that the traffic light plan, to identify and prioritise positive behaviour supports needs, was in place in the centre. Three residents' positive behaviour support status was recorded on the live system as 'green'.

As part of the enhancement of person participating in management (PPIM) governance and management oversight, information for quarterly governance and assurances and business support meetings had been collated for quarter one and was ongoing for the next quarter. The person in charge showed the inspector minutes from both meetings that had occurred in quarter one of 2025. The person in charge informed the inspector that they found the meetings to be very beneficial and supportive.

The person participating in management had created a folder for staff with bullet points relating to the centre's recent overview report action plans. This was to ensure that all staff were kept abreast of the status of quality improvements to be completed in the organisation.

The designated centre's visitor's book relayed that the person participating in management had called to the centre unannounced on at least fourteen occasions between January 2025 to the day of the inspection.

The inspector was informed that the 'PPIM training' programme, to be delivered by an external company, has been booked for the first week in June 2025 with invites sent to persons participating in management.

The provider has commenced roll out of a resilience programme for persons in charge. The programme will commence in July with 35 participants on the course.

The person in charge and person participating in management informed the inspector that they had attended a breakfast meeting with the organisation's CEO in February 2025 where information and updates regarding training and other quality improvement initiatives, such as a regulatory themed self-audit schedule were relayed. The person participating in management delivered a presentation at that meeting. There was another breakfast meeting on the day of the inspection. The inspector was informed that presentation slides and information about the meeting would be uploaded and made available to all management on the organisation's server.

On the day of inspection, the inspector found the governance and management systems in place to operate to a good standard in this centre. Overall, there was a clearly defined management structure that identified the lines of authority and accountability, and staff had specific roles and responsibilities in relation to the day-to-day running of the centre. The person in charge was supported by a deputy manager and person participating in management to carry out their role in this centre.

The provider had completed an annual review of the quality and safety of care and support in the designated centre between 1 July 2023 to 31 June 2024. There was evidence to demonstrate that residents and their families and or representatives, had been consulted in the review. In addition to the annual review, unannounced six monthly reviews had been completed in May and November 2024 to review the quality and safety of care and the support provided to the resident and an action plan with allocated actions and time scales was in place. The person in charge had completed the actions of the most recent six-monthly report.

The person in charge, with the assistance of the deputy manager, had completed monthly housekeeping audits which provided good oversight of cleaning of all areas of the designated centre. The inspector reviewed a sample of these audits from January 2024 to December 2024. The inspector was informed by the person in charge that these audits were being transferred on to the new IT system with audits from May 2025 already uploaded onto the system.

The person in charge carried out regular team meetings with staff. Overall the inspector found that the meetings promoted shared learning and supported an environment where staff could raise concerns about the quality and safety of the care and support provided to residents. On speaking with staff about the meetings, they told the inspector that they were very beneficial for sharing information and learning. For example, one staff member told the inspector that the team learned a new sign language symbol at every staff meeting. This was to better enhance communication between a resident and the staff team and overall, provide positive outcomes for the resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which outlined the service provided and met the requirements of the regulations.

The statement of purpose described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the facilities available, including room function.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis, or sooner, as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Judgment: Compliant

Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

The person in charge had ensured that all adverse incidents and accidents in the designated centre, required to be notified to the Chief Inspector of Social Services, had been notified and within the required timeframes as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The inspector found that incidents were managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. Where there had been incidents of concern, the incident and learning from the incident, had been discussed at staff team meetings.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaint's policy.

The inspector observed that the complaints procedure was accessible to residents and in a format that they could understand. Residents were supported to make complaints, and had access to an advocate when making a complaint or raising a concern.

There were advocacy posters hanging on the wall in the front hall of the centre including a large colourful poster of the organisation's own advocacy group that residents were involved in.

There were no open complaints on the day of the inspection. The annual review of the quality of care and support provided in the centre during 2023 - 2024 noted there was a complaint in October 2023 which related to parking outside the premises infringing on neighbours parking spaces. Steps had been put in place to resolve the issue promptly and satisfactorily. Measures were currently in place to ensure the issue did not occur again. On the day of the inspection, the inspector was guided about where they could park their car, in line with the current measures in place.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for residents who live in the designated centre.

Overall, the inspector found the centre was well run and provided a homely and pleasant environment for residents. Each of the resident's wellbeing and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff members were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality.

However, the inspector found that to ensure better outcomes for residents at all times, improvements were required to the areas of infection, prevention and control and personal possessions.

The inspector reviewed a sample of residents' personal plans. The person in charge ensured that there was a comprehensive assessment for each resident, taking into account their changing needs. The assessment informed residents' personal plans which guided the staff team in supporting residents with identified needs and

supports. Plans were reviewed annually, in consultation with each resident, and more regularly if required.

Residents' personal possessions were respected and protected. Residents were supported to have control of their personal possessions in keeping with their rights, needs and wishes. However, some improvement was needed to ensure that all residents are provided with adequate support to manage their financial affairs in line with their understanding and assessed financial capacity.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. Residents were supported to partake in activities they liked in an enjoyable but safe way through innovative and creative considerations in place. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre.

Residents living in the designated centre were protected by appropriate safeguarding arrangements. Staff were provided with appropriate training relating to keeping residents safeguarded. The provider, person in charge and staff demonstrated a high-level of understanding of the need to ensure each resident's safety.

There were infection, prevention and control measures and arrangements to protect residents from the risk of infection however, some improvements were required to meet optimum standards. For the most part, the inspector found that the infection, prevention and control measures were effective and efficiently managed to ensure the safety of residents. However, to ensure all areas of the house could be cleaned effectively, improvements were needed to the upkeep and repair of some areas of the centre.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. Systems were in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals. The restrictive practices used were clearly documented and were subject to review by the appropriate health professionals. The restrictive practices were supported by appropriate risk assessments which were reviewed on a regular basis.

On a walk around of the centre, the inspector observed the house to be clean and tidy. The house presented as warm and welcoming with a homely feel to it. Residents appeared comfortable in their environment and were consulted in the layout and design of their bedrooms.

Suitable fire equipment was provided and serviced as required including the fire alarm, emergency lighting and fire fighting equipment. There were suitable means of escape and an up-to-date fire evacuation plan. Staff were trained in fire prevention and suitable fire drills were completed.

Regulation 10: Communication

Residents living in the centre presented with a variety of communication support needs. Communication access was facilitated for residents in this centre in a number of ways in accordance with their needs and wishes.

In documentation related to residents, there was an emphasis on how best to support residents to understand information.

Residents had communication support plans in place in addition to personal communication passports. Every effort had been made to ensure that residents could receive information in a way that they could understand. Information for residents was provided in easy-to-read format, pictures, photographs and for some through electronic devices. For one resident, in line with their preferences, sign-language was used alongside verbal communication.

On speaking with staff members it was evident that they were aware of the communication supports that residents required and were knowledgeable on how to communicate with residents. The inspector found that staff knew each resident's communication format and were flexible and adaptable with the communication strategies used. For example, staff who spoke with the inspector demonstrated some of the key signs used when supporting a resident to engage in their daily plan. Staff informed the inspector that sign language training took place at the two-monthly staff meeting, where one new sign per meeting was introduced. The new sign was then practised with the resident during the two month period to give time for the resident and staff to become fully aware and knowledgeable in using it.

Staff also spoke to the inspector about an electronic device that another resident used to communicate their likes and preferences. The inspector was advised that the programme on the device had been recently updated with more options for the resident to avail of. The staff team were aware of how the programme worked.

Judgment: Compliant

Regulation 12: Personal possessions

For the most part, information, advice and support on money management was made available to residents in a way that they understood. For example, money management assessments had been completed for all residents living in the centre and support care plans, relating to money management, were in place for each resident. there were systems in place to ensure that records of all residents' monies spent were transparently kept in line with best practice and the provider's policy on managing residents' finances.

One resident was supported to have their own bank account and one resident was currently being supporting by the person in charge and a family member to open their own bank account. However, as of the day of inspection, it was unknown if two of the residents had their own account in any financial institution.

Improvements were needed to ensure that appropriate supports were provided to the two residents so that they were provided with the the opportunity, in line with their capacity, to determine the level of support they need to manage their finances independently and safely.

Judgment: Substantially compliant

Regulation 17: Premises

The physical environment of the house was observed to be clean and tidy. The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the designated centre.

Residents expressed themselves through their personalised living spaces. During the walk around of the centre, the inspector observed residents' bedrooms and found them to be personal to each resident and reflected their likes an interests. The residents were consulted on the décor of their rooms which included family photographs, paintings, sensory lights, soft toys, medals and certificates of achievement and a variety of memorabilia that was of interest to them.

The residents living environment provided appropriate stimulation and opportunity for the residents to rest and relax. Communal areas were spacious and allowed easy access in particular, for one resident who used mobility equipment. There was a patio and large garden area to the back of the house which included a seating area with a variety of garden furniture throughout. Several areas within this space were used as part of residents' goals, for example, their recycling project and vegetable planting.

There was a system in place for monitoring the upkeep, repair and safety of the premise. Where issues arose, the person in charge referred them to the correct department, through a shared IT system so that they could be addressed in a timely manner. On the day of the inspection, the person in charge arranged for the maintenance team to complete some of the upkeep and repair issues identified on the day. These are referred to further under Regulation 27.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents which met the requirements of Regulation 20. For example, on review of the guide, the inspector saw that information in the residents' guide aligned with the requirements of associated regulations, specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services, and the complaints procedure.

The guide was written in easy-to-read language and was available to everyone in the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the centre's risk management policy and found that the provider had ensured that the policy met the requirements as set out in the regulations. The policy, had been reviewed and updated in April 2024.

Where there were identified risks in the centre, the person in charge ensured appropriate control measures were in place to reduce or mitigate any potential risks.

For example, the person in charge had completed a range of risk assessments with appropriate control measures that were specific to residents' individual health, safety and personal support needs. There were also centre-related risk assessments completed with appropriate control measures in place.

There was good oversight of risks in the centre. Risk were discussed at meetings between the person participating in management and person in charge on a quarterly basis. In addition, the person in charge had developed their own review system to support the regular oversight and update of risks in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

Overall the premises was observed to be clean and tidy however, upkeep and repairs were needed in a number of instances to ensure that all areas of the house, including some fixtures and fittings, could be clean effectively, in terms of infection prevention and control.

For example, the inspector observed the following when walking around the centre;

Kitchen

Peeling and chipped timber was observed around the cooker extractor area, skirting board and on areas of the timber surrounding the washing machine and the fridge freezer.

Peeling and blistering timber cover was was noted on the vegetable drawer beside dishwasher

Gaps in grouting between the wall and counter top around back of cooker and behind sink area were observed.

The shade on the lampshade was observed to be unclean.

Resident's bedroom

Two walls in a resident's bedroom were observed to have areas of chipped and peeling paint and overall, required painting.

Shower and toilet facility

There was no toilet roll holder in the room.

Bathroom and toilet facility

The toilet roll holder in the room was observed to have a lot of rust on it.

There were gaps around the flooring behind the toilet and at the side of the bath and the gaps were observed to be unclean.

There was no sealant around base of toilet and the gap was observed to be stained and unclean.

On the day of the inspection some of the above issues were addressed by the provider's maintenance team.

There were checklists for cleaning resident's assistive equipment such as standing machine, wheelchair and shower chair and these were observed to be adhered to. However, a review of the cleaning products used to clean the equipment was needed to ensure that they were in line with the equipment's manufacturing cleaning instructions and overall, effective in cleaning and maintaining the equipment.

In addition, a review of the oversight system in place for reviewing infection prevention and control deficits was needed. This was to ensure that where there was an issue, it was identified and reported to the appropriate team.

On the day of the inspection, the inspector was informed that the provider had trained two internal staff to carry out infection prevention and control audits in all their designated centres. The audit framework was currently being uploaded to one of the organisation's IT systems. Furthermore, a staff member who spoke with the inspector advised that the new daily and nightly cleaning duty IT system allowed for comments to be noted when issues were identified.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre had appropriate fire management systems in place. This included containment systems, fire detection systems, emergency lighting, and fire fighting equipment. These were all subject to regular checks and servicing with a fire specialist. The inspector saw that emergency lights, fire alarms, blankets and extinguishers were serviced by an external company within the required time frame of March 2025.

On review of the centre's fire safety folder, the inspector saw that the person in charge had ensured that daily and weekly fire checks were completed of the precautions in place to ensure their effectiveness in keeping residents safe in the event of a fire.

The inspector observed that fire exits were easily accessible, kept clear, and well sign posted. All staff had completed fire safety training. Staff who spoke with the inspector on the day were knowledgeable in how to support residents to evacuate the premises in the event of a fire.

Regular fire drills were taking place, including drills with the most amount of residents and the least amount of staff on duty, as well as different scenarios. This was to provide assurances that residents could be safely and promptly evacuated and to ensure the effectiveness of the fire evacuation plans. A day-time drill that included four residents and two staff members had taken place on 17 June 2024 with no issues detected.

In addition, the person in charge had prepared fire evacuation plans and resident personal evacuation plans for staff to follow in the event of an evacuation. These were reviewed for their effectiveness during fire drills and reviews.

The inspector reviewed documentation which noted that a fire door assessment had been completed on 01 May 2025 with a follow up report to follow. On the day of the inspection, the inspector requested the follow up report. On review of the report the inspector saw that some actions were needed such as kick panels and brush seals. The inspector was informed by the person in charge that some of the work had already commenced with a kick panel added to one resident's bedroom door.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

On review of documentation and from speaking with management, the inspector found that a number of the provider's plans for bringing Regulation 5 into compliance across their organisation had been completed or partially completed in this centre.

Some of the examples are listed below:

Key worker training programme was rolled out in 2025. On review of the training matrix, the inspector saw that six key workers were booked on the training course between July and September 2025.

Audits of the residents' personal profile documentation by the keyworker and person in charge using the person profile checklist had been implemented with evidence of completion for quarter one and two. The audit included actions required, status update and completion dates that were signed by the person in charge.

The person participating in management and person in charge advised that, while they had not needed to use a newly developed clinical case review work-flow chart to date, on review of the tool it looked to be a beneficial and effective tool in addressing referrals in a timely manner.

On the day of the inspection, the inspector reviewed a sample of two residents' personal plans and saw that they included an assessment of each resident's health, personal and social care needs and that arrangements were in place to meet those needs. This ensured that the supports put in place maximised each resident's personal development in accordance to their wishes, individual needs and choices.

The plans were regularly reviewed and residents, and where appropriate their family members, were consulted in the planning and review process of their personal plans. The multidisciplinary reviews were effective and took into account changes in circumstances and new developments in residents' lives. Residents' personal plans reflected the revised assessed needs of residents.

On speaking with the person in charge and staff, the inspector was informed that residents were supported to progress their goals and were very much involved and consulted through the process. On review of records on the organisation's computer system, the inspector saw that the progress of residents' goals was regularly updated by each residents' keyworker. Staff informed the inspector that the updates were relayed to the resident during their key working meetings.

For example, where one resident's goals related to reading and writing, progress notes included times when the resident went to the library to borrow a book, where they had read menus in restaurants as well as scripts for plays and lyrics for

musicals. Another goal included advocating for better access on local footpaths. The inspector saw that progress in relation to meeting with local stakeholders, attending advocacy meetings as well as taking photographs of the footpath had all been recorded as progress of the resident's goal.

Overall, the inspector found that residents were supported to choose goals that were meaningful to them, include them in their community and were in line with each of their likes and preferences. The person in charge and staff were endeavouring to support each resident to achieve and celebrate their goals. However, to better enhance the process in place, additional clarity was needed to some goal titles so that the point of achievement was always measurable.

Judgment: Compliant

Regulation 7: Positive behavioural support

On review of documentation and from speaking with management, the inspector found that a number of the provider's plans for bringing Regulation 7 into compliance across their organisation had been completed or partially completed in this centre.

Some examples are listed below:

Three residents were each provided with a positive behaviour support plan which had been reviewed in April 2025 by an appropriate professional. The inspector saw that residents' plans had been included in the newly implemented traffic light system, to identify and prioritise positive behavioural support needs in the organisation, and were currently live rated as green. The inspector found that this was an accurate rating considering all three residents' plans were up to date and there was no referral outstanding.

The restrictive practice policy had been reviewed in September 2024. There was an eLearning programme in place to ensure staff had read and understood the policy. All staff had completed the eLearning course.

Additional positive behaviour support training was being rolled out within the organisation throughout 2025. Eight of this designated centre's staff members had completed the programme to date. Five staff were due to complete it, with three of the staff booked on upcoming courses.

All staff had completed a training course relating to autism.

The person participating in management and person in charge noted that information about the restrictive practice campaign was relayed at the breakfast meeting with the organisation's CEO in February 2025.

An additional positive behavioural specialist had joined the positive behaviour support department.

On the day of the inspection, three residents were provided with positive behaviour support plans. On review of a sample of two plans, the inspector saw that they were up to date (reviewed in April 2025) and provided satisfactory guidance to staff in supporting residents' to manage their behaviours. The plans included appropriate clinical oversight, both in the development and review of the plan.

On specking with staff the inspector found that they had appropriate knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. The person in charge was endeavouring to ensure that staff had received training in the management of behaviour that is challenging and was endeavouring to ensure that they received regular refresher training in line with best practice.

The inspector saw there where restrictive procedures were being used, they were based on centre and national policies. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual. Documents showed the restrictive practices were reviewed and approved by the provider's rights restrictions group, of which the person in charge was a member of. Restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible.

The person in charge had completed a pilot restrictive practice thematic audit of the centre which showed a 97% compliance rate. The inspector was advised that there was a plan in place to roll out the thematic audit throughout the service. The person in charge said they found the tool to be very useful and effective in ensuring restrictive practices were in line with best practice and national standards.

Judgment: Compliant

Regulation 8: Protection

On review of documentation and from speaking with management, the inspector found that number of the provider's plans for bringing Regulation 8 into compliance across their organisation had been completed or partially completed in this centre.

Some examples are listed below:

The person in charge and deputy manager informed the inspector that they both had attended the one day training provided by the National Safeguarding Team and the provider's Senior Social Work Safeguarding liaison office. Both managers expressed that they found the course to be beneficial and informative.
The organisation's safeguarding policy had been reviewed October 2024 by the

provider. A copy was made available to staff. All staff in this centre had completed eLearning training to demonstrate they had read and understood the policy.

The provider's Senior Social Work Safeguarding Liaison Officer had communicated with designated office and or persons in charge to assure that they had registered on the National Safeguarding portal. The person in charge informed the inspector that they had registered on the portal.
The person in charge was aware of the name of the second social worker who was recently employed to the organisation's social work department.

The inspector was provided with a list of 36 staff members who had completed time to talk training in 2024. On speaking with the multidisciplinary team (MDT) clinical lead on the day, they advised that the roll-out of the in-house combined time to talk/Rua training to practice leaders was planned to commence on 26th May 2025. After this has been completed, the date to roll it out to residents, who wish to engage with the programme, will be organised.
On the day of the inspection, the inspector saw that all residents were provided with safeguarding care support plans which were included in each resident's personal plan folder.

Overall, on the day of the inspection, the inspector found that the provider and person in charge had implemented satisfactory systems to safeguard residents from abuse. There had been a notification submitted to the Chief Inspector in March 2025, relating to a safeguarding allegation. From a review of the information, overall, the inspector found that the person in charge had followed up, reviewed, screened, and reported the incident in accordance with national policy and regulatory requirements. The person in charge had discussed the incident with family members and staff to ensure that the safeguarding measures, within the resident's interim safeguarding plan, were adhered to until the investigation was complete.

The training matrix demonstrated that all staff had been provided with training in safeguarding of vulnerable adults and all training was up to date.

From reviewing a sample of four staff files, with regard to Schedule 2 of the regulations, all four staff had appropriate vetting in place.

Information on how to contact the designated officer, complaints officer and independent advocacy as well as the organisation's own advocacy group, was on display in the entrance hall of the house. In addition there was a large 'safeguarding pathways procedures' poster, which had been created by the provider, on display in the staff office. The poster provided clear guidance and steps for staff on how to report a concern as well as the time frames for different steps to be completed by.

The inspector spoke in detail with two staff members on the day and found that they were knowledgeable about their safeguarding remit. Staff understood their role in adult protection and were knowledgeable of the appropriate procedures that needed to be put into practice when necessary. They were aware of the different forms of abuse and what to do should they have a concern. For example, staff told the inspector that they would report a concern to the person in charge and or

designated officer if they had one, and were aware of the policies and procedures in place relating to safeguarding.
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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Tús Nua OSV-0005415

Inspection ID: MON-0038257

Date of inspection: 21/05/2025

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 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: The provider has commenced a process that will identify the steps that are required to ensure that the appropriate supports are in place for two residents in line with Assisted Decision-Making Act 2015. The residents will be supported to have their own accounts opened in financial institutions and their money management assessment will reflect the level of support they need to manage their finances. To be completed 31 January 2026	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Kitchen Gaps in grouting between the wall and counter top around back of cooker and behind sink area have been filled. Completed 21st May 2025 New lamps were purchased. Completed 21st May 2025 Resident's bedroom Resident's bedroom painted. Completed 19th of June 2025 Bathroom and toilet facility A new toilet roll holder was fitted. Completed 21st May 2025 Gaps around the flooring behind the toilet are now filled. Completed 31st May 2025 New sealant around the base of the toilet was refilled. Completed 19th June 2025 A review of cleaning products was carried out and the recommendations are now in place for staff to follow. Completed 17th June 2025	

The peeling and chipped timber around the cooker extractor area, skirting board and on areas of the timber surrounding the washing machine and the fridge freezer will be completed by the 31st of October 2025
The peeling and blistering timber cover on the vegetable drawer beside dishwasher freezer will be completed by the 31st of October 2025
The seal at the bottom of the bath will be replaced and completed by 31st October 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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/01/2026
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	31/10/2025

	infections published by the Authority.			