



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

Issued by the Chief Inspector

Name of designated centre:	Pinewood Lodge
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	11 November 2025
Centre ID:	OSV-0005551
Fieldwork ID:	MON-0048489

About the designated centre

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

The centre is located a short distance from a town in county Meath. The centre provides a residential service for five adults both male and female diagnosed with intellectual disabilities, autism, acquired brain injuries and who may also have mental health difficulties. It is the aim of the service to promote independence and to maximise quality of life through person centred principles within the framework of positive behaviour support. The centre is a two storey detached building consisting of six bedrooms, one of which has an en-suite bathroom. There is a kitchen, utility room, large dining room/conservatory, a sitting room, sensory room and a room for storage. Upstairs there is a bathroom and downstairs there is a bathroom and toilet. There is a large garden to the front and back of the property and an outside shed for storage. The centre is staffed by team leads, direct support workers and a person in charge. The residents do not attend a formal day service. The staff team support residents to have a meaningful day by planning activities that residents like to do on a daily basis. A car is provided in the centre for residents to attend appointments and go on chosen activities.

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
Tuesday 11 November 2025	11:30hrs to 19:40hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, the residents appeared to be happy and content in their home on the day of the inspection. However, there were two areas that required significant improvements to meet the requirements of the regulations under fire safety and food and nutrition. As well as this some improvements were required in medicine management practices. As a result of the issues identified on this inspection, the inspector found that governance and management arrangements also required review.

This inspection was unannounced and was conducted to monitor ongoing compliance with the regulations. The inspector met all of the residents, the person in charge, the team leader and the assistant director of services. The director of services also attended the feedback meeting and provided assurances to the inspector about issues identified on this inspection in terms of fire safety. The inspector also observed some practices and reviewed a sample of records pertaining to the residents care and support, as well as governance and management records in the centre.

On arriving to the centre, one of the residents had gone to Dublin to attend an appointment, the other residents were in the middle of getting up or were remaining in bed. One resident was about to have breakfast and spoke briefly to the inspector. The resident said they liked their home and the staff, but then told the inspector that they wanted some 'quiet time' and this was respected. In the evening time, this resident was observed in the sensory room, listening to music and relaxing on their recliner chair. The resident said they were enjoying this quiet time and again did not wish to speak to the inspector.

Later in the day three of the residents were sitting have tea and coffee in the dining room and one was having a late breakfast. The residents were observed to get on well and two residents in particular appeared to have developed a good friendship and were observed to have spent most of the day talking to each other. They spoke to the inspector later in the day about what it was like to live in this centre.

The centre was clean, homely and spacious. Some upgrades had recently been completed, a new modern kitchen had recently been installed and some of the bedrooms had been repainted. There were hand sanitising gels located around the centre and the registered provider had a system in place to check visitors for signs of COVID-19 due to the recent upsurge in cases nationally.

The centre is located within walking distance to a small town, which meant the residents could walk to local amenities if they wished. One of the residents informed the inspector that they liked to get public transport from this local town. A car was also available which enabled staff to bring residents to appointments or on community outings.

The residents did not attend a formal day service but planned activities they wanted to do each day to engage in social activities and hobbies. From a review of records and talking to the residents, they were engaged in activities outside of the centre most days. Some of those activities included, going out for meals or coffee, shopping, attending a sensory room experience, going for walks on the beach, visiting family and friends, and going for drives (which one resident really liked).

They had developed goals they would like to achieve and planned them at monthly key worker meetings and residents' meetings. Monthly key worker meetings was a process for planning and reviewing identified goals and to explore new areas of interests. These meetings also provided a forum for residents to talk about concerns they may have in the centre. Two residents who met with the inspector said that they were happy with the services provided. One said they could choose what they wanted to do on a day to day basis.

For example; on the day of the inspection, one resident had decided to stay in their pyjamas all day as the weather was miserable and they did not feel like doing anything. However, the next day they were looking forward to going out for most of the day and had plans to get their hair done.

The other resident spoke about some of the things they liked to do, they enjoyed some arts and crafts activities which they were observed enjoying on the day of the inspection. Both residents, however, gave some feedback to the inspector about things they would like improved, this included an update on a referral one resident had made to the registered provider about a proposed move they had requested. The other resident said they would like to go out to the pub more and have more access to their money. The inspector followed up these concerns with the person in charge and found that some had already been addressed with the residents concerned. Notwithstanding, the person in charge agreed to follow this up with the residents concerned after the inspection to assure that the residents were happy going forward with their concerns.

The inspector observed from interactions on the day of the inspection that the staff and residents appeared to have an open, friendly, and respectful relationship. As an example; the inspector observed a staff member knocking on a residents bedroom door several times on the morning of the inspection and the staff member did not enter until the resident gave their permission. On other occasions, the inspector observed staff and residents chatting, joking and laughing with each other.

Residents were observed to be provided with choices during mealtimes. However, on the day of the inspection, the inspector observed that one resident did not receive appropriate assistance with their meals in line with recommendations outlined in their feeding, eating, drinking and swallowing plan. This resident was recommended to have direct staff supervise while they were having their meals, however, the staff, while close by, was not directly supervising the resident. Two staff spoken to were also not clear that another resident was assessed as requiring direct supervision at meal times.

The inspector also found that staff were not familiar with the reason why all medicines were prescribed for residents. While the registered provider had guidance in relation to this to inform the staff this required review.

The person in charge and a staff member went through the different communication supports in place for the residents. One of the residents used non-verbal gestures and cues to communicate their wishes and preferences. There was a communication plan in place to support the resident which outlined some of their likes and dislikes and a communication dictionary which gave examples of what the resident was trying to communicate when they used certain gestures. The person in charge had also requested a review of this plan with a speech and language therapist. The inspector found that some improvements could be made to this, however they were assured that a speech and language therapist was due to review this plan.

The residents had access to the internet, mobiles phones and other electronic devices. One resident who had a visual impairment and some memory issues for example, had an electronic device that had a voice activated planner set up to remind them when important appointments were coming up.

Overall, the inspector found that residents received a good quality service in this centre at the time of this inspection in that they got to choose how they planned their day and their healthcare needs were being met. Notwithstanding, improvements were required in a number of regulations to assure that a safe service was being provided at all times.

The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

The governance and management arrangements in place at the time of this inspection required review as fire safety measures, required significant improvements on this inspection and this had not been highlighted in any audits conducted in the centre.

Staff had been provided with training to meet the needs of the residents. However, the provision of training in First Aid to ensure that staff could respond to residents who were at risk of choking required review. This is addressed and actioned under regulation 18 Food and Nutrition of this report.

There was sufficient staff on duty to meet the needs of the residents and there was a consistent team of staff employed. The registered provider was reviewing the staffing in the centre and had recently identified that one resident required additional supports.

Regulation 14: Persons in charge

The person in charge had the appropriate health care qualification and management qualification along with three years supervisory experience working in disability settings. They were employed on a full time basis in the centre and demonstrated a good knowledge of the residents' needs in the centre. To support them in their role two team leaders were also employed.

The person in charge demonstrated a good knowledge of the regulations, was very transparent, responsive to the regulatory process and committed to improving the lives of the residents living in the centre.

Judgment: Compliant

Regulation 15: Staffing

A planned and actual rota was maintained in the centre. At the time of the inspection there were no staff vacancies in the centre. The residents were supported by a team of direct support workers and team leaders.

During the day two staff were assigned to work from 8:00 to 20:00 hours and a third staff was assigned to work from 9:00 to 19:00 hours. At night time there were two waking night staff who worked from 20:00 to 8:00 hours. The inspector looked at a sample of rotas for one week in May 2025, September 2025 and October 2025 and found that the staffing levels were maintained in line with the needs of the residents. Due to the assessed needs of one of the residents the registered provider had also employed additional staff at the weekends to support this resident. At the time of the inspection, a further staffing review had been conducted and the registered provider had sought further approval for additional staff to support one resident.

When new staff were employed in the centre, the registered provider provided induction and training to those staff.

Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with a suite of training to ensure that they could meet the needs of the residents. Notwithstanding, as actioned under Regulation 18: Food and Nutrition, improvements were required in the practical application of some first aid training to provide a timely response to residents who were at risk of choking.

Some of the training provided to staff included:

- Safeguarding of Vulnerable Persons
- Fire Safety
- Food Safety
- First Aid
- Moving and Handling
- Antimicrobial Resistance & Infection Control (AMRIC) including Basics of Infection & Prevention Control and Hand Hygiene
- Positive Behaviour Support
- Professional Management of Challenging Behaviour
- Medicine Management (including competency assessments)
- Human Rights Based approach to care
- Communication
- Feeding Eating, Drinking and Swallowing (FEDS)
- Health and Safety
- Food Safety.

The person in charge also had a system in place to alert them when refresher training was due to be completed. This enabled the person in charge to plan refresher training for staff.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure which clearly outlined and identified the lines of authority and accountability. The registered provider had systems in place to audit and monitor the quality and safety of care provided in the centre. However, the inspector found that these audits had not highlighted the improvements required in fire safety in this centre.

As an example, the last unannounced safety and quality review of the centre in late October 2025 found that fire safety measures were compliant however, this was not observed on this inspection. In addition, another audit on medicine management practices in the centre, on 30 October 2025, required that all actions were to be completed by the 31 October 2025. However, the inspector found that some of these actions were not fully completed at the time of this inspection, but was assured that the urgent actions had been completed.

Regular staff meetings were held in the centre where risk management, safeguarding and residents support needs were reviewed.

The registered provider was ensuring that adequate resources were in place to support the residents. A recent review for example, showed that one resident would require additional staff supports going forward and the registered provider had submitted a request for additional funding to address this going forward.

Judgment: Substantially compliant

Quality and safety

Overall, while residents appeared to have a good quality of life in this centre, improvements were required in fire safety, medicine management practices and food and nutrition to ensure a safe service was provided to residents at all times.

The fire safety systems in place on the day of the inspection required review so as to ensure a safe evacuation of the centre for residents and staff. As a result of this the registered provider employed an additional staff at night time in the centre, until such time that a full review of the fire evacuation procedures could be undertaken.

On the day of the inspection, the inspector observed that one resident did not receive appropriate assistance with their meals in line with the recommendations outlined in their feeding, eating, drinking and swallowing plans (FEDS). Two staff spoken to were also not clear about what residents required supervision at meal times.

Residents were supported with their health and emotional needs and had regular access to allied health professionals.

Residents were supported with their general welfare and development and liked to plan activities at their own pace and in line with their preferences.

There were systems in place to manage and mitigate risk and keep residents safe in the centre.

All staff had completed training in safeguarding vulnerable adults and residents had been provided with education and advice about their right to feel safe in the centre.

Regulation 10: Communication

The person in charge and a staff member went through the different communication supports in place for the residents. One of the residents used non-verbal gestures

and cues to communicate their wishes and preferences. There was a communication plan in place to support the resident which outlined some of their likes and dislikes and a communication dictionary which gave examples of what the resident was trying to communicate when they used certain gestures. The person in charge had also requested a review of this plan with a speech and language therapist. This demonstrated that the residents communication plans were being reviewed to assess their effectiveness.

The residents had access to the internet, mobile phones and other electronic devices. One resident who had a visual impairment and some memory issues for example, had an electronic device that had a voice activated planner set up to remind them when important appointments were coming up.

Judgment: Compliant

Regulation 13: General welfare and development

The residents were supported to choose meaningful activities in line with their personal preferences and did not attend a formal day service. They had developed goals they would like to achieve and planned them at monthly key worker meetings and residents meetings. Two residents who met with the inspector said that they were happy with the services provided. One said they could choose what they wanted to do on a day to day basis. For example; on the day of the inspection, the resident had decided to stay in their pyjamas all day as the weather was miserable and they did not feel like doing anything. However, the next day they were looking forward to going out to get their hair done.

The other resident spoke about some of the things they liked to do, they enjoyed some arts and crafts activities which they were observed enjoying on the day of the inspection. One resident said they would like to go out to the pub more and the person in charge agreed to follow this up with the residents concerned after the inspection.

From a review of records and talking to the residents, they were engaged in activities outside of the centre most days. Some of those activities included, going out for meals or coffee, shopping, attending a sensory room experience, going for walks on the beach, visiting family and friends, and going for drives (which one resident really liked).

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge had systems in place to review and respond to risks in the centre. Learning from incidents were discussed at staff meetings to prevent a re occurrence of incidents.

The inspector observed a sample of incidents that had occurred in the centre over the last six months and found that the person in charge had responded to them and had escalated trends in incidents to their manager. As an example; there were three amber risks in the centre, meaning they presented as a medium risk to residents. One included a risk that a resident had increased falls over the last number of months. This had been reviewed by the person in charge and the assistant director of services and control measures had been implemented, one of which included seeking additional staff to support the resident and that in the interim the resident should be supervised by staff when mobilising and the resident should use a walking aid. The inspector observed staff adhering to these control measures on the day of the inspection.

The inspector also found that the person in charge reviewed incidents to identify the potential hazard to try and mitigate the risk. As an example, one resident had a fall from a chair and the person in charge had changed the chair to ensure that this did not happen again.

Judgment: Compliant

Regulation 28: Fire precautions

At the time of the inspection, the inspector was not assured from reviewing fire practices in the centre, that they were safe or appropriate. The fire evacuation plan for the centre indicated that staff were to bring three residents to the fire assembly point and then return to the centre to evacuate the other two residents who required more support. The inspector was not assured that this was a safe practice. The person in charge was asked to contact the director of quality and risk on the day of the inspection to seek clarity on this evacuation procedure. The registered provider took timely and responsive action to address this practice on the day of the inspection, once it was brought to their attention. This included reviewing the fire procedure, employing an additional staff member on night duty for the coming days until such time fire safety measures could be addressed.

As well as this, the registered provider had identified in their own review processes that one resident refused to engage in fire drills. In response to this the registered provider was in the process of moving the resident to a downstairs room to address this. However, this had not been reviewed to ensure that this would address the risks posed. This needed to be reviewed.

Notwithstanding the providers response on the day of inspection, these deficits had not been identified in advance of the inspection and had the potential to put residents at risk should a fire or emergency occur.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were prescribed by a registered prescriber, and from talking to staff and observing some practices, the staff demonstrated that they were administering medicines in line with best practice and the registered providers policies. The staff were knowledgeable about most of the medicines prescribed to residents. However, they were unclear about some of the reasons that medicines were prescribed. This required review.

Notwithstanding this required improvement, the inspector found that the registered provider had systems in place for the safe storage, and administration of medicines. As an example; staff were observed engaging in hand hygiene practices prior to administering medicines and medicines were administered by two staff at all times in the centre as required by the policies in place.

The staff were also aware of the possible side effects of some medicines, and where medicines were prescribed to support a resident with their anxieties the staff member was able to outline the side effects and records maintained to observe the residents vital signs and the effect that the medicines had if any.

There was assessment on self-administration conducted to see whether the staff need to administer residents' medicines and or provide support.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported with their health and emotional needs and had regular access to allied health professionals as and when required. Some of the allied health professionals included:

- general practitioner (GP)
- dentist
- dietitian
- chiropody
- speech and language
- physiotherapy
- occupational therapy
- psychiatry.

Each resident has a personal plan that outlined the residents' health and emotional supports. These plans were kept under review and future dates and times of residents healthcare appointments were recorded. This meant that there was a clear plan to assure that residents healthcare needs were reviewed.

Judgment: Compliant

Regulation 8: Protection

All staff members had completed training in safeguarding vulnerable adults. The staff member who met with the inspector was aware of the different types of abuse and the reporting procedures in place should an incident occur. The person in charge and the staff member informed the inspector that they had no concerns about the quality and safety of care provided. As well as this, the inspector was also informed that there had been no complaints on the quality and safety of care provided since the beginning of 2025

A number of safeguarding concerns had been reported to the Office of the Chief Inspector of Social Services prior to this inspection. The inspector followed up on these concerns and found that the provider had investigated them, reported them to the relevant authorities and, where required, had taken actions to safeguard the residents.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed several examples over the course of the inspection about how residents' rights were promoted. Residents were consulted about their views on the services provided, through residents meetings, key worker meetings and on a day-to-day basis with the staff team.

Information was provided to residents on their rights in an accessible format where required and they were supported to understand these rights at residents meetings. One resident spoke to the inspector about their right to feel safe in the centre and the right to be able to freely access all areas of their home. This resident spoke about a complaint they had made about their right to have free access to their home and said that this had now being addressed.

Residents got to choose to how to live on a day-to-day basis in line with their personal values and preferences.

Judgment: Compliant

Regulation 18: Food and nutrition

On the day of the inspection, the inspector observed that one resident did not receive appropriate assistance with their meals in line with the recommendations outlined in their feeding, eating, drinking and swallowing plans. Two staff spoken to were also not clear about what residents required supervision at meal times.

As well as this some staff did not have the appropriate practical training to respond to a choking incident should this occur in the centre. Staff, for example, were provided with on line training modules in first aid. Practical training was also provided for staff to manage an incident of choking. However, this practical element of training was not provided to staff until, they had completed a medicine competency assessment which in some cases was not completed prior to a staff member starting to work in the centre. This meant that some staff did not have this skill to respond to a resident in a timely manner. This required review as one staff member on the day of the inspection who was supervising residents at meal times, did not have this training completed and could not fully demonstrate to the inspector how they would manage this potential risk.

Judgment: Not 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	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 18: Food and nutrition	Not compliant

Compliance Plan for Pinewood Lodge OSV-0005551

Inspection ID: MON-0048489

Date of inspection: 11/11/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Guidance in relation to the completion of medication management audits has been provided to auditors. This includes ensuring that adequate time is afforded to complete actions identified within the audit. Prioritisation of high-risk items will be documented in the audit action</p> <p>A share the learning session on unannounced audits will be completed with auditors, to ensure all key areas are reviewed and actioned. This will enhance auditors’ ability to self-identify concerns.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A review of the day and night fire evacuation arrangements has been completed within the centre. This review is cognisant of good practice in fire evacuation and the support needs of residents. Clear fire evacuation strategies are now in place and staff are familiar with them. Individual PEEPS are in place that reflect residents support needs. Regular fire drill’s will be completed to ensure the plans remain appropriate and effective.</p> <p>The plan to move a resident down stairs to mitigate risk with non-adherence to fire evacuation, has now been assessed. The resident annual assessment of need was brought forward, to discuss the residents support needs. A resulting PMCB consultation was completed; to assess could a supportive walk be implanted with this resident, should</p>	

they refuse to evacuate. This was assessed as appropriate in the case of an emergency and a corresponding evidence-based plan has been developed, to guide staff practice. This will be kept under regular review for appropriateness and effectiveness.

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:

The Person in Charge has completed a team meeting with staff in the centre to review all medications prescribed to residents, which outlines why each medication is prescribed to the residents. In addition, all staff are familiar with supporting documentation/ information sources and where to access information on medication should staff require this.

This meeting also outlined to all staff what side effects residents can present with for their prescribed medication. The Person in Charge will regularly have medication reviews discussed during team meetings to ensure that all staff are aware of any new medication prescribed to residents and the reason why these medications are prescribed.

The Person in Charge and Assistant Director has reviewed the medication audit process to ensure that there are timely processes in place to prioritize immediate actions identified during the medication audits within the centre. All outstanding actions have been addressed by Person in Charge in line with the identified medication audit timeframes.

Regulation 18: Food and nutrition	Not Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

The Person in Charge and Assistant Director have provided additional training to all staff in the centre for practical Heimlich Manoeuvre training, all staff members at Pinewood have now received a full practical demonstration. The training covered entailed recognising choking, correct technique, and supervised hands-on practice, reporting of choking, reviewing risk assessment and submitting onward referrals that may be required.

All staff attended, demonstrated competence, and the identified training requirement has been fully met. All Staff have been fully trained in Heimlich Manoeuvre since 25.11.2025.

The Person in Charge has completed a team meeting with all staff which provided the team with a full overview and understanding of residents FEDs plans in detail, which outlined that all residents with FEDs plans must be always supervised while eating. Refresher training on FEDs is being completed by the staff team.

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 18(3)	The person in charge shall ensure that where residents require assistance with eating or drinking, that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.	Not Compliant	Orange	31/12/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2026
Regulation 28(3)(d)	The registered provider shall	Not Compliant	Orange	04/12/2025

	make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	28/11/2025