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:	Carlinn Heath
Name of provider:	Dundas Unlimited Company
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	01 December 2025
Centre ID:	OSV-0005632
Fieldwork ID:	MON-0048488

About the designated centre

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

Carlinn Heath is a full-time residential service, operated by Dundas Company Unlimited Company providing care and support to people with disabilities. It is situated close to a large town in Co. Louth where residents have access to amenities such as cafes, shops, shopping centres and restaurants. Facilities offered within Carlinn Heath support residents to experience life in a home-like environment and to engage in activities of daily living typical of those which take place in many homes, with additional supports in place in line with residents' assessed needs. The service provides high quality living accommodation for up to twelve residents. It consists of two adjacent community houses, each house has five individualised bedrooms, and one self-contained living unit (bedroom with en-suite, with adjacent living room and kitchen area). Both houses are equipped with a full kitchen and dining room. Each house has a private garden to the rear, which is linked to the house with a paved patio area. Residents receive supports on a 24-hour basis from a team consisting of a person in charge, a team leader, a clinical nurse manager I (CNM I), staff nurses and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 1 December 2025	13:30hrs to 19:30hrs	Anna Doyle	Lead
Monday 1 December 2025	10:20hrs to 13:10hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was carried out with a specific focus on safeguarding, to ensure that residents felt safe in the centre. The inspector also followed up on a number of adverse incidents that had been notified to the Chief Inspector prior to this inspection, some of which related to sudden unexpected deaths of residents in the centre. This is discussed under governance and management later in this report.

Overall, the inspector found that residents appeared happy in their home and there were adequate resources, including sufficient staff which enabled residents to make decisions on a day to day basis around activities they wanted to engage in.

The centre can support up to twelve residents and at the time of the inspection, only eight people lived in the centre. The centre is divided into two purpose built bungalows located side by side and each bungalow has a self contained apartment attached where two residents reside. Most of the residents had lived together for a long period of time and so knew each other well, most staff members had also supported the residents for a long time and one staff member said that it was like 'one big family'. This also meant that the staff team knew the residents well and equally the residents knew the staff well. One of the residents in the self contained apartments led a very independent life and staff provided support to this resident as and when required, or when requested by the resident.

On arrival to the centre, two of the residents were out engaging in activities and the other residents were relaxing. The residents and staff had decorated both bungalows for Christmas and some of the resident's art work was displayed around the centre. Over the course of the inspection, the inspector met six of the residents, the staff on duty, the person in charge and the director of services. The inspector also reviewed records specific to the residents care, the governance and management arrangements in this centre, and reviewed some practices.

Both bungalows were spacious, clean and provided adequate space for residents to spend time alone. One resident for example; was observed spending time alone in a sensory room, which according to staff the resident really enjoyed. Each bungalow had a large garden where residents could enjoy sitting out in during the summer.

Residents had their own bedroom some of which had en-suite bathrooms. One of the residents showed the inspector around some of their home, including their bedroom which was decorated in line with their personal preferences, such as, football teams they supported. The resident had recently visited a Christmas market and had started some of their shopping for Christmas. The resident said they had enjoyed this, but next year they were going to a market that was less busy. One resident who liked lights had a Christmas tree in their bedroom where they could enjoy the lights at night time. Another resident met for a short time with the

inspector, but was eager to go out and enjoy a cigarette after their breakfast. All of the staff were very aware of the importance of this for the resident, which was important as the resident was a wheelchair user and required staff to support them outside.

Some of the residents in the centre communicated through non-verbal gestures and signs. The inspector observed some good examples in residents' personal plans to support the residents, and staff spoken to were aware of some of the ways residents liked to communicate. For example; a staff member explained to the inspector that one resident who was visually impaired was given objects to feel, such as their coat, which informed the resident that it was time to go for a walk. The inspector found however, that some improvements could be made to this residents plan which is discussed under regulation 10: Communication.

On the second day of the inspection, one of the residents was celebrating their birthday and all of the residents and staff had planned a party to celebrate this later in the day. One of the residents liked football and liked to watch matches on television and attend some of the matches. The inspector also observed numerous photographs of residents enjoying some activities they liked which included a trip to Liverpool, meals out, baking and earlier in the year the residents had a party to celebrate a PRIDE event. One resident had a dog that they liked to take care of and the person in charge also informed the inspector that all of the other residents were very fond of this dog also.

Residents were supported to keep in touch with family and friends and the inspector observed some feedback from families on the day of the inspection which showed that families were very happy with the services provided. Some of the specific feedback included comments such as ' staff are excellent', 'the staff treat residents like family' and 'staff are very caring'.

Overall the residents appeared happy and content in their home, the interactions between residents and staff was respectful at all times, but equally because residents and staff knew each other well, there was some good banter and humour in some interactions observed. One resident appeared to really enjoy this type of interaction with staff and they were laughing and joking throughout the time the inspector was talking to the resident.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

Capacity and capability

Overall, the provider had effective governance and management arrangements in place to ensure that good safeguarding practices were in place. This included an

open and transparent culture of recognising and reporting potential safeguarding concerns. Some minor improvements were required under staffing, risk management and communication.

There were clear lines of accountability at individual, team and organisational level so that all people working in the centre were aware of their responsibilities and the reporting structures in place. This was observed from talking to staff, reviewing training records and reviewing feedback on the services provided. The registered provider also had a rights review committee in the wider organisation to review human rights issues for residents.

The centre was adequately resourced with appropriate staff numbers however, the skill mix of staff in the centre needed to be reviewed to provide assurances that this skill-mix was appropriate to meet the assessed needs of all residents at all times.

Staff had been provided with appropriate training, in respect of safeguarding and supported decision making. The staff were knowledgeable about the care and support needs of residents and of the reporting procedures in place should a safeguarding concern arise in the centre.

Regulation 15: Staffing

The centre was adequately resourced with appropriate staff numbers, the skill mix included nurses, a social care worker and direct support workers. However, the skill mix of staff in the centre needed to be reviewed to provide assurances that this skill mix was appropriate to meet the assessed needs of the residents at all times.

As an example; each day, nurses were assigned to work during the day. At night time, there were no nurses on duty and three direct support workers were assigned to work. These staff were provided with nursing support at night from a senior nurse located approximately a 30 minute drive away. There had been no review of this arrangement to demonstrate how the registered provider was assured that the skill mix at night was appropriate to meet the needs of the residents.

As well as this, the registered provider had recently received a safety notice from an external stakeholder on choking incidents which outlined best practice measures that should be in place to ensure that residents received safe and timely treatment in such an event. This safety notice outlined that nursing staff should be provided with basic life support training and these training records should be kept up to date. However, there was no guidance around what should be in place for non nursing staff supporting residents. The registered provider agreed to review this with the external stakeholder to confirm best practice in relation to non nursing staff. This was important as there were no nurses working in the centre at night.

A planned and actual roster was maintained in the centre. A review of a sample of those rosters from September, October and November 2025 showed that staffing

levels were maintained in line with what the person in charge had outlined to the inspector. For example; three staff were always on duty at night.

The staff who met with the inspector demonstrated a good knowledge of the residents' needs. They provided examples of how to respond to residents who may require rescue medicine for epilepsy, how to manage a choking incident, what to observe for when some residents may be in pain, and the supports that some residents required when they were having their meals.

The staff also reported that both the person in charge and the senior management team were very supportive to them. They reported that they had no concerns about the quality and safety of care provided to the residents and that in such an instance, they would have no problem raising this with the person in charge.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had been provided with training, in safeguarding vulnerable adults and a human rights based approach to care. The staff spoken to were knowledgeable about the care and support needs of the residents, and of the reporting procedures in place should a safeguarding concern arise in the centre. A sample of other training provided included:

- Fire safety
- Manual handling
- Basic Life Support (for nursing staff)
- First Aid (for non nursing staff including competency assessments on responding to choking incidents)
- safe administration of medicine (including competency assessments)
- Positive Behaviour Support
- Feeding Eating, Drinking and Swallowing (FEDS).

The person in charge had records, indicating that some staff were due refresher training and they had a plan in place to address this. As discussed under regulation 15 staffing, the registered provider intended to review the training provided to staff following a recent safety notice issued in relation to managing choking incidents. The person in charge had also only commenced the competency assessments for non nursing staff to manage a choking incident and had a plan to complete all of these in the coming days. The inspector was assured from speaking to staff on duty that they were aware of the procedures to follow and there was also a nurse on duty each day to support them. The person in charge had also completed the assessments with the staff who were working on night duty to assure that they had the necessary skills to respond to choking incidents.

Staff received regular supervision and staff meetings were also held every month where safeguarding, risk management were standing agenda items. A review of a sample of supervision meeting showed that additional training needs that staff may need were discussed at this meetings. It was also noted that the person in charge and the staff team had been provided with support following the recent adverse incidents reported that related to the unexplained deaths of residents in this centre. The staff spoken to and the person in charge acknowledged that the registered provider had been very supportive to them during this difficult time.

The staff who spoke to the inspector said they had no concerns about the quality of care provided and if they had concerns, they would report them.

Judgment: Compliant

Regulation 23: Governance and management

The service was led by a capable person in charge who had the qualifications, knowledge, skills and experience to support the residents needs in the centre. They were supported in their role by clinic nurse managers and reported to an assistant director of services who visited the centre at least monthly to review the care and support being provided.

There was a culture of transparency and openness in the centre to report and respond to potential safeguarding concerns, along with mechanisms to review any concerns reported to ensure that residents were safe. These measures are discussed further under regulation 8 protection of this report.

The inspector also found that the registered provider had taken a number of steps to review the care and support provided to residents after a number of adverse incidents had occurred in the centre that had resulted in a number of unexpected deaths. As a result of this the registered provider took steps to review these deaths to ensure that the residents concerned had been safeguarded prior to the unexpected deaths to ensure transparency and accountability.

The inspector found that the director of quality and risk had conducted a full review of the circumstances leading up to each of the unexpected deaths and no concerns were noted. These reviews had identified one piece of learning going forward that the registered provider had addressed however, this did not impact the care provided in this centre. The person in charge and the director of services also informed the inspector that an independent agency had visited the centre to review the care and support, and this agency reported that they had no concerns. There was no report issued after this visit, however, the registered provider submitted records after the inspection that showed a meeting had occurred with members of this external agency where the review of these unexpected deaths had been discussed and no concerns were noted in these minutes.

The registered provider had personnel appointed to conduct a six monthly unannounced quality review, along with an annual review of the designated centre. The annual review included feedback from the residents who reported that they were happy with the services provided. An unannounced quality and safety review had been conducted in March 2025 and November 2025. These reviews identified some minor improvements which the person in charge had either completed or was in the process of completing.

As an example; the review in March 2025 recommended that a fixture in the garden showed be removed and this was completed. Other audits were conducted in areas such as general welfare and development and medicine management practices. These audits had been conducted in November 2025 and were found compliant.

Judgment: Compliant

Quality and safety

Overall the residents living in this centre, appeared happy and content on the day of the inspection. They were being supported by a staff team that knew them well. Improvements were required in risk management and communication plans for some residents.

Each resident had a personal plan and residents were supported with their health and emotional needs, which included regular and timely access to allied health professionals.

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.

Residents communication needs were outlined in their personal plans, some improvements were required in the review of these plans.

The registered provider had systems in place to respond to risks in the centre which included risk assessments that outlined control measures to mitigate risks. Some improvements were required to ensure that all control measures could be monitored and implemented.

Regulation 10: Communication

Residents' communication needs were outlined in their personal plans. The inspector found that there were a number of documents including positive behaviour support plans that outlined some of the supports that residents needed to enhance or

support their communication needs. The staff spoken to were also aware of the specific communication needs of residents. For example; one resident liked routine, liked familiar staff and used objects of reference like feeling their coat as a way of indicating to the resident that it was time to go for a walk.

However, some of the documents needed to be reviewed. For example; a communication passport for two residents had not been updated since October 2023. There were also some strategies outlined in one residents behaviour support plan to do with enhancing their communication skills, in relation to how they communicate that they are in pain. This was a good example of supporting a resident to enhance their communication skills however, there was no review of this to show how effective this strategy was for the resident concerned.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had systems in place to identify, assess and review risks in the centre. The person in charge reviewed the risk assessments to assure that control measures were effective. However, some improvements were required in risk assessments for residents to assure that the control measures listed in the risk assessments were being effectively implemented.

As an example; one resident had a plan in place to monitor their fluid intake daily to ensure that they did not exceed a certain amount of fluids each day. Doing so could compromise the residents health. The inspector observed while the residents fluid intake was recorded daily, it was difficult to navigate numerous recording forms on the registered providers IT system to enable a clear picture of the residents intake each day. It was also difficult on the day of the inspection to produce a report (other than a three day report) to be able to review and monitor the residents fluid intake on a broader level. This required review to ensure that staff could monitor and review the residents fluid intake in a more consistent, comprehensive record.

As well as this another risk assessment for a resident who primarily lived independently and required limited staff support, had a risk assessment in place that staff should follow in the event that the resident experienced a seizure. However, there was no way of staff knowing when this resident could require this support should they experience all types of seizures. This required review to ensure that the resident was supported to maintain their independence which was very important to them, and also ensure that should an event like this happen that staff were alerted to this and therefore enabled to provide the supports listed in the risk assessment for the resident.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which included an assessment of need and support plans to guide staff practice. Easy-to-read versions were also available for each resident. Support plans included how to support the residents with their health and emotional needs or potential risks that may compromise their safety. These plans were kept under regular review and a review of some plans showed that residents had timely access to allied health care professionals in line with their health and emotional needs.

All of the residents had goals in place that they wanted to achieve which were planned for each month. A review of some of those goals showed that they had all been achieved and residents were now looking forward to Christmas and some of them had visited Christmas markets.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents were provided with support around their anxieties which sometimes presented as behaviours of concern or sometimes these behaviours of concern were recognised as a way of communicating for residents around a potential unmet need or a particular preference they were trying to communicate. For example; some residents had proactive measures outlined in their positive behaviour support plans to alert staff to what a resident may be communicating which could prevent incidences of behaviours of concern. As noted under regulation 10 Communication some strategies outlined in this plan and other plans could be improved to ensure that strategies to support or enhance a resident to acquire new or different strategies to communicate their needs.

Positive behaviour support plans had also been developed for residents, to provide guidance to staff, which had been reviewed by a behaviour specialist. One staff who met with the inspector was knowledgeable about the supports that the resident required, which sometimes included giving the resident time alone in a dark quiet area. The inspector also observed that there was a low level of incidents in this centre that related to residents presenting with behaviours of concern. For example; over the last six months, 8 incidents had been reported regarding these types of incidents, which was low given that a number of residents had positive behaviour support plans in place.

Some restrictive practices were used in this centre. The inspector observed that these restrictive practices were related to mechanical devices, such as bed rails, lap belts and bed bumpers. The person in charge had risk assessments in place regarding these to ensure for example; that these devices were checked regularly

and repairs if needed were conducted to assure that residents were safe. At the time of this inspection there were no other restrictive practices used in this centre.

Judgment: Compliant

Regulation 8: Protection

The registered provider had a policy on safeguarding, which included, who to report concerns to, roles and responsibilities and actions to be taken to safeguard the residents.

All staff had received training in safeguarding of residents, and staff members spoken to were aware of the various types of abuse, the signs of abuse that might alert them to any issues, and their role in reporting and responding to those concerns. As an example; staff said that should an incident occur, there first priority would be ensuring that the resident was safe and was reassured. Residents were also provided with education and information about their right to feel safe.

The inspector followed up on some allegations of abuse that had been reported to the Chief Inspector prior to this inspection and found that the person in charge and the provider had taken steps to investigate the allegations, report them to the relevant authorities and ensure that measures were in place to prevent or mitigate future potential risks and provide learning going forward for staff. There were also records to demonstrate that the relevant authorities notified were satisfied with the actions the provider had taken to review and manage these allegations.

At the time of the inspection one potential safeguarding concern remained under review, and the person in charge and the provider had taken steps to ensure the safety of the residents while this was being investigated.

Judgment: Compliant

Regulation 9: Residents' rights

Residents met together, and individually with their key support staff to talk about goals, the running of the centre or concerns they may have. At key support staff meetings, the residents set goals that aligned with their preferences. These goals were then kept under review to ensure that each resident got to achieve the important goals they had set.

Residents had been provided with information and support around managing grief, which was very important due to the recent deaths in the centre. The staff were also very mindful of how this had affected the residents in the centre and the support they had provided. As an example; one resident had been upset and left the

centre unaccompanied without informing staff. The inspector observed that the person in charge had offered support and reassurance to the resident and instead of imposing restrictions that would impact on the rights of this resident they had collated a risk assessment that ensured that the resident felt more supported and that staff checked in with the resident more frequently at night. This was a good example of how the person in charge had listened to the residents views, and did not unduly restrict them, because of one incident.

All staff had been provided with training on human rights, this provided them with the skills and knowledge to support residents to exercise their rights. Residents were provided with information about their right to make a complaint, how to access an advocate and their right to feel safe in their own home.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Carlinn Heath OSV-0005632

Inspection ID: MON-0048488

Date of inspection: 02/12/2025

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A review of the staff mix across the 24 hours has been completed in line with residents' current support needs. In addition, the needs of prospective admissions have been considered in this review and on this basis the Statement of Purpose will be revised to reflect on site nursing supports day and night. This will ensure there are suitably trained nursing staff onsite 24 hours, 7 days a week with the requisite skills and training in relation to identification, response and management of choking events. In addition, all Direct Support Workers and Social Care Staff have been provided with theoretical and practical training in the management of choking incidents.	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: All residents' communication plans will be reviewed and updated to ensure they accurately reflect current communication needs, preferences and effective strategies to support each individual. A referral has been submitted for a review with the speech and language therapist, and plans will be updated in consultation with the residents, their keyworkers and relevant key team members. The Person in Charge will continue to highlight effective communication within team meetings and supervision, and of the importance of reviewing and documenting the effectiveness of communication strategies. Staff will continue to be supported to use objects of reference, routine, and familiar staffing to enhance residents' communication. A review of the effectiveness of each residents' communication plan will be completed as part of the annual assessment of need or sooner as required. This review will be multidisciplinary in nature.	

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The Person in Charge and Assistant Director have enhanced oversight arrangements to ensure that risk control measures are effective. This includes a schedule of audits, monthly governance meetings with findings documented and actions followed up in a timely manner. The implementation of control measures will be discussed a monthly staff meeting as required.

The risk assessment and associated care plan for residents' fluid intake is under review. A training session with systems manager will be conducted to ensure all staff are familiar with use of the reporting function on EpicCare system and to ensure all staff are aware of how to generate accurate reports. The Person in Charge and Nursing team will continue daily oversight of this process. This will ensure that fluid intake can be easily monitored, reviewed, and escalated where required.

The risk assessment for the resident who has epilepsy and lives in apartment will be reviewed. This has been discussed with the resident, and resident has been offered an 'epilepsy watch' which would further ensure staff oversight of any episodes of seizures, presently, the resident has declined same. The Person in Charge and team continue to promote the resident's independence, whilst offering support and education around this. The resident has agreed to further discuss their support needs at an upcoming appointment with the neurology team. Additional measures have been introduced such as check in arrangements, and further measures will continue to be considered in consultation with the resident following the advice of the neurology team and in line with the resident's will and preference.

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	28/02/2026
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/03/2026
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the	Substantially Compliant	Yellow	31/01/2026

	designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			