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:	St Anne's - Naomh Áine's
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	25 June 2025
Centre ID:	OSV-0007235
Fieldwork ID:	MON-0038616

About the designated centre

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

Naomh Aine's can provide full time residential care for four male and female residents who are over the age of 18 years and who have a diagnosis of moderate intellectual disability. The service can also support varying care needs which include support with mental ill health, dietary needs, medical needs, visual impairment, behaviours of concern, and care associated with ageing. The staff team consist of nurses and health care assistants, who are available at all times when residents are present in the centre. The centre is a detached house in a rural, coastal area, and there is transport provided for residents to access the amenities in their locality.

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 25 June 2025	10:35hrs to 17:05hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

The residents in this centre received a good quality service. Their health, social and personal care needs had been assessed and supports were put in place to meet those needs. Residents were supported by a team of staff who were knowledgeable of the residents' specific needs and their preferences. The rights of residents were promoted and residents were supported to engage in activities that they enjoyed. The provider maintained oversight of the service through audits and incident reviews. However, significant improvement was required in relation to the assessment of risks to the residents and the information given to staff to reduce risks to residents. Improvement was also needed to ensure that there was clear guidance to staff on how to support residents with their communication and behaviour.

This was an announced inspection of this centre. The inspection formed part of the routine monitoring activities completed by the Chief Inspector of Social Services during the registration cycle of a designated centre. The inspection was facilitated by the person in charge. A member of senior management was also in attendance at different points throughout the inspection.

The centre consisted of a two-storey detached house in a rural location. It was located a short drive from the nearest town. Each resident had their own bedroom. Three bedrooms were located on the ground floor of the house and the fourth was located upstairs. Two bedrooms had en-suite bathrooms. There was also a large shared bathroom downstairs with a shower and bathtub. The house also had a kitchen-dining room. There was a sitting room off the kitchen with television. There was also a utility room with washing machine and dryer. Upstairs, in addition to one resident's bedroom, there was a sensory room with television and the staff office. Outside, the gardens and grounds were well maintained.

The house was clean and tidy and in a good state of repair. Where doors into residents' bedrooms were open, the inspector noted that the rooms were nicely decorated and had ample storage for the residents' belongings. The house had the equipment needed by residents for their daily living. For example, adjustable beds and shower chairs. The communal rooms of the house were comfortable.

The inspector had the opportunity to meet with all four residents at different times during the day. Residents said that they liked their home and that they were happy living there. They said that the staff listened to them and that they were happy with the service in the centre. Some residents spoke about negative interactions between residents that had occurred in the centre and that this had upset them. However, they said that this had been addressed by staff and that they felt safe in their home. Residents said that they were offered choices throughout the day in relation to meals and activities. Two residents spoke about trips that they had taken and the plans that they had to go on holidays again. When discussing the need to respect

the residents' human rights, one resident told the inspector that staff understood that this was important.

In advance of this inspection, questionnaires were sent to all residents to find out their opinion on their home and the service they received there. The inspector reviewed all four questionnaires and noted that residents generally reported that they were happy in their home and with the service they received. Some questionnaires contained comments about negative interactions between residents that they did not like. A social worker, who did not work in the centre, had supported the residents to complete the questionnaires. The person in charge reported that this was in response to a previous time that residents were asked to complete a questionnaire and had needed extra support to understand and answer the questions. This showed that the provider was responsive to the needs of residents, valued their opinions and aimed to offer them the supports needed to complete this task. It also reduced the impact of possible bias by asking a member of staff who worked outside of the centre to support the residents.

The inspector also had the opportunity to speak with three family members of three different residents. All family members said that they were happy with the service that was delivered in the centre. They said that the staff understood the residents' needs and the supports that they required. They said that staff were familiar with the residents' preferences and particular interests. When speaking about staff member's knowledge of the residents, one family member said "they know their wee ways". Another said that the residents were "in good hands". One family member spoke about previous negative interactions between residents but was complimentary of how staff addressed the issue and the steps in place to reduce the risk of a reoccurrence. All family members said that they would be comfortable raising concerns with staff should any issues arise. Some family members said that they had received a satisfactory response when they made a complaint or raised an issue in the past. All family members spoke about visiting their relatives in the centre. They said that visitors were welcome and that they could come to visit any time.

In addition to the person in charge and member of senior management, the inspector met with two staff members during the inspection. These staff members spoke about the residents in a caring manner and with respect. They were knowledgeable of the needs of residents and their particular supports. Staff demonstrated good knowledge of one resident's behaviour support plan. They knew the routine steps that should be taken to meet the resident's needs and the steps they should follow if the resident became upset. They knew what measures were in place to reduce negative interactions between residents to avoid safeguarding incidents. The atmosphere in the house was friendly and jovial. Staff were heard chatting comfortably with residents, and laughing and singing together with residents.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affect the quality and safety of the service provided.

Capacity and capability

The inspector found that the provider had systems in place that were effective at monitoring the quality of the service. Staffing numbers and skill-mix were in line with the needs of residents. The provider submitted documentation and notifications to the Chief Inspector in line with the regulations. There was an effective complaints procedure in place.

The provider maintained oversight of the service through routine audits that were completed by staff in the centre and by unannounced inspections of the service by provider representatives. Actions from these audits were recorded on the centre's quality improvement plan. This meant that the provider could monitor the progress towards service improvement goals. Residents and family members could also provide input on the quality of the service through an effective complaints procedure.

The staff in the centre were very familiar with the needs of residents and the supports required to meet those needs. They had received training in areas that were mandatory for all staff. The provider had also ensured that staff had received additional training in areas that were specific to the needs of residents in this centre.

Incidents in the centre were reviewed and analysed to avoid a reoccurrence. Any incidents that were required to be reported to the Chief Inspector had been submitted in line with the regulations. The provider had also submitted all documentation needed to renew the registration of the centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required documentation to progress the application to renew the registration of the centre. This was reviewed by the inspector and found to be complete.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in the centre were suited to meet the needs of residents.

The inspector reviewed the rosters in the centre from 26 May 2025 to 3 August 2025. This showed that the number and skill-mix of staff on-duty were in line with

the residents' needs. There were two vacancies in the centre. The provider had advertised the post and had interviews scheduled for week following the inspection to fill those posts. In the meantime, the posts were filled by regular agency staff members. This meant that the staff were familiar to the residents. Recently, the provider had reviewed the nursing support in the centre so that one staff member worked in the centre rather than splitting the post with another nurse. This decision was made in light of the changing needs of residents. This meant that the provider was responsive to the changing needs of residents and reviewed their staffing requirements to meet those needs.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff received the training required to meet the needs of residents.

The inspector reviewed the training records that were maintained in the centre. These records indicated that staff had up-to-date training in all 27 modules that the provider had identified as mandatory. There was a small number of staff who required refresher training in particular modules. This had been identified by the person in charge and staff were booked onto upcoming refresher courses. This meant that staff had the required training to support the residents with their identified needs.

The inspector noted that staff had completed training in the administration of emergency medication for seizures. This training was organised in a short timeframe in response to the changing needs of residents. In addition, the provider had booked a further training session in July 2025 to train staff members who had missed the previous training session. This ensured that all staff would be able to administer this medication should the need arise, thereby, promoting the safety of residents.

Judgment: Compliant

Regulation 22: Insurance

The provider had submitted details of their insurance as part of the application to renew the registration of the centre. This was reviewed by the inspector and found to include all of the details required under the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider maintained good oversight of the service and developed plans for service improvement.

The provider maintained oversight of the service through routine audits that were completed in the centre at regular intervals. The inspector reviewed the audits that had been completed in the centre since the beginning of 2025 and noted that audits were completed in line with this schedule.

The provider also completed unannounced audits of the service every six months. The inspector reviewed the two most recently completed provider-led audits. These were completed by senior managers external to the centre. Specific actions were identified to address any issues found and to improve the quality of the service.

The person in charge maintained a quality improvement plan. The most up-to-date version of this plan was reviewed by the inspector. This showed that the plan comprehensively outlined all of the actions that were underway in the centre to improve the quality of the service. The quality improvement plan gave oversight of the actions that were underway to address issues found through routine audits, provider-led audits, incident reviews, and feedback from residents. This meant that the provider could ensure that progress towards service improvement goals could be recorded and monitored to ensure that the goals were achieved.

The provider completed reviews of incidents on a monthly basis. The monthly reviews completed since January 2025 were reviewed by the inspector. These showed that the provider analysed incidents and took actions to avoid a reoccurrence. For example, meetings were held with members of the multidisciplinary team.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted their statement of purpose as part of the documentation required to renew the registration of the centre. This was reviewed by the inspector and found to contain the information outlined in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider ensured that all notifications were submitted to the Chief Inspector of social services, as required.

The inspector reviewed all incidents in the centre that had been recorded from 1 January 2025 to the day of inspection. These showed that the provider submitted notifications to the Chief Inspector as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place and implemented it effectively.

The provider had a complaints procedure and this was reviewed by the inspector. The inspector also noted that information relating to the submission and processing of complaints was clearly laid out in the centre's statement of purpose. The inspector noted that complaints were included in the routine audits completed in the centre and reviewed every three months. This showed that the provider followed their own procedures in relation to the processing of complaints.

Complaints were regularly included as an agenda item in the provider's weekly meetings with residents. In addition, residents and family members said that they would be comfortable raising any issues of concern with staff. This showed that the provider had developed a culture where issues could be highlighted and feedback was welcomed.

Judgment: Compliant

Quality and safety

The service delivered in the centre was of a good quality and was in line with the residents assessed needs. Safeguarding procedures were implemented to protect residents' safety. However, improvement was required in relation to risk management, supporting the residents to manage their behaviour and to communicate their needs and wishes.

Residents in this centre received a person-centred service. Family involvement and visits were promoted in this service. The residents had developed personal goals and there was evidence that residents were supported to achieve these goals. Their needs had been recently assessed and supports put in place to meet those needs. Residents had access to various healthcare professionals and recommendations from these professionals were implemented in the centre. This ensured that residents

received the appropriate support in relation to their healthcare needs and nutritional needs.

The provider had systems in place to keep residents safe. The safeguarding procedures implemented in the centre were in line with the provider's policy. However, significant improvement was required in relation to the assessment of risk in the centre. Residents' risk assessments did not adequately describe risks to residents or outline the control measures that should be put in place to reduce the risk. This meant that it was unclear how staff should support residents to ensure their safety. This was also noted in relation to the supports needed by residents to manage their behaviour. While one resident had a detailed behaviour support plan, the inspector noted that not all residents had plans in place despite identified needs and risks relating to their behaviour.

The rights of residents were promoted in this centre. Residents were offered choices in their daily lives and these choices were respected. Residents were supported to communicate their choices and staff were familiar with the residents' communication strategies. However, not all residents who had been assessed as requiring support with their communication had a corresponding guidance document in place to inform staff of the specific supports needed by the resident.

Regulation 10: Communication

There were systems in place to support residents to communicate their needs and wishes. However, improvement was required in relation to the guidance given to staff to ensure that all residents' communication needs were fully assessed and that clear information was available to staff to ensure that all appropriate supports were put in place

The inspector reviewed the assessments of need and personal plans for two residents. These contained guidance documents for staff in relation to residents' communication needs and the supports they required. This included guidance documents that outlined what certain phrases or behaviours meant for the residents and how staff should respond. However, the inspector noted that for one resident a communication plan and clear guidance documents for staff had not been developed despite specific needs that had been identified through the resident's assessment of need and their risk assessments.

Judgment: Substantially compliant

Regulation 11: Visits

The provider supported residents to receive visitors to their home in line with their wishes.

The inspector noted that the provider had a visitors' policy and that this was in date. The arrangement for residents to keep in touch with family and friends and to receive visitors to the centre was outlined in the centre's statement of purpose and residents' guide. All family members who spoke with the inspector talked about being able to come and visit residents frequently.

Judgment: Compliant

Regulation 18: Food and nutrition

The nutritional needs of residents in the centre were well managed. This meant that residents were offered foods that were in line with their nutritional needs and that were varied, wholesome and nutritious.

The inspector noted that the provider completed regular checks with residents in relation to their nutritional management. For example, the inspector reviewed the daily notes of two residents and found that the residents' weight was recorded routinely. In addition, nutritional screening was completed with all residents and onward referrals to relevant healthcare professionals were made, as required. The residents' daily notes also recorded the residents' meals. This showed that residents were offered and availed of a wide variety of wholesome and nutritious meals and snacks. Residents told the inspector that the food in the centre was nice and this was also reflected in the residents' questionnaires.

Judgment: Compliant

Regulation 20: Information for residents

The provider had developed a guide for the residents. This was reviewed by the inspector and found to contain the information set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The identification, recording and assessment of risk in the centre required significant improvement.

The inspector reviewed the risks assessments that had been completed for two residents. Though these risk assessments were recently reviewed and updated, the inspector found that the information contained within the assessments did not adequately identify or describe the risks to residents. In addition, the control measures outlined did not adequately guide staff on how to mitigate risks to residents. For example, one resident had a risk assessment relating to 'temperature regulation'. This risk assessment did not define the risk and therefore, it was unclear what the risk assessment related to. Further, the control measures for this risk assessment outlined ways to support the resident with their communication. It was unclear how these actions related to the identified risk. In addition, the resident had a number of risk assessments relating to their behaviour and managing psychological risks to the resident. Again, the control measures outlined in these assessments were vague and did not provide specific guidance on how to support the resident and reduce the risk. These will be discussed further under regulation 7: positive behaviour support.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The provider had completed an assessment of the needs of the residents and had identified the supports required to meet those needs.

The inspector reviewed the assessments that had been completed for two residents. This showed that the residents' health, social and personal care needs had been assessed within the previous 12 months. Where a specific need was identified, a corresponding support plan was implemented and these were regularly reviewed.

The inspector reviewed two annual reviews of residents' personal plans. These had been completed within the previous 12 months. The annual reviews included feedback from the resident and their family representatives. The previous year's plan was identified and personal goals for the resident were identified.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were well managed in this centre.

The inspector's review of two residents' nursing intervention plans and notes found that residents were supported to access medical and healthcare services, as required. Residents were supported to attend appointments and information from healthcare professionals was available for staff.

A family member commented that the provider had been very proactive in implementing systems to support a resident following a recent change in their health needs. The provider had ensured that all staff had received specific training to support the resident with their newly diagnosed need. This ensured that the resident could return home following a hospital admission. It also meant that the resident could be supported at home and to continue to engage in their activities in the wider community.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had arrangements in place to support residents to manage their behaviour. However, improvement was required to ensure that all residents received the necessary supports to manage their behaviour and that staff were given clear guidance in this matter.

The inspector reviewed the behaviour support plan that had been developed for one resident. This gave information on the proactive measures that staff should take to support the resident with their behaviour. The plan also outlined the steps that staff should take if the resident's behaviour became challenging. The plan had been developed by an appropriately trained professional and had been recently updated. In conversation with the inspector, staff demonstrated good knowledge of the plan and gave concrete examples of how it was implemented when supporting the resident.

Though these arrangements had been implemented for one resident, the inspector noted that guidance to staff in supporting other residents in the centre required review. As mentioned under regulation 26: risk assessment, the provider had devised risk assessments for one resident that related to their behaviour and psychological wellbeing. The control measures outlined in these assessments did not give clear guidance to staff on how to support the resident with these risks. Further, the nursing care plans devised for this resident gave very generic guidance to staff on how to support the resident in this regard. For example, 'continue with reassurance'. A specific positive behaviour support plan had not been developed for this resident. This meant that information to guide consistent and evidence-based support to this resident had not been developed and was not available to staff.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had taken steps to ensure that residents were protected from abuse.

There was one open safeguarding plan in the centre on the day of inspection. This related to negative interactions between residents. The safeguarding plan was reviewed by the inspector who noted that the provider had followed their procedures in relation to the reporting of safeguarding incidents. A formal safeguarding plan had been developed. The provider had responded to the safeguarding and protection team when asked for further information in relation to the plan. Staff were aware that the plan was in place.

The inspector also reviewed the incidents that had happened in the centre since the beginning of 2025. This showed that the provider had recognised any safeguarding incidents and reported them appropriately. The provider had taken measures to reduce the reoccurrence of these incidents through the review of staffing arrangements and the involvement of members of the multidisciplinary team. Staff were aware of the specific measures that should be taken to support residents to manage their behaviour and avoid negative interactions.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre. The provider implemented systems so that residents were supported to make choices and be active participants in their daily lives.

As outlined in the opening section of this report, a social worker had supported residents to express their opinions in relation to their home and the service they received when completing satisfaction questionnaires. The inspector also reviewed the minutes of the two most recent residents meetings that had taken place in the centre. These showed that residents were supported to make choices in relation to meals and activities.

The support of residents to make choices was also apparent through the use of a choice board for one resident so that they could clearly communicate the activities that they wanted to do throughout the day. Residents told the inspector that they felt that their rights were respected in the centre. Staff had completed training in human rights-based approach to care and support.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Anne's - Naomh Áine's OSV-0007235

Inspection ID: MON-0038616

Date of inspection: 25/06/2025

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 10: Communication	Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication: To ensure compliance with regulation 10: Communication : the following action has been undertaken

1. The PIC in conjunction with the named nurse have completed a review of all resident's documentation in relation to their communication needs. Completion date: 29-07-2025

2. The PIC has referred one resident to SLT for a communication review. Completion date: 01/08/2025.

3. The PIC in conjunction with the MDT have developed a Guidance document for one resident in relation to specific communication requirements identified through the residents assessment of need and risk assessments. The Guidance document offers information on the resident's cognitive decline and environmental requirements to support psychological wellbeing. This document will be reviewed again on the 13-08-2025. Completion date: 13/08/2025

4. The PIC in conjunction with the named nurse will reference and signpost guidance document on relevant Nursing Interventions and Risk Assessments. Completion date: 15/08/2025

5. The PIC has discussed the resident's communication guidance documents with the centres staff at the local governance held on the 29-07-2025.Completion date: 29/07/2025.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
To ensure compliance with regulation 26: Risk Management : the following action has been undertaken

1. The PIC and ADON will review all resident's risk assessments (inclusive of all psychological risks) contained in the personal care plans to ensure the information accurately identifies and describes the specific risks. The review will also ensure that supporting documentation is signposted within the risk assessment and nursing interventions. Completion date 22/08/2025

2. The PIC will review the risk assessment relating to temperature control for one resident. The PIC will update the risk assessment to define the specific risk and hazard, and add detailed guidance on how to mitigate the risk. Completion date: 22-08-2025

3. The PIC has scheduled for nursing staff to attend an information session on risk management on the following dates 22nd September, 24th September and the 8th October 2025.Completion date: 31-10-2025

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
To ensure compliance with regulation 7: Positive behavioural support: the following action has been undertaken

1. The PIC has discussed the Positive Behaviour Support Plan for one resident with the centres staff at the local governance meeting held on the 29-07-2025. Completion date 29/07/2025

2. The PIC in conjunction with the Assistant Director of Nursing will review the Risk Assessments and Nursing Interventions to ensure clear guidance is contained to direct staff on how to support one resident with risks pertaining to behaviours and psychological wellbeing, including signposting to Positive Behaviour Support plan. Completion date 22/08/2025

3. The PIC in conjunction with the MDT have developed a Guidance document for one resident in relation to specific communication requirements identified through the

residents assessment of need and risk assessments. The Guidance document offers information on the resident's cognitive decline and the environmental requirements to support psychological wellbeing. This document will be reviewed again on the 13-08-2025. Completion date: 13/08/2025

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 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	15/08/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	31/10/2025
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate	Substantially Compliant	Yellow	30/08/2025

	to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			