

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

Issued by the Chief Inspector

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| Name of designated centre: | Tús Nua |
| Name of provider: | Health Service Executive |
| Address of centre: | Sligo |
| Type of inspection: | Announced |
| Date of inspection: | 02 December 2025 |
| Centre ID: | OSV-0007773 |
| Fieldwork ID: | MON-0039857 |

About the designated centre

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

Tús Nua is a service provided by the Health Service Executive and is based a short distance from Sligo town. Tús Nua provides full time residential care for four adults with moderate to profound intellectual disabilities who may require support with their social, medical and mental health needs. The centre is a single storey house, which also includes a building adjacent to the main house that contains a utility room and 'activities room' for residents. All residents have their own bedroom with two bedrooms having en suite facilities. Bathroom facilities are level access. There is a communal kitchen/dining area and living room in the main house. There is a large garden area out the back of the house, which includes a paved area which can be accessed from the kitchen and contains garden furniture for residents to sit outdoors. The centre benefits from it's own mode of transport to support residents to access the wider community. The centre is staffed by a skill mix of nursing and health care staff under the supervision and support of the person in charge. The centre provides waking night cover and 24 hour on-call nursing service is also provided.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 4 |
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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 2 December 2025 | 16:05hrs to 17:35hrs | Angela McCormack | Lead |
| Wednesday 3 December 2025 | 09:50hrs to 14:20hrs | Angela McCormack | Lead |

What residents told us and what inspectors observed

Overall, this inspection found that Tús Nua provided person-centred and safe care to residents. Residents' health and wellbeing were promoted and residents were supported to do activities that were meaningful to them.

This inspection was an announced inspection to monitor compliance with the regulations and as part of the monitoring for the renewal of the registration of the designated centre. As part of the announcement, an information leaflet about the name of the inspector that was visiting was provided. Questionnaires were provided to the centre prior to the inspection to review residents' feedback on the service. Four questionnaires were completed by residents with support from staff members. The questionnaires indicated that all residents were happy with the care and support that they received.

The inspection was completed over two days, one evening and the following morning. The inspector met with all four residents, four staff members and the person in charge during the inspection. One resident declined to speak with the inspector on the first evening. They were observed to be relaxed watching television in their bedroom with the door open. The following day they communicated about going shopping with staff which they appeared happy with. Some residents were non-verbal; however they communicated with the inspector in their own way, through facial expressions and gestures. Residents' communications were supported through a variety of means, such as Lamh signs, pictures and objects of reference. Visual schedules for residents were observed to be in an accessible location in the house. In addition, the centre promoted the learning, and use, of new Lamh signs every month. These were displayed in the kitchen area for all to see. This month's two Lamh signs related to Christmas. Staff were observed using these with residents. The inspector also observed notices on doors that included Lamh signs.

The inspector spent time talking with one resident on the first evening, as they relaxed after their day service. The resident showed the inspector around the garden area. Residents had recently got a greenhouse to support them to expand on their interest in growing fruit and vegetables. In addition, new fruit trees were planted to add to the butterfly and sensory flower patches already in the garden from previous gardening projects.

Through observations, discussions and a review of documentation, it was clear that residents were provided with person-centred care and support. Care plans were found to be up to date and provided clear information on the supports that residents required. Staff spoken with were familiar with residents' needs and were observed supporting them in line with their assessed needs. It was clear to the inspector that staff members knew residents, and their individual needs and preferences, well.

The centre was well resourced. The staffing levels and vehicles available in the centre supported residents to do individual activities. The inspector could see that

residents were supported to take part in activities that were meaningful to them. These included eating out, going to the cinema, going bowling, playing pitch and putt, getting reflexology, going on holidays and going on various day trips. Two residents joined the local 'Men's Shed' recently, which they were reported to enjoy. One resident attended an external day service throughout the week, while the other residents did activities from their home.

Residents were also supported to identify personal goals for the future. A sample of two person-centred plans were reviewed by the inspector. These plans showed the goals identified by residents, and these were monitored to ensure that they were achieved. Some examples of goals included gardening projects and going on holidays. All residents enjoyed a holiday to Scotland together during the summer. Two residents also attended the Irish Open golf championship in the Autumn, photographs of which the inspector saw.

On review of the information in the questionnaires, residents reported that they liked their bedrooms, their double beds, and the home cooked food. They said that staff members knew them well and helped them to make choices. One resident said that they liked to do the 'staff board', so that they know what staff members are coming on duty. Residents said that they were supported to pursue individual interests and make choices in their lives, such as choosing what clothes and aftershaves to buy for example. Residents also said that they enjoyed visiting family and having visitors to their home.

The house was observed to be clean, homely and personalised. There were beautiful framed pieces of art work on display that residents had created, including beautiful Christmas themed decorations. Bedrooms were personalised and nicely decorated with plenty of storage space. The premises promoted accessibility with hand rails and ramps. There were several communal areas for residents to relax in their own private space if they wished to.

Overall, the inspector found that residents were supported with their needs and were provided with a person-centred service.

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

Capacity and capability

This inspection found that there were good systems in place for the governance and management of the centre. The centre was found to be in compliance with the regulations assessed. However, some areas for improvement were required. These related to fire drills and documentation gaps.

The staffing skill mix consisted of nurses and healthcare assistants. The numbers

and skill mix of staff met the current needs of residents. Staff were supported through ongoing training, team meetings and annual one to one meetings with their line manager.

The systems in place for the monitoring and oversight of the centre included regular audits completed by the local management team and six monthly unannounced visits completed by the provider. Actions identified through audits were kept under review for completion. This all showed good oversight and monitoring of the care provided and meant the centre was responsive to changes that occurred.

In summary, this inspection found that the management team had the capacity and capability to manage the service effectively.

Registration Regulation 5: Application for registration or renewal of registration

A complete application to renew the registration of the designated centre was submitted to the Chief Inspector of Social Services by the provider.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in the centre, including the skill mix and numbers of staff, were found to meet residents' needs.

The planned and actual rosters for the weeks between 03 November and 07 December, 2025 were reviewed by the inspector. The rosters were well maintained and reflected the staffing arrangements found on the days of inspection. There were three staff on duty throughout the day and two waking staff on duty each night. This was found to meet the needs of residents at this time. While there were some temporary staff members used to cover shifts, these staff members were regular staff which helped to ensure consistency of care provided to residents.

A sample of Garda vetting for three staff members, including one agency staff member, were reviewed by the inspector and found to be in order.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had good arrangements in place for staffing training and development.

The current training matrix for the centre was reviewed by the inspector. This showed that all staff members had the required training in behaviour management, safeguarding, fire safety and minimal handling. In addition, staff were supported through information sessions and bespoke training events in areas such as Lamh, dementia and in the administration of emergency medication. This demonstrated good understanding of the training that staff required, in order to support residents with their assessed needs. However, there were gaps in the documentation held regarding some of this training. This meant that it could not be confirmed on the day of inspection, what staff members attended the training. These gaps are covered under Regulation 23: Governance and management and relate to the oversight and monitoring arrangements.

Staff members were supported through regular supervision meetings with their line manager. A sample of supervision meetings for the four staff members who covered night duty were reviewed by the inspector, where it could be seen that meetings occurred as required in the provider's policy. The person in charge informed the inspector that night staff were invited to the team meetings, and if they could not make it due to their work patterns, they were required to read and sign the minutes of the team meetings. This helped to ensure that those staff members who worked night shifts only, received support and had opportunities to raise concerns.

Judgment: Compliant

Regulation 22: Insurance

The provider had suitable insurance in place as required under the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management team were found to have the capacity and capability to ensure that a safe and good quality service was provided to residents. However there were gaps in documentation as follows;

- Residents' meeting records were not clear about what topics were discussed with residents at each meeting. For example, the inspector reviewed 14 residents' meeting notes, which included an agenda item called "Discuss topics- HIQA, safeguarding, complaints, choices" however ten of these records said 'discussed' but did not elaborate on what topic was discussed. This meant that it was difficult to establish how residents were supported

how to self-protect and if this was in a format that met their individual needs and communication preferences.

- A sample of two residents' personal property records were reviewed where it was found that there were gaps in the records. For example, the records had not been updated to reflect one resident purchasing a new suit and another purchasing a technological device.
- The inspector was informed that staff members had completed bespoke training in dementia and Lamh, however there were no records of attendance or completion of this held in the centre.

Notwithstanding that, this inspection found that residents were supported to be safe and to have their needs met. The centre was resourced with suitable numbers of staff and vehicles to meet the needs of residents and to support them to do activities of their choosing.

There were a range of policies and procedures in place to provide guidance and procedures for safe care and support. These included policies and procedures as required under the regulations. These also outlined the roles and responsibilities of staff, which helped to ensure that there were clear lines of accountability.

The person in charge undertook regular audits throughout the year. The audits for 2025 were reviewed by the inspector and showed that consistent monitoring occurred. The provider ensured that unannounced visits occurred every six months as required in the regulations. The provider report completed in November 2025 was reviewed by the inspector and found to be very comprehensive. Actions were developed to improve the quality of the service provided. This demonstrated that there was effective oversight and monitoring of the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was an up-to-date statement of purpose in place, which included all of the information about the centre that is required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

From the inspector's review of incidents that occurred in the centre during 2025, it was found that the person in charge submitted all of the notifications to the Chief Inspector that is required under this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

There were clear arrangements in place for the receipt and management of complaints in the centre.

The inspector reviewed the provider's policies where it could be seen that there was an up-to-date complaints policy in place that outlined the arrangements for dealing with complaints. This was also available to residents in an easy-to-read version and discussed with residents at regular residents' meetings.

There were no open complaints at the time of inspection. There was one complaint made on behalf of residents in February 2025. The inspector reviewed this complaint and could see that it was resolved quickly and to the satisfaction of the residents. This showed that the system in place for the reporting of complaints was followed through and every effort made to resolve the complaint within the time frames.

Judgment: Compliant

Quality and safety

This inspection found good compliance with the regulations related to the quality and safety of care of residents. Residents were provided with person-centred care and support. However, improvements were required in ensuring that fire drills took place under different scenarios. This will be elaborated on under Regulation 28: Fire precautions

Residents' rights, wellbeing, protection and safety were promoted in the centre. The systems in place ensured that residents' needs were assessed on an ongoing basis. Clear, comprehensive support plans were in place which included multidisciplinary team (MDT) input where required. Support needs were kept under ongoing review and care plans were updated as required. This meant that any change in need was quickly identified and responded to.

Overall, Tús Nua provided high quality, person-centred care to residents.

Regulation 10: Communication

The centre promoted a total communication approach in supporting residents with their communication preferences. Residents communicated through a variety of means, such as verbal communication, the use of Lamh signs, gestures, pictures and the use of objects of reference.

Residents who required supports with communication had individual support plans in place. The inspector reviewed two residents' support plans. These plans outlined residents' preferred communications and described what particular communications meant. This meant that residents' communications preferences were clearly documented to provide guidance to staff members supporting them. Staff were observed communicating with residents in line with their preferred communication methods throughout the inspection. Communication supports, such as easy-to-read notices, visual schedules and a pictorial staff roster, were in an accessible location in the centre.

In addition, residents had access to music players, SMART televisions, mobile phones and technological devices in line with their needs and wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had a policy and procedure in place for the management of residents' personal property and personal finances. Residents' support needs with regard to managing their finances were assessed. Where support was required, this was in place.

The processes for supporting residents with their financial affairs included keeping records of income and expenditure. However, from a sample of two residents' personal and clothing property records reviewed by the inspector it was found that not all the possessions of value in line with the provider's procedure were recorded. This is covered under Regulation 23: Governance and management and relates to gaps in documentation.

Despite that, the two finance records that included income, expenditure and receipts, were reviewed by the inspector. They were well maintained and provided clear entries, with receipts for purchases maintained. These were regularly audited by the management team through their annual audit schedule. The inspector reviewed the audit folder for 2025 and saw that finance audits were completed monthly in line with the schedule in place. This ensured the protection of residents' possessions and finances.

Judgment: Compliant

Regulation 13: General welfare and development

Tús Nua supported residents with their general welfare and development and provided individualised care and support. Residents were supported to do activities that were meaningful to them and that met their general welfare and developmental needs and stages of life.

One resident attended an external day service throughout the week, while other residents did activities from their home. Residents had access to leisure and recreational activities in their home, and also enjoyed activities in their local community and further afield. Within the home, residents were involved in gardening projects and various arts and crafts. There was a room adjacent to the main house which was designed as an activities room and contained a variety of games and activities, such as a pool table and table football game.

Residents were also supported to maintain contact with their families, friends and local communities in line with their wishes. Some residents enjoyed visits to family members at various times throughout the year. Two residents recently joined the local 'men's shed'. All residents enjoyed various day trips to amenities of interest to them, as well as going on holidays together. This all supported residents' overall wellbeing and development, through the provision of interesting, individual activities and new experiences.

Judgment: Compliant

Regulation 17: Premises

The centre promoted accessibility with ramps and handrails located throughout. The house and garden areas were found to be clean, spacious, and well maintained.

The house was homely, bright and beautifully decorated. Each resident had their own bedroom that was decorated in line with their individual preferences. One resident proudly showed the inspector their bedroom that included various photographs and their personal plan on display. Residents had space to store personal belongings securely in their bedrooms. Two bedrooms had en suites, with communal bathrooms available for use also.

There were ample communal areas for residents to relax and have visitors. The rooms were bright, clean and contained well-maintained, comfortable furniture. Residents had access to individual aids and appliances as required. Residents were observed comfortably moving around their environment, with support from staff as required. There were ample bathroom and laundry facilities to meet the numbers and needs of residents. The kitchen had cooking equipment to enable residents to cook meals and do baking.

The front and back garden areas were accessible, well maintained and included planted trees, shrubs and plants. There was garden furniture in place for residents to sit out and relax if they so wished.

Judgment: Compliant

Regulation 18: Food and nutrition

The centre supported residents' nutritional needs and provided a range of wholesome and nutritious foods that residents were involved in choosing and shopping for.

One staff member explained to, and showed, the inspector the arrangements for supporting residents' with the choosing and purchasing of preferred meals and snacks. Residents were supported to choose meals for the week ahead through the weekly residents' meetings. Residents were then involved in shopping for the groceries for the house. One resident communicated to the inspector that they were going shopping with a staff member on the second day of the inspection. They appeared very happy about this and were observed bringing the grocery bags with them.

Meals provided in the centre were wholesome and nutritious and met residents' individual assessed needs, such as 'Feeding, Eating, Drinking and Swallowing' (FEDS) support requirements. In addition, there were a range of snacks and beverages available to residents. One resident was observed having a snack and can of beverage as they relaxed after their day service. The inspector reviewed two residents' support plans, where it could be seen that clear guidance was provided about FEDS support. In addition, staff members were found to be knowledgeable about individual needs and they spoke about this with the inspector. They also showed food that was available for residents with FEDS care plans.

Judgment: Compliant

Regulation 20: Information for residents

The provider ensured that there was an up to date 'residents' guide' in place that included all the information that is required under this regulation.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, there were good arrangements for fire safety in the centre. However, the following was found;

- There was no fire drill yet completed with regard to the use of an aid that was required when one resident was in bed due to their changing mobility needs. Testing the effectiveness of this aid, through a simulated fire drill, was required to ensure that the evacuation plan would be effective in the event of a fire.

One staff member showed, and explained to, the inspector the fire safety arrangements in the centre. These included; fire doors and containment measures, fire fighting equipment, a fire alert system, and evacuation plans. The inspector observed in the centre's fire record book for 2025, that ongoing monitoring of fire safety arrangements in the centre occurred through safety checklists. These included: daily, weekly and monthly checks. This meant that any fault or issue would be identified and responded to in a timely manner.

Residents had a personal emergency evacuation plan (PEEP) in place which provided guidance to staff on the arrangements to ensure a safe evacuation from the centre. Three PEEPs were reviewed by the inspector. These were found to provide clear guidance to staff on supporting residents to evacuate. Fire drills took place regularly, with a schedule in place to ensure all staff were involved.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were assessed and regularly reviewed with clear personal plans developed as required, and which included MDT input.

The inspector reviewed a sample of two residents' personal plans, where it was found that a comprehensive review of residents' health, personal and social care needs were completed. A range of care and support plans were in place to guide staff in the supports required. These included; personal and intimate care plans, behaviour support plans, FEDS plans, and protocols for managing medical conditions such as epilepsy. These were kept under review and updated if there was a change in need. Furthermore, the centre was responsive to any changing needs with appropriate aids and appliances in place. For example, a ceiling hoist was recently installed for one resident whose mobility needs had changed.

In addition, residents were supported to achieve meaningful, personal goals for the future. A sample of two residents' person-centred plans were reviewed by the inspector, where it could be seen that goals were kept under review so that they were achieved in a reasonable time frame. In addition, the plans reviewed were accessible to residents and included easy-to-read language and photographs. Annual review meetings were completed, two of which were reviewed by the inspector,

which showed participation by residents and their representatives.

Judgment: Compliant

Regulation 6: Health care

Residents' health and wellbeing were promoted in the centre. Regular monitoring of residents' health conditions and weight occurred, with regular medical reviews occurring also.

From the inspector's review of two residents' care plans, it could be seen that residents were supported to attend appointments and consultations with various healthcare professionals as required. In addition, residents had access to MDT members to support them with their assessed, and changing, needs. There were good systems in place to monitor any change in needs, and appropriate and timely responses to support these was evident.

Judgment: Compliant

Regulation 8: Protection

The protection of residents was promoted in Tús Nua, through the implementation and adherence to the provider's policies and procedures for safeguarding .

From the training records reviewed by the inspector, it could be seen that all staff had undertaken safeguarding training. The inspector reviewed three staff meetings that occurred over the previous four months and saw that safeguarding was discussed at these meetings. In addition, safeguarding was a suggested topic for discussion at residents' meetings. However, it wasn't always clear if this topic was discussed with residents in order to support them to self-protect through methods that met their communication needs and understanding. This is covered under Regulation 23: Governance and management and relates to gaps in the documentation maintained.

Incidents were kept under review and where possible protection concerns were identified, these were followed up in line with the procedures. The inspector reviewed the one safeguarding concern that occurred in 2025, and saw that it was followed up in line with the procedures and actions were taken to learn from the incident and to ensure the ongoing protection of residents.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote a rights' based service and culture. This could be seen through the care plans reviewed by the inspector and the language used in various reports. It was also evident through discussions with staff members and observations throughout the inspection that residents were treated with respect and had the autonomy to make choices in their lives.

The inspector reviewed a sample of 14 residents' meetings that occurred since August 2025, where it could be seen that residents were supported to make everyday life choices and where information about the service was provided to them. Residents had access to a variety of easy-to-read documents that included information on rights and advocacy services. In addition, it was clear that residents' religious preferences were respected, with some residents having religious ornaments on display in their living space. Residents were consulted about their personal plans and goals that they would like to achieve for the future. This could be seen through the inspector's review of two residents' personal plans. where residents were supported to do activities that were meaningful to them.

Overall, it was clear to the inspector that person-centred care was provided to residents in Tús Nua where each resident was respected as individuals with unique personalities and interests.

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 | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Tús Nua OSV-0007773

Inspection ID: MON-0039857

Date of inspection: 03/12/2025

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 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance with Regulation 23: Governance and Management the following actions have been undertaken;</p> <ul style="list-style-type: none"> • The Person in Charge has ensured that the residents' meeting records are clear about the topics discussed with residents at each meeting. Topics discussed will be elaborated on, and will include the communication methods used and easy read tools to suit the individual needs of the residents. Completed 14/12/2025 • The Person in Charge has ensured that residents' personal property records have been reviewed and gaps have been rectified. Completed 03/12/2025 • The Person in Charge has ensured that going forward all purchases are recorded in the residents' personal property records. Completed 03/12/2025 • The Person in Charge has ensured that records are in place for staff members who had completed the bespoke training in Dementia and Lamh. Additional Lamh training is scheduled to take place on 25/01/2026 • The Person in Chare has ensured that all training records for staff are recorded and maintained within the centre. Completed 03/12/2025 | |
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>To ensure compliance with Regulation 28. Fire Precautions the following actions have been undertaken;</p> <p>The Person in Charge has ensured that a fire drill has been completed with regard to the</p> | |

use of an aid that is required for one resident who needs additional support during evacuations due to their changing mobility needs. Completed 30/11/2025

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 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 | 25/01/2026 |
| Regulation 28(4)(b) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Substantially Compliant | Yellow | 30/11/2025 |