



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

Issued by the Chief Inspector

Name of designated centre:	Park Avenue, Dundalk
Name of provider:	Praxis Care
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	16 September 2025
Centre ID:	OSV-0007780
Fieldwork ID:	MON-0047997

About the designated centre

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

Park Avenue Dundalk, is a service providing care and support to four adults so as to enable them to live independent lives with support as required, within their own community. Each resident has their own bedroom, one of which has an en-suite bathroom, with space for their personal possessions, belongings and private living needs, consistent with that found in any regular family home environment. The house has two large bathrooms with both bathing and showering facilities, one on the ground floor and a second bathroom on the first floor. There is fully furnished sitting room, a large fully equipped kitchen-cum-dining room and a utility facility available to the residents. There is also an office/sleepover facility available to staff. The house has a spacious enclosed back garden and patio area for recreational use and a front garden with a private parking facility. On street parking is also available. The house is located in the heart of a busy, vibrant town in Co. Louth. The location of the house promotes the independence of the residents due to its close proximity to adult education facilities, local amenities and bus and or train services. The house is staffed by a full-time person in charge and a team of support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 16 September 2025	11:15hrs to 17:40hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall from speaking with residents, observing practices and reviewing records, the inspector found that residents were being provided with person-centred care, they were supported to lead independent lives and made decisions about how they lived their lives on a day-to-day basis. Two minor improvements were required in risk management and residents' personal plans.

The centre is registered to support four male adults. This inspection was unannounced and was carried out to ensure ongoing compliance with the regulations. Over the course of the inspection, the inspector met with all of the residents, the person in charge, a head of operations and one staff member. They also observed some practices and reviewed records pertaining to the management of the centre.

On arrival to the centre, two of the residents had left to go to work, one resident was enjoying a day off, and the other resident was on their way to the library. One of the residents was expressing some concerns to the staff about remembering passwords to access movies they liked to watch. The inspector observed the staff member patiently supporting the resident and coming up with a solution with the resident to allay their concerns. Over the course of the inspection the inspector also observed similar interactions with staff and residents at other times when other residents had concerns about things in the centre. These were examples of how residents' views and concerns were listened to.

The centre was clean, very spacious and decorated to a good standard. There were four bedrooms, one of which had an en-suite bathroom. There was also a shared bathroom on the second floor and the first floor of the house.

The kitchen-dining-living area was well equipped and there was an adjoining utility room where residents could launder their own clothes if they wished. There was also a sitting room and office downstairs. There was a large garden to the back of the property, with a large seating area and barbeque. The residents had been involved in designing this seating area.

Over the course of the inspection, all of the residents showed the inspector their bedrooms and one resident showed the inspector around areas of their home, and explained how they were involved in the running of the centre and how they were supported to become more independent.

The inspector observed that residents were able to make choices on a daily basis about what they did. They were included in all decisions about their care and support and were provided with education about their right to make complaints on the services provided. One of the residents showed the inspector the complaints procedure which was displayed in the kitchen and spoke about who they would

complain to. All of the residents informed the inspector that they would report concerns to the person in charge or staff members.

Monthly residents meetings were held and the inspector observed examples in the minutes of these meetings where residents were kept informed about things that were happening in the centre. As an example, a new resident had moved into the centre recently and the residents had been kept informed about what was happening with this transition. Easy-to-read information was available for residents who required this format. As an example, there was an easy-to-read guide about human rights and each month residents were provided with education and reminders about their rights to feel safe, and be listened to.

Residents were supported and encouraged to maintain connections with family and friends and the residents got to decide this themselves. On the day of the inspection, one of the residents was going for lunch with family, and another resident went out later in the day with their family member. All of the residents said that family members were welcome to visit any time and they all decided when they met family members and friends.

Residents were also identifying goals they wanted achieve. One resident was saving for a big family holiday in the coming months and told the inspector that most of their spare cash was going towards this holiday. All of the residents had very busy lives, some of them reported to the inspector that they were too busy to look at other goals.

Residents were involved in their local community, some of the residents had jobs, one of them attended college and one volunteered in a local community initiative. All of the residents liked socialising, one of the residents informed the inspector that they usually went to six Christmas parties every year. Some residents liked to go out to their local pub in the evening time, go to the cinema and they all liked to go to concerts. One resident, however told the inspector that they would like more opportunities for socialising in the evening time. The inspector in agreement with the resident informed the person in charge of this feedback, and the person in charge agreed to follow this up with the resident concerned.

All of the residents were highly complementary of the staff that worked in the centre and felt that they could report any concerns to the person in charge, or staff. Residents reported to the inspector that if staff or others treated them unkindly, they would report it to staff. One resident also said that they could report issues to the Garda if they needed to.

From talking to residents and staff, observing practices and reviewing feedback from residents and relatives, it was evident that residents enjoyed living here. Residents who spoke to the inspector all said that they loved living in the centre, liked the people they lived with and really liked the staff. One resident said that the registered provider 'Praxis Care was a great service and the staff working in the organisation are all very good'.

Residents were supported to be independent and since the last inspection one of the residents had achieved a lifelong goal to move to their own apartment. Since then

another resident had recently moved into the centre. This resident informed the inspector that they really liked their new home and that they had visited the centre with family prior to moving in. They were really happy with the house and its location as it was near where they worked. The resident had been offered to move in gradually, however they had decided to move in quickly as they were so happy with their new home.

It was also evident that the staff and residents knew each other well. Staff members were observed to be professional with residents, kind and patient, while also having some fun and laughs with the residents. The person in charge and the staff team were fully aware that the centre was the residents' home. As an example, each resident had a key to their own front door. The staff team listened to the residents' views about decisions being made in the centre and the inspector observed staff asking residents about certain things in the centre on the day of the inspection and what the resident would like done about it.

Overall, the residents here were supported to live independent lives. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

There were effective governance and management arrangements in place with clear lines of accountability to reduce the risk of harm and to promote the rights, health and wellbeing of each person, however, some minor improvements were required in risk management and personal plans.

The registered provider and person in charge had systems in place to review and monitor the care and support being provided in the centre.

Staff had been provided with training to meet the needs of the residents. They had also been provided with training in a human rights-based approach to care to ensure that they could provide support to residents about their rights.

There was sufficient staff on duty to meet the needs of the residents and there was a consistent team of staff employed who knew the residents well.

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis in the organisation. They had a management qualification and experience working in the disability sector. At the time of the inspection the person in charge was also responsible for another designated centre under this provider. Both centres were located close by to each other. The inspector was satisfied that this arrangement did not impact on the quality of care provided in this centre.

The person in charge was found to be very organised, responsive to the inspection process and to meeting the requirements of the regulations. They demonstrated a commitment to providing person-centred care to the residents living here and had a very good knowledge of the residents' needs.

They were also aware of their legal remit under the regulations and supported their staff team through supervision meetings and team meetings.

Judgment: Compliant

Regulation 15: Staffing

The staff team skill-mix comprised of direct support workers. There were no staff vacancies in the centre at the time of the inspection. There was also a consistent staff team employed. One staff member was rostered on duty each day and at night a staff member worked on a sleepover basis.

A planned and actual roster was maintained, showing the staff members that worked each day in the centre. The residents and staff also had the support of a clinic nurse who was employed in the wider organisation to support and guide them with any specific healthcare needs residents may have. Senior managers were also on call 24/7 to provide guidance and support to staff.

All of the residents who met with the inspector spoke very highly of the staff members employed in the centre and described them as very supportive and kind.

The inspector reviewed a sample of records that are required to be in place under Schedule 2 of the regulations in two staff personnel files and found that the records were in place and no concerns were noted.

The sample of records viewed for each of those staff included:

- Vetting disclosure
- Photo identification
- Two written references
- Contracts of employment
- Correspondence, reports and records of disciplinary action.

Each staff member had specific roles to play in delivering person-centred care. For example, each staff member was assigned as a key worker to support residents to achieve goals or discuss concerns. Staff were supported by the person in charge to provide high-quality safe care and were supported through regular supervision and monthly staff meetings. The staff members who met with the inspector said that the person in charge and senior managers in the organisation were very supportive.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with a suite of training to ensure that they had the knowledge to support the residents' needs in the centre and provide safe care. The training matrix reviewed by the inspector showed that staff training was up to date. Some staff were due refresher training and there was a plan in place for staff to attend this. Some of the training provided included:

- Safeguarding of Vulnerable Persons
- Fire Safety
- First Aid
- Infection prevention and control
- Mental Health
- Person centred planning
- Children's First
- Assisted Decision Making
- Human Rights
- Medication Management.

The staff members who spoke to the inspector knew the residents' needs and informed the inspector that they could discuss opportunities to attend further training if they needed to, at supervision meetings with the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place which outlined roles and responsibilities. The person in charge reported to the head of operations who in turn reported to a director of services. The person in charge and the registered provider

had systems in place to ensure that the services provided were reviewed and audited on a regular basis and as required by the regulations.

The centre was adequately resourced to support residents achieving their individual personal plans, and life goals. Residents were included in decisions about the centre and were kept informed about things that were happening in the centre, and in the wider organisation.

Regular staff meetings and staff supervision meetings were happening to discuss the residents' care and support and to ensure that arrangements were in place so that staff could exercise their personal and professional responsibility for the quality and safety of the services that they were delivering.

The services provided were being audited and reviewed to identify if improvements were required in the quality and safety of care and to ensure ongoing compliance with the regulations. A six-monthly review and an annual review for example, had been conducted in the centre. The person in charge and staff team also completed audits on medicine management practices, personal plans and health and safety. The head of operations conducted monthly monitoring visits to review certain aspects of the safety and quality of care provided. A review of a sample of audits found that minor areas of improvement were being identified and actions from these audits had been completed.

Overall, the management structures in the centre provided assurance that the care and support provided was being reviewed and where any improvements required, they were addressed in a timely manner.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents living in the centre were consulted with and informed of new admissions to the centre. The inspector also spoke to a new resident that had been recently been admitted to the centre. This resident informed the inspector that they really liked their new home and had visited the centre with family prior to moving in. They were really happy with the house and its location as it was near where they worked. The resident had been offered to move in gradually, however they had decided to move in quickly, as they were happy with their new home.

This resident had been provided with a contract of care, which outlined the services provided and the fees that the resident would incur. This contract had also been signed by the resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. It detailed the aims and objectives of the service and the facilities to be provided to the residents.

This document had also been reviewed recently and the person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis, or sooner, as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, the residents living in this centre were provided with a safe, quality service, focused on a person-centred approach to care. This meant that residents were included in decisions around their care and about things happening in the designated centre.

Each resident had a personal plan, which included an assessment of need. Support plans were in place which outlined what supports the resident needed with specific needs they may have. However, there were some document gaps that did not result in a medium-to-high risk to residents which required review. For example, the assessment of need for a resident stated that they were vulnerable to financial abuse, however there were no safeguards documented to mitigate this risk. Some healthcare plans also required more detail to include all of the supports provided to one resident regarding a specific healthcare need.

Residents were supported with their health and emotional needs and had regular access to allied health professionals. All of the residents were aware of their healthcare needs and informed the inspector about some of the appointments they had attended in relation to this.

Residents were supported with their general welfare and development and led very busy lives. They got to choose activities in line with their personal preferences, and were supported to maintain links with family and friends.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. Residents were encouraged to take positive risks, notwithstanding some risk assessments required review.

Fire safety systems were in place to minimise the risk of fire and ensure a safe evacuation of the centre. Residents were aware of the fire procedures in place and the location of the fire assembly point.

The centre was clean, spacious and generally in good decorative and structural repair. Each resident had their own bedroom which was decorated in line with their preferences.

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

Regulation 13: General welfare and development

Residents were supported and encouraged to maintain connections with family and friends and the residents got to decide this themselves. On the day of the inspection one of the residents was going for lunch with family, and another resident went out later in the day with their family member.

Residents were also identifying goals they wanted achieve. One resident was saving for a big family holiday in the coming months and told the inspector that most of their spare cash was going towards this holiday. All of the residents had very busy lives, some of them reported to the inspector that they were too busy to look at other goals. One resident, however told the inspector that they would like more opportunities for socialising in the evening time. The inspector, in agreement with the resident, informed the person in charge of this feedback, and the person in charge agreed to follow this up with the resident concerned.

Residents were involved in their local community, some of the residents had jobs, one of them attended college and also volunteered in a local community initiative. All of the residents liked socialising, one of the residents informed the inspector that they usually went to six Christmas parties every year. Some residents liked to go out to their local pub in the evening time, or to the cinema. One resident liked to cycle everywhere and all of the residents liked to go to concerts.

Judgment: Compliant

Regulation 17: Premises

The premises was finished to a very high standard, clean and well maintained. Each resident had their own bedroom and these were spacious and decorated in line with the residents' personal preferences and personal possessions.

The kitchen was modern, well equipped and there was an adjoining laundry room so residents could launder their own clothes if they wished. As well as a living area in the kitchen, there was another sitting room that was cosy and had comfortable sofas where residents could watch television or meet visitors if they wanted to.

The person in charge and the registered provider had systems in place to ensure that equipment stored in the centre was serviced and maintained in good working order.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were consulted with about menu planning and some of them prepared some of their own lunches and breakfasts each day. The residents informed the inspector that the food provided was nice.

Residents were also involved in shopping for groceries if they wanted to. They were also supported to increase their independent living skills to make dinner and bake cakes if they wanted to. One of the residents said that they had been interested in this, but had gotten so busy that they had taken a break from it.

Where residents required supports from allied health professionals around specific dietary requirements, this was provided for and staff were also aware of the specific recommendations included in the plans.

Judgment: Compliant

Regulation 26: Risk management procedures

There was risk management systems in place in the centre. The person in charge maintained a risk register in the centre and each resident had risk management plans where required.

There was a low-level of adverse incidents occurring in the centre. The inspector reviewed one incident where a resident had fallen and found that the person in

charge had reviewed this and implemented measures to mitigate the risk. The resident concerned spoke to the inspector about this and was aware of what to do to mitigate the risk going forward.

Residents were supported to take positive risks, however there were gaps in some of the risk records that did not pose a medium or high risk to the residents at the time of the inspection. A risk assessment, for example, relating to lone working arrangements in the centre, stated that residents, in an emergency, could be left alone at night if a staff member had to leave. However this had not been risk assessed separately to provide assurances that all risks would be mitigated. The inspector also observed that the lone working policy for the organisation did not guide practice in this area to align with how staff should manage lone working in the centre. Another risk assessment for residents who could stay alone in the centre for periods of time during the day, did not include how residents would respond to an emergency when they were left alone.

The staff employed in the centre used their own cars to transport residents. The registered provider had checks in place to ensure that the staff concerned had a valid driving licence, that their cars were insured and maintained in a roadworthy condition.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place to manage fire in the centre, which included regular checks and servicing of fire equipment. Easy-to-read information was provided to residents about the importance of evacuating the centre in a timely manner and all residents who spoke to the inspector said that, on hearing the fire alarm, they would walk to the fire assembly point immediately. One resident said it is important not to run, that walking is safer.

A review of the service records showed that emergency lighting and fire extinguishers had been serviced. The inspector observed on the morning of the inspection, that the door to the sitting room had been wedged open while staff were cleaning the room. When this was pointed out to the staff and the person in charge, the door was closed immediately and the head of operations confirmed that a self-closure device would be added in the coming days, which would allow for the fire door to remain open.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan that included details about their needs and support plans were in place which outlined what supports the resident needed with specific needs. However, there were some document gaps that do not result in a medium-to-high risk to residents which required review. For example, the assessment of need for a resident stated that they were vulnerable to financial abuse, however there were no safeguards documented to mitigate this risk. Some healthcare plans also required more detail to include all of the supports provided to one resident.

All of the residents who spoke to the inspector were aware of their healthcare needs and the allied professionals in place to support them.

Personal plans had been developed to inform and guide practice. The staff reviewed and evaluated each resident's changing needs, progress and circumstances. Residents were supported to make their own decisions in relation to their care plan. As an example, some residents had decided on goals they wanted to achieve and some residents reported to the inspector that they were too busy to develop goals.

The staff members spoken to were very aware of the residents' needs and were observed over the course of the inspection to include the residents in all decisions being made.

Judgment: Substantially compliant

Regulation 6: Health care

Residents are supported to live a healthy lifestyles in line with their wishes and preferences. Education was provided to residents regarding decisions around healthy lifestyles. One of the residents informed the inspector that they were starting to go to a gym to get healthy. The person in charge and staff team ensured a rights-based approach so that decisions were made with the resident about their healthcare needs. Residents attended medical practitioners of their choice and informed the inspector that they attended all appointments themselves and, where required, staff supported them.

Residents had a right to refuse care and medical treatment if they chose to.

Judgment: Compliant

Regulation 8: Protection

The staff team supported and promoted a culture of openness and accountability around safeguarding and residents were educated around the skills needed for self-care and protection. Residents were provided with education around the right to feel safe through residents meetings and key working meetings. Where concerns had been raised, they were investigated and reported to the relevant authorities. All of the residents said that they felt safe, and one resident said that if staff were not nice or someone was bullying them they would report it to staff or an Garda Síochána.

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

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

Judgment: Compliant

Regulation 9: Residents' rights

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

Information was provided to residents on their rights in an accessible format where required and they were supported to understand these rights through residents meetings. All of the residents told the inspector about the right to feel safe and to make a complaint.

Residents were at the centre of the decision-making process and were provided with information when they were making decisions where required.

Residents got to choose to how to live on a day-to-day basis in line with their personal values and preferences.
Residents privacy and dignity was respected in the centre, for example, all of the residents had a key to their own bedroom and a key to the front door of their 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Park Avenue, Dundalk OSV-0007780

Inspection ID: MON-0047997

Date of inspection: 16/09/2025

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Person in Charge has reviewed the lone working risk assessment in relation to lone working arrangements in the centre to ensure all risks have appropriate action plans to reduce risk. Completed 29/10/2025.</p> <p>The Person in Charge has reviewed individual residents risk assessments to include residents response to an emergency in the absence of staff. Completed 29/10/2025</p> <p>The registered provider shall ensure that that the lone working policy for the organisation will be reviewed to guide staff practice. To be completed by 30/01/2026</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The person in charge has reviewed the residents' personal plans to ensure safeguards are in place to reduce and mitigate risk associated with financial abuse. Completed 29/10/2025</p> <p>The Person in Charge has liaised with relevant health professionals and updated residents' healthcare plans to ensure that the residents needs are met. Completed 29/10/2025.</p>	

The clinical nurse lead will review residents' health needs and ensure health plans meet residents assessed needs. To be completed by 18/12/2025.

The Head of operations will review residents' personal plans in monthly monitoring visits. Commenced 29/10/2025.

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 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.	Substantially Compliant	Yellow	30/01/2026
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	18/12/2025