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:	Skylark 5
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	26 November 2025
Centre ID:	OSV-0007938
Fieldwork ID:	MON-0048087

About the designated centre

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

Skylark 5 is a full-time residential service intended to meet the care and support needs of three adults with a primary diagnosis of intellectual disability. The designated centre is comprised of two houses located in a new residential setting. One house supports two residents and the other house supports one resident. All residents have their own bedrooms, two with en-suite facilities. Each house has a sitting room, kitchen-dining and staff office. Parking is available to the front of both properties and garden areas to the rear. The purpose of Skylark 5 is to make every effort to provide each resident with a safe, homely environment which promotes independence and quality care based on the individual needs and requirements of each person. The centre aims to support residents for as long as they wish to remain in the centre. The centre is staffed at all times. Skylark 5 has access to the Brothers of Charity Services Ireland multidisciplinary team to assist with individual assessments and ongoing needs as required. Each individual has a community based GP. Staff provide support to residents to engage in activities in line with their preferences, ability, health and the requirements of infection control and prevention. Community based activities are risk assessed for safety and supported in line with Public Health guidance. The houses are in short walking distance from each other. They are located in a suburb of Limerick city. A number of shops, restaurants, a cinema and access to public transport are within walking distance of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 26 November 2025	10:15hrs to 17:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an un-announced adult safeguarding inspection completed within the designated centre of Skylark 5 which is located in a residential setting in the community. The centre was registered with a capacity of three adults in April 2021 and was last inspected in January 2024 with fully compliant findings in the regulations reviewed at that time which informed the renewal of the registration of this designated centre.

There were three residents in receipt of residential services and the inspector met with two of the residents at the end of the inspection on their return from day services. The third resident declined to meet with the inspector and in line with their expressed wishes this was respected.

On arrival none of the residents or staff were present as all had left to either attend their day services or go out on a planned activity. The inspector phoned the person in charge who arrived at the designated centre a short time later. The inspector was given an update on how all of the residents were doing by the person in charge and reviewed documentation during the first part of the inspection. The inspector completed a walk around of the communal areas of one of the houses during the day. All areas were found to be well ventilated, clean and reflective of personal interests of the two residents living in the house. These included photos of both attending social and sporting events. Adaptations to a bathroom were also observed to be in place to support the assessed needs of one of the residents.

The inspector did not visit the second house during this inspection in -line with the expressed wishes of the resident living there. The social care leader had a meeting scheduled with the resident in the early afternoon and they brought the nice-to-meet you document with them to explain the purpose of the inspector's visit but the resident choose not to meet the inspector. The staff team explained the ongoing supports and input from relatives, staff team and allied health care professionals over the previous 18 months to ensure the well being and safety of this resident. The inspector was informed of the actions being taken by all persons involved in the provision of care and support for the resident which included advocating for the resident's rights and well being.

The inspector had been informed that one of the other resident's had a recent family bereavement. Upon meeting this resident in the afternoon the inspector commiserated and expressed their condolences to the resident. The resident acknowledged this and spoke with fondness of their relative and how the staff team had supported them. Subsequently, the resident was observed to smile when talking about meeting with other relatives frequently in recent months and re-engaging with a relative with whom they had lost contact with for a number of years. The resident enjoyed going to social locations and the cinema with relatives. They also enjoyed visits to relatives homes and spoke about their interest in sporting events. The resident informed the inspector of how they liked spending time listening to their

music in the designated centre.

The second resident welcomed the inspector into their home and spoke to staff present about their day, who they had met and what they had done. The resident then proudly showed the inspector photographs of a recent visit to a garda station which had been arranged by staff and a number of other peers also attended. The resident was provided with opportunities to be photographed with serving members of the force, was able to sit into a garda vehicle and the inspector noted the resident smiled as they spoke about the visit and stated they had enjoyed it very much. The resident was also encouraged by staff present to explain about their recent employment opportunity. The resident had engaged with a job coach and identified areas of interest. The resident had successfully completed training courses in interviewing and interviewing techniques during 2025. The resident had been offered an employment opportunity by the provider to be part of an interviewing panel for potential new employees with the provider. The resident explained they had recently been involved in interviewing candidates for nursing positions with the provider. The resident told the inspector they were very proud of their achievement, enjoyed being involved in the process and had a list of questions which they deemed important to ask potential new staff.

The staff team outlined how the two residents that lived together had similar interests which included socialising, attending concerts and sporting fixtures and watching such events on the television. One of the residents was afforded the opportunity to spend time alone in the designated if they wished to do so. Staff explained how one of the residents enjoyed a slower pace in recent months and this was being supported. This included a delayed start to their morning routine and affording the resident more time to spend in their home listening to their music. Both residents had celebrated milestone birthdays, one in 2024 and one in 2025 which included parties with friends, peers and relatives attending. There were many photographs of these events on display and in the residents' personal plans for the inspector to see.

The inspector met with four staff during the inspection. The inspector was introduced to one day service staff who had returned to the designated centre with the two residents in the evening. The other three staff worked in the designated centre; they included a social care worker, the team leader and the person in charge. All staff spoken to were aware of individual residents preferences, routines and interests. The staff were observed to be familiar to the residents who engaged in multiple conversations with these staff while the inspector was present. The staff were aware of safeguarding in the designated centre and protocols in place to ensure the ongoing safety of residents. In addition, while there were some restrictions in place; the rationale, purpose and ongoing review of such restrictions were evidenced during the inspection.

The inspector observed a range of information available for residents pertaining to their rights in the house. These included easy-to-understand leaflets, posters and details of who the designated officer and complaints officer was. There was information regarding assisted decision making and safeguarding. The provider was actively supporting residents to engage in activities which supported them to

become more informed about their rights. This included attending advocacy meetings if they wished to do so.

In summary, residents were being supported by a dedicated core staff team. Residents engaged daily in preferred activities and were being supported to attain meaningful personal goals and participate in social and community activities in line with their expressed wishes. Both residents were supported to be aware of maintaining their safety with regular discussions as and involvement in decision making around safety protocols. The third resident was supported in their home by their core staff team and day service staff. The changing and current assessed needs of the resident were under ongoing review with the staff team and senior management striving to ensure a service that met the residents assessed needs was being provided. The staff team had endeavoured to provide meaningful engagement in the community for the resident, while ensuring their privacy and dignity.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and support provided by a consistent staff team. This had resulted in positive outcomes for residents in relation to the wishes they were expressing regarding how they wanted to spend their time in the centre and live their lives in the community. There were management systems in place to review if the residents received a good quality and safe service.

During the inspection, the inspector observed kind, caring and respectful interactions between two of the residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, one resident sought staff to help them in explaining to the inspector about what they had done to succeed in attaining their employment on an interview panel with the provider.

The focus of this inspection was on safeguarding practices in the centre in keeping with a programme of inspections started by the Chief Inspector during 2024. Overall, no immediate safeguarding concerns were identified during this inspection and it was found that the monitoring practices for this centre did consider matters related to safeguarding. Staff spoken to demonstrated their knowledge around the types of abuse that can occur and relevant national standards. Staff also outlined specific protocols that were in place to provide specific support to residents in the designated centre. Most of the staff working in the designated centre had attended relevant training and regular staff meetings were taking place with the person in

charge in attendance.

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents. Staffing resources were in line with the statement of purpose. There was a consistent core group of staff, familiar to the residents working in the designated centre. The person in charge worked full time and their remit was over two designated centres. There was evidence of ongoing review by the provider to ensure adequate staffing resources were available to support the assessed and changing needs of each resident.

- There was one whole time equivalent staff vacancy at the time of the inspection. There were regular relief staff working in the designated centre to fill gaps in the rosters as required. The resident who lived in the house with the current staff vacancy was being supported by staff familiar to them and also had ongoing input form the person in charge and team leader.
- A selection of dates on actual and planned rosters since the 1 November 2025 until 6 December 2025, 5 weeks, were reviewed during the inspection. These reflected changes made due to unplanned events/leave and training. The minimum staffing levels and skill mix were found to have been consistently maintained both by day and night.
- The provider facilitated the person in charge to be supernummary to enable them to allocate time to complete administrative duties required of their role.
- The team leader was also available to provide additional support to the residents and staff team as required.
- Day service staff were also supporting residents in their homes in line with expressed wishes and preferences.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection nine staff members including the person in charge worked regularly in the designated centre. The core staff team was comprised of social care workers and included four regular relief staff.

- The inspector reviewed a detailed training matrix which indicated that the staff team had completed a range of training courses to ensure they had the appropriate levels of knowledge, skills and competencies to best support

residents while ensuring their safety and safeguarding them from all forms of abuse. These included on-line training in mandatory areas such as safeguarding.
- The inspector was informed the provider had also commenced in -person training for staff in safeguarding during 2025 and this was in progress at the time of this inspection.
- The person in charge and team leader provided updated information regarding the supervision that had taken place to date in 2025 with the staff team and scheduled for the rest of 2025 during the inspection.
- The person in charge ensured regular staff meetings were taking place with the staff team throughout 2025. Meeting notes reviewed by the inspector detailed issues discussed which included safeguarding, reviews of restrictive practices and incidents that had occurred within the designated centre. For example, during the staff meeting on 28 October 2025, the person in charge reviewed medication management and the safe administration of medications with the staff team. The inspector also acknowledges that a staff meeting had been scheduled on the day of the inspection and this was postponed to facilitate the inspection.
- From the training records reviewed some staff had also completed non -mandatory training in areas such as assisted decision making, report writing, risk management and car safety.

However, not all of the staff team had completed some mandatory training at the time of this inspection. Three staff did not have up-to-date training in understanding behaviours of concern which was required to support the assessed needs of the residents in this designated centre and one staff had required refresher training in fire safety since July 2025.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider was found to have governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre.

- There was a management structure in place, with staff members reporting to the person in charge.
- The person in charge was also supported in their role by senior managers within the organisation.
- The provider had completed an annual review in March 2025 which identified positive events such as short breaks away and access to the provider's "Lets go to work" programme which two of the residents continued to pursue during 2025.
- The provider had ensured six monthly internal audits had been completed in the designated centre. Such audits had been completed in March and September 2025. There was documented updates on actions being completed

which included a review of risks following the March 2025 audit where measures to mitigate isolating successfully for one resident were updated.

Judgment: Compliant

Quality and safety

The purpose of this safeguarding inspection was to review the quality of service being afforded to residents and ensure they were being afforded a safe service which protected them from all forms of abuse, while promoting their human rights.

Residents were encouraged to build their confidence and independence, and to explore different activities and experiences. It was evident from observations made by the inspector and a review of documentation throughout the inspection, the staff team ensured residents were being supported to engage in various activities, had a routine that suited their assessed needs and had their voice heard. Residents were supported to engage in individual and group activities in line with expressed wishes. The two residents living together were supportive of one another while ensuring a safe and secure home environment was being maintained at all times.

The inspector reviewed a number of documents including individualised personal plans for two of the residents, risk assessments and relevant safeguarding information. It was evidenced that there were systems in place where documents were subject to regular review, were reflective of the input of the resident and person centred. Individualised personal plans had been updated to reflect the residents current and changing supports needs. This included a range of support needs for each resident with detailed guidance to promote continuity of care. However, a gap in the documentation of the review of one resident's behaviour support plan was identified during the inspection.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes.

- Residents had access to telephone, television and internet services in line with their expressed wishes and assessed needs. The staff team had engaged with the provider's Information Technology Department and one resident to ensure the ongoing safeguarding of the resident with their use of internet services.
- Residents were supported to communicate with relatives, friends and peers in other designated centres.
- Each resident had an up-to-date communication passport to reflect their

individuality and preferences when communicating with others. This included information relating to the preference of one resident to speak in low tones and to allow the person time to respond to questions during conversations.
- Residents were provided with information in easy to understand format which included a resident guide, staying safe and advocacy.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was designed and laid out to meet the assessed needs of residents living in the designated centre. The house visited during this inspection was observed to be clean, well ventilated and decorated to reflect personal interests of the residents living there. This included photographs and music systems.

- There was documented evidence of a timely response to issues when they arose relating to the heating system in both houses. Residents were listened to when they spoke about temperature fluctuations which usually occurred around the time of a change in the seasons.
- The person in charge had a system in place to ensure ongoing review of internal maintenance within the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had systems and processes in place for risk management at this centre. The centre had a risk register in place. Resident's had individual risk assessments in place, where risks to their well being and safety such as abuse was identified and assessed.

- The provider had a national risk management policy in place which was subject to review in July 2025.
- Risk assessments for individual residents had been subject to regular review and updated as required or within six months. Documented control measures included providing residents with easy -to -understand information regarding specific risks. For example, keeping safe when socialising. Also, one resident had been provided with an alternative device to listen to their music when they had encountered a risk to their hearing during 2024. The resident was happy with the alternative provided and this had reduced the risk of harm to the resident.
- There was one escalated risk in the designated centre regarding the provision of effective services to one of the residents. At the time of this inspection, the

staff team and senior management were actively engaging with the resident, key support persons as well as allied health care professionals to ensure the residential services being provided to the resident were effectively meeting the resident's assessed and future needs.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed different sections of two personal plans over the course of the inspection. Each resident had an assessment of need and personal plan in place. These plans were found to be well organised which clearly documented residents' needs and abilities. There was evidence the residents had been consulted in the development of their personal plans. The language used was respectful and considerate of each resident. There were numerous photographs which showed residents enjoying a variety of activities.

- Both of the personal plans reviewed by the inspector had been converted to a new format in February 2024 and been subject to regular review by key workers and the person in charge which were documented.
- The change in the assessed needs of residents was clearly documented, which included a slower pace of life for one resident. The inspector was informed by the person in charge that another resident had required increased input from allied health care professionals over the previous 18 months and their service provision was under review to ensure their well being.
- Residents were actively engaging in decision making regarding many aspects of their lives, which included daily choices in morning routines, meaningful activities, social events, identifying and attaining personal goals.
- Where a resident was unable to attain a goal this was documented and an alternative goal identified with the resident. For example, due to a change in health, one resident was unable to travel to another country during 2025 but an alternative social outing was organised for the resident.

However, the inspector observed detailed updates documented on the repeated requests by staff for a follow up for one resident regarding their eye health. On examination in February 2024, an eye condition described as being in the early stages was reported by the specialist. The report advised a further review in 12 months to monitor the condition. However, the staff team had been unable to attain a review since then. Correspondence from the specialist team was available for review by the inspector in the resident's personal plan. Staff had updated the status of the requests made to the specialist service for review in February, July, August and September 2025. This was discussed with the person in charge and team leader during the feedback meeting where the barriers that had been encountered by staff were outlined to the inspector, which included a change to the service providing oversight of the eye health for the resident since 2024. The most recent update

outlined that the next appointment for the resident might be February 2026 which would be two years. The resident was being monitored by the staff team and did not display any issues affecting their eyesight since their previous eye test.

The inspector also noted that one resident's behaviour support plan had been developed in October 2023, but there was no documented evidence of further review in either the behaviour support plan or the residents subsequent multi disciplinary meetings that had taken place in 2024 and 2025.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage challenging issues. The provider ensured that residents had access to appointments with allied health care professionals such as, psychiatry and psychology.

- The inspector was advised that there was a review being undertaken by the multi disciplinary team which included an assessment of the current assessed needs and presenting behaviours of one resident. This was continuing on the day of the inspection and would be used to inform the future provision of appropriate services to the resident.
- Two residents had behaviour support plans in place, The inspector reviewed one of these plans during the inspection. The behaviour support plan had been developed in October 2023. While the inspector acknowledges that members of the core staff team had signed that they had read the plan, there was no documented evidence that the plan had been subject to review since October 2023. It was identified that a template that was part of the original behaviour support plan relating to social skills had changed but this was not reflected in the current behaviour support plan. This was discussed during the feedback meeting at the end of the inspection and is actioned under Regulation 5: Individual assessment and personal plan.

Judgment: Compliant

Regulation 8: Protection

All core staff had attended training in safeguarding of vulnerable adults, as per the details contained in the training matrix reviewed on the day of the inspection.

- The provider had ensured a policy for the protection and welfare of vulnerable adults was in place and subject to regular review. The current

policy had been approved by the provider in July 2024.

- Safeguarding was also included regularly in staff and residents meetings to enable ongoing discussions and develop consistent practices.
- There were no open safeguarding plans in the designated centre at the time of this inspection. One resident had a safeguarding protocol in place which was subject to a minimum of review every six months. The person in charge had ensured all staff had read and signed the document. This protocol had been informed by input from a specialist psychologist to enable the resident to be effectively supported both in their home and in the community. The protocol was reflective of supporting the resident's right to expressing themselves, maintaining their privacy and dignity while also keeping the resident safe both in person and on-line.
- Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines. The plans reviewed by the inspector had been subject to regular updates and review. These plans reflected if a resident could independently complete personal care or if assistance was needed. Details of specific supports were also clearly documented for one resident and noted to be in place in the bathroom for the resident which included a hand rail in the shower.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre. The residents were supported to take part in the day-to-day decision making, such as morning routines, meal choices, activity preferences and to be aware of their rights through their meetings and discussions with staff.

- Residents were supported to attend advocacy meetings or receive updates from such meetings regularly.
- Residents were supported to maintain meaningful links with relatives, friends and peers. This included going on social outings regularly with relatives and visiting relatives homes.
- Residents were being supported to attain personal goals and identify alternative goals if a barrier was identified. This included availing of short breaks in hotels, visiting a garda station and celebrating milestone events in line with their expressed wishes.
- Residents were supported to engage regularly in activities in which they had an interest such sporting events, concerts, going to the cinema and washing cars.
- All residents were supported to have access to their own finances and had bank accounts in their own name.

- Residents were supported to attend /avail of day services in line with their expressed wishes. One resident was being supported from their home to engage with their day service, another had requested a delayed start to their morning routine and this was facilitated by the day service staff who came to their home in the mornings.
- Residents were afforded the opportunities to under taken training and avail of employment opportunities in line with their expressed wishes.
- One resident was being supported by key persons in their life to exit from the ward of court system

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Skylark 5 OSV-0007938

Inspection ID: MON-0048087

Date of inspection: 26/11/2025

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Staff have been booked in for Safety Intervention /MAPA training which will take place on 5/2/2026. The staff completed fire training on 10/12/25. PIC & team leader will review the training matrix on a quarterly basis to insure they keep up to date with staff training.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • The residents Positive Behaviour Support plan will be reviewed by CNS Behaviour Support in collaboration with staff and PIC by the end of January 2026. In relation to the residents eye health the GP has sent a referral to the ophthalmology department. The residents Log of Calls to Consultants / Other Medical Professionals has been updated with this information and PIC will insure the keyworker continues to follow up in relation to an ophthalmology appointment.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	06/02/2026
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/01/2026