

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

Issued by the Chief Inspector

Name of designated centre:	Cedarwood
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	20 November 2025
Centre ID:	OSV-0008508
Fieldwork ID:	MON-0048477

About the designated centre

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

This is a service providing care and support to four individuals with complex and significant needs. The centre is located in a rural setting in Co. Westmeath and is in driving distance to a number of nearby villages and larger towns. Private transport is available to the resident so as they can access their various day services and the community. The house comprises of a large detached bungalow on its own grounds. Within that bungalow there are two one-bedroom self contained apartments, with one resident living in each of those apartments. The other two residents have their own large ensuite bedrooms in the main house. Communal facilities include a large full equipped kitchen/a dining room, living room, a sun room, a laundry facility, a bathroom and a staff office. There are large garden areas to the front, side and rear of the property with the provision of adequate private car parking spaces. The centre is staffed with a full-time person in charge and a team of social care workers and assistant support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Thursday 20 November 2025	09:30hrs to 16:15hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centre's level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). At the time of this inspection, there were five residents living in the centre and the inspector met with them at different times, over the course of the day. The inspector also spoke with one family representative over the phone so as to get their feedback on the quality and safety of care provided in the centre.

Systems were in place to meet the assessed needs of the residents availing of this service and, feedback from one family representative on the service provided was positive and complimentary. On the day of this inspection staff were also observed to support the residents in a caring and person-centred manner. However, an issue was identified with risk management which required immediate assurances. This issue is discussed later in this report, in more detail.

The centre comprised of a large detached two-storey house in a rural, tranquil setting in Co. Westmeath. As per the Statement of Purpose, each of the five residents had their own large bedroom with adequate space for their personal belongings. Bedrooms were observed to be warm, clean and decorated to the individual style and preference of the residents, The living area was divided over two floors. On the ground floor there was a fully equipped kitchen, a sun room, a utility room, a bathroom, a staff office and an ensuite bedroom. There was also a stand-alone apartment on this floor with an ensuite bedroom and a living/dining room area with a kitchenette. On the first floor there is an ensuite bedroom and another stand-alone apartment with an ensuite bedroom and a living/dining room area with a kitchenette.

Additionally, on the grounds of the property there is a detached one bedroom (ensuite) apartment which also has a living/dining room area with a kitchenette. In general, the premises were observed to be well maintained throughout, and were warm, comfortable and welcoming. It was observed however, that some repair works to the stand-alone apartment required review.

On arrival to the centre, the inspector observed that staff were assigned to each resident on a 2:1 and or 1:1 basis. One resident was attending an appointment with their assigned 1:1 staff member and, the person in charge also attended this appointment. In turn, there were four residents in the centre when the inspector arrived. Three of these residents were assessed as requiring 2:1 staff support throughout the day and one was on 1:1 staff support.

This meant that there should have been seven staff providing support to the four residents in the centre on the morning of the inspection. However, the inspector

observed that there were only five staff present in the centre at this time. One staff member explained that two staff had gone shopping and that was why there were only five staff present. This required immediate review as the rosters, residents' individual risk assessments and personal emergency evacuation plans (plans for the evacuation of the residents from the house in the event of a fire) clearly indicated that there should be seven staff working with these four residents during the day.

This issue was discussed with the person in charge and management team at the feedback provided at the end of this inspection. The inspector was assured from their response that this issue would be addressed and prior to the end of the inspection, the full staff team was present in the centre which meant that where required, all 2:1 staffing support and 1:1 staffing support was in place.

Additionally, the provider provided written assurances to the Office of Chief Inspector that a number of actions were completed to address this issue. For example, the provider gave assurances that going forward team members would not leave the centre to complete household tasks where there would be an impact to staffing arrangements for the individuals as per their support plans. Additionally, centre managers were to ensure that the assessed staffing needs were maintained and contingency plans were to be adhered to. The provider also confirmed in writing that there had been no re occurrence of this issue since it was identified on the inspection of the centre on 20 November, 2025.

The inspector met with three of the residents over the course of the day. Although they did not engage much with the inspector, they appeared content in the company and presence of staff and settled in their home. On meeting one of the residents that lived in one of the apartments, they shook the inspectors hand. The inspector observed that their apartment was decorated to suit their individual needs and personal taste. The resident was relaxing watching television and also appeared in good form.

The inspector also met another resident that lived in one of the other apartments. Although they did not directly engage with the inspector they seemed happy in their home and with their support staff. It was observed that their apartment was furnished to suit their individual assessed needs.

The person in charge explained to the inspector that residents liked to go personal shopping with staff support, like to go for forest walks, take trips to the nearby lakes, visit the library, have meals and or a coffee out, go swimming, go to the cinema, go bowling and go horse riding. One resident also attended a 'hub' where they supported to develop social skills and independent living skills. Residents were also supported to maintain contact with their families.

One family member spoke with the inspector over the phone on the morning of this inspection. They reported that they couldn't praise staff enough and that they were great working with their relative. They said that their relative was comfortable holding staffs hands and this was their way of communicating that they trusted staff. They said that staff provide them with regular updates on how their relative is doing in the centre and that staff actively listen to them regarding relevant or

important information they may have about their relative or any feedback they had on the service. They said their relative had made astronomical progress since moving into the centre and that they had also made a friend.

In addition, they reported that their relative was learning new skills such as how to make a sandwich and staff used pictures so as the resident could communicate what social activity they would like to participate in each day. They also said that they were very happy with their relative's accommodation and that staff were very respectful of their relative's personal property and items.

While issues were found with the staffing arrangements on the morning of this inspection, they were addressed prior to the end of the inspection process as the full staff team was present in the centre prior to the inspector departing the service.

Notwithstanding, over the course of this inspection the inspector observed staff supporting the residents in a professional, person-centred and caring manner. They were attentive to the needs of the residents and the residents were observed to be relaxed and comfortable in the company and presence of the person in charge and staff team. Additionally, feedback from one family member on the quality and safety of care was positive and complimentary.

The next two sections of the report outline 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 care provided to the residents living in this service.

Capacity and capability

The residents living in this house appeared settled and content on the day of this inspection and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge. The person in charge was a qualified social care professional and demonstrated a good knowledge of the residents' assessed needs. They were also aware of their legal remit under S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). For example, the person in charge was aware that the statement of purpose required review on an annual basis or sooner as required by the regulations.

A review of a sample of rosters from 01 October to 31 October, 2025 indicated that on the day of this inspection, there were adequate staff on duty as described by the person in charge and detailed in the statement of purpose. However, the staffing arrangements required review so as to ensure that they were at all times in line with the residents assessed (as detailed in their individual risk assessments).

This issue is discussed in more detail and actioned under Regulation 26: risk management precautions.

Two staff members spoken with had a good knowledge of residents' care plans and or protocols. Additionally, from a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary knowledge to meet the needs of the residents.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and a six-monthly unannounced visit to the centre had been carried out in August 2025. On completion of these audits, an action plan was developed and updated as required to address any issues identified in a timely manner.

Regulation 14: Persons in charge

The person in charge was a social care professional who also had an additional qualification in community development and nursing studies. As component parts of their additional qualification in community development, they had completed training in supervisory skills, team leadership and community organisation management.

Through discussions and the review of information, the inspector found that the person in charge had good oversight of practices and the care provided to the residents residing in this service. Throughout the inspection, the person in charge demonstrated their knowledge of the residents' assessed needs.

They worked on a full-time basis with the organisation and overall demonstrated that they had the appropriate qualifications, skills and experience required to manage the day-to-day operations of the designated centre.

The person in charge was also found to be aware of their legal remit in line with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations), and was found to be responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters from from 01 October to 31 October, 2025 indicated that on the day of this inspection, there were adequate staff on duty as described by the person in charge and detailed in the statement of purpose.

For example:

- eight staff worked each day in the centre
- six staff worked each night in the centre.

Additionally, the person in charge worked Monday to Friday in a supernumerary role. The person in charge also maintained copies of actual and planned rosters in the centre.

The person in charge explained to the inspector that agency staff were not used in this centre and, there was an on call system in place to support staff out of hours.

As described in section 1 of this report above, '*What residents told us and what inspectors observed*', staff were assigned to each resident on a 2:1 and or 1:1 basis.

However, on the morning of this inspection the inspector observed that there were only five staff present in the centre when there should have been seven (as detailed in the rosters and residents' individual risk management plans). This issue was discussed and actioned under Regulation 26: risk management precautions.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the training matrix, the inspector found that staff were provided with training to ensure they had the necessary skills and or knowledge to support the residents.

For example, staff had undertaken a number of in-service training sessions which included:

- fire safety
- safeguarding
- safe administration of medication
- infection prevention and control (IPC)
- hand hygiene
- food hygiene
- basic first aid
- protection and welfare
- manual handling
- safety intervention techniques/management of behaviour
- autism
- how to take blood pressure.

The inspector requested to view certificates in first aid, safeguarding, and safety intervention techniques for the eight staff working in the centre on the day of this

inspection and the person in charge presented this evidence of completion of training to the inspector prior to the end of the inspection process.

The person in charge informed the inspector that one new member of staff had yet to complete ligature training however, they had been enrolled to complete this training.

Two staff members spoken with had a good knowledge of residents' care plans and or protocols.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in place in this service. It was led by a person in charge who was supported in their role by an experienced senior management team.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and, a six-monthly unannounced visit to the centre had been carried out in August 2025. On completion of these audits, an action plan was developed and updated as required to address any issues identified in a timely manner.

For example, the auditing process identified the following:

- a fire drill was required to be completed
- there were some gaps in some individual risk assessments
- a bank account was to be opened for one of the residents
- some consent forms required updating
- some body charts required review.

These issues had been addressed (or plans were in place to address them) at the time of this inspection.

It was also observed that the person in charge had systems in place to support and facilitate staff to raise concerns about the quality and safety of care and support provided to the residents' living in this service. For example, two staff spoken with said they would have no issues reporting any concern to the person in charge if they had one.

In summary, the governance and management arrangements in place ensured the service provided was consistent and in line with the statement of purpose, was tailored to the needs of the residents and was being monitored.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and was found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

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.

In summary, the statement of purpose set out how the service was designed and delivered to meet each resident's needs.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Office of Chief Inspector of any adverse incident occurring in the centre in line with the Regulations.

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their assessed needs however, an issue were found with Regulation 26: risk management precautions that required immediate attention.

Residents' assessed needs were detailed in their comprehensive individual plans and from a sample of files viewed, they were being supported to achieve goals and frequent community-based activities of their choosing.

Residents were being supported with their healthcare-related needs and had access, as required, to a range of allied healthcare professionals.

Systems were in place to safeguard the residents and at the time of this inspection, there were no open safeguarding concerns. Firefighting systems were also in place

to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

While systems were in place to manage and mitigate risk and support residents' safety in the service, a key area of risk required immediate review. This issue is discussed in more detail under Regulation 26: risk management precautions.

The house and apartments were found to be clean, warm and welcoming on the day of this inspection..

While an issue was identified with the process of risk management, this inspection found that the residents living in this service were being supported to live their lives based on their preferences with input and support from support staff, allied healthcare professionals and family members.

Regulation 13: General welfare and development

The residents were being actively supported and encouraged to engage in social, learning and recreational activities in line with their assessed needs and preferences. They were also being supported to maintain regular contact with their families.

As detailed in section one of this report *'What the residents told us and what we observed'*, residents liked to go personal shopping with staff support, like to go for forest walks, take trips to nearby lakes, visit the library, have meals and or a coffee out, go swimming, go to the cinema, go bowling and go horse riding.

One resident also attended a 'hub' where they supported to develop social skills and independent living skills. Residents were also supported to maintain contact with their families.

For example, one family member spoken with over the phone on the day of this inspection reported that their relative had made astronomical progress since moving into the centre and that they had also made a friend. They also said that their relative was learning new skills such as how to make a sandwich and staff used pictures so as the resident could communicate what social activity they would like to participate in each day.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of a large detached two-storey house in a rural, tranquil setting in Co. Westmeath. On arrival, the inspector observed the premises were warm, welcoming, clean and generally well maintained.

As per the Statement of Purpose, each of the five residents had their own large bedroom with adequate space for their personal belongings. Bedrooms were observed to be warm, clean and decorated to the individual style and preference of the residents,

The living area was divided over two floors. On the ground floor there was a fully equipped kitchen, a sun room, a utility room, a bathroom, a staff office and an ensuite bedroom.

There was also a stand-alone apartment on this floor with an ensuite bedroom and a living/dining room area with a kitchenette. On the first floor there is an ensuite bedroom and another stand-alone apartment with an ensuite bedroom and a living/dining room area with a kitchenette.

Additionally, on the grounds of the property there is a detached one bedroom (ensuite) apartment which also has a living/dining room area with a kitchenette.

In general, the premises were observed to be well maintained throughout, and were warm, comfortable and welcoming.

Judgment: Compliant

Regulation 26: Risk management procedures

As detailed in section 1 of this report *'What residents told us and what inspectors observed'*, the process of risk management required immediate review.

There were four residents in the centre when the inspector arrived on the morning of this inspection. Three of these residents were assessed as requiring 2:1 staff support throughout the day and one was on 1:1 staff support. This meant that there should have been seven staff providing support to the four residents when the inspector arrived.

However, the inspector observed that there were only five staff members present in the centre at this time as two staff had gone shopping. Taking into account that the required staffing levels to keep residents safe were explicitly stated in their individual risk assessments (residents could present with risks such as physical aggression, unexpected absences, ligature risks and making allegations), this risk related to the staffing arrangements required immediate review.

This issue was discussed with the person in charge and management team present at the feedback at the end of this inspection. The inspector was assured from their response that this issue would be addressed and prior to the end of the inspection,

the full staff team was present in the centre which meant that where required, all 2:1 staffing support and 1:1 staffing support was in place.

Additionally, shortly after this inspection the provider provided written assurances to the Office of Chief Inspector that a number of actions were completed and addressed the issue. For example, the provider assured that going forward team members would not leave the centre to complete household tasks where there would be an impact to staffing arrangements for the individuals as per their support plans. Additionally, centre managers were to ensure that the assessed staffing needs were maintained and contingency plans were to be adhered to. The provider also confirmed in writing that there had been no re occurrence of this issue since it was identified at the inspection on 20 November, 2025.

Additionally, it was observed that a control measure to manage a risk related to one of the residents was for staff to have training in cardio-pulmonary resuscitation. However, not all staff had this training and this also required review.

Judgment: Not compliant

Regulation 28: Fire precautions

Firefighting systems were in place to include a fire detection and alarm system, fire doors, fire extinguishers and emergency lighting and signage.

Equipment was being serviced as required by the regulations.

For example:

- the fire detection and alarm system was last serviced in September 2025
- the emergency lighting was also serviced in September 2025
- the fire extinguishers had last been serviced in March 2025.

Staff also completed as required checks on all fire equipment in the centre, and from reviewing the training matrix it was noted that they had training in fire safety.

Fire drills were being conducted as required with no concerns noted. For example:

- a drill conducted in October 2025 informed that it took nine staff and five residents three minutes to evacuate the house
- another drill facilitated in April 2025 informed that it took five staff and all five residents three minute to evacuate the house with no issues noted.

Each resident had an up-to-date personal emergency evacuation plan in place. The inspector reviewed these plans which detailed the support and guidance the resident required in evacuating the house during a fire drill.

However, these plans clearly identified the staffing levels available to support residents evacuate the premises safely in the event of a fire. On the morning of this inspection those staffing levels were not in place. This issue was discussed and actioned under Regulation 26: risk management precautions.

Judgment: Compliant

Regulation 6: Health care

The residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

From reviewing two residents' files, the inspector observed that they had access to the following services:

- general practitioner (GP)
- dietitian
- speech and language therapy (SALT)
- occupational therapy
- hospital appointments.

Additionally, each resident, where required, had healthcare-related plans in place so as to inform and guide practice. Residents also had hospital passports on file (documents that provided important information about their health, communication preferences, likes, dislikes, and medications so as to inform hospital staff about their assessed needs). Two staff members spoken with was familiar with the assessed needs of the residents.

Residents were also supported to experience positive mental health and had access to behavioural and psychiatry support as or when required. Additionally, staff had training in safety intervention techniques/managing behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

Policies and procedures were in place to support the residents safety in the centre and at the time of this inspection, the person in charge informed the inspector that there were no active safeguarding concerns.

The inspector also noted the following:

- two staff spoken with said they would have no issue reporting a safeguarding concern to management and or the person in charge if they had one

- details of the safeguarding team were on display in the house
- feedback from one family member on the service was positive and complimentary. Additionally, they raised no concerns about the quality or safety of care provided in the service
- safeguarding was discussed with residents
- safeguarding also formed part of the standing agenda at staff meetings.

Additionally, staff had training in the following:

- Children First (training in relation to the Children First National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015)
- safeguarding of vulnerable adults
- protection and welfare
- risk management.

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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cedarwood OSV-0008508

Inspection ID: MON-0048477

Date of inspection: 20/11/2025

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 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"><li data-bbox="172 943 1445 1055">1. The Person in Charge and management team will ensure staff do not leave the Centre for household tasks if it impacts on assessed needs of the Individuals by issuing communication to all team members. Completed: 24 November 2025<li data-bbox="172 1173 1445 1285">2. A review of the staffing levels in the Centre will be conducted and plans reviewed to ensure it is clear on the minimum safe levels in the Centre. Completed: 16 January 2026<li data-bbox="172 1364 1445 1476">3. The Person in Charge shall review staffing arrangements in place and ensure staff with the appropriate training are always allocated to the Individual with specific requirements as outlined within their plans. Completed: 03 January 2026 <p data-bbox="178 1749 193 1787">]</p>	

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.	Not Compliant	Orange	16/01/2026