



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

Issued by the Chief Inspector

Name of designated centre:	Suaimhneas
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	12 November 2025
Centre ID:	OSV-0008517
Fieldwork ID:	MON-0040031

About the designated centre

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

Suaimhneas can provide full time residential support to support one female, over 18 years of age, with an intellectual disability who may express themselves using behaviours of concern, and who may have additional health needs. The service can provide support for a person with mobility issues if required. Suaimhneas is a centrally located bungalow, within walking and driving distance of the town facilities such as shops, parks, church, cinema, cafes, pubs. Parking is available in front of the house. There are washing and drying facilities in the house. The resident is supported by a staff team of a coordinator, social care worker and support workers, including a sleepover staff at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Wednesday 12 November 2025	09:30hrs to 16:20hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

Residents who lived in this centre had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed. Staff were very focused on ensuring that a person-centred service was delivered to these residents.

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities and following receipt of an application to renew the registration of the centre. As part of this inspection, the inspector met with both residents who lived in the centre and observed how they lived. The inspector also met with the the person in charge and staff on duty, and viewed a range of documentation and processes. One satisfaction survey had been completed by a resident prior to the inspection, and this questionnaire recorded a high level of satisfaction with the care and life in the centre.

As this was a home based service, residents had flexibility around how they spent their days, and had options of spending time in the centre or doing activities in th community. Although residents were out and about at various times during the day, the inspector had the opportunity to meet with both residents during the course of the inspection. Each resident had an individualised service is separate houses and had their own staff team and transport. This enabled each resident to live their lives as they wished with the required level of staff support.

One resident did not use speech as a primary means of communication, although another resident was happy to talk to the inspector about their lifestyle there. This resident said that they were very happy living there and enjoyed their daily lives. They told the inspector that they had good involvement in the community and talked about some of the social and leisure activities that they took part in and enjoyed. They said that they enjoyed going out for meals, outings to various activities and places of interest, meeting up socially with friends, visiting their families, and going for walks. The inspector witnessed staff discussing with the resident what they would like to do for the day.,

This resident told the inspector about keeping busy with activities, and how they were involved in the centre. They were very involved in gardening and brought the inspector to see the garden where they had grown produce during the summer. They said that the fruit and vegetables had been used for cooking in the centre, and they were very proud of this achievement. The resident liked cooking, was involved in preparing their own meals and had a selection of cookbooks and recipes to work from. They were very clear about fire safety evacuation and infection control procedures. They knew about the complaints and advocacy arrangements and said that they would use them if required. They also knew who was in charge in the centre and said that they could call the person in charge at any time and that they spoke daily by phone. On the morning of the inspection, the resident was making a

lovely Christmas decoration with a staff member. They were also seen taking their medication under staff supervision. The resident told the inspector that they had some issues that they would like to have addressed and these were being managed by the person in charge.

The inspector met with another resident who required support with communication. This resident had a busy lifestyle and was taking part in activities every day. On the day of inspection, the resident went out for a drive, a walk and shopping in a nearby town. In the afternoon they would be attending a music class. Other activities that they enjoyed, and took part in regularly, included zumba, horse therapy, laughter yoga and reflexology. The resident appeared relaxed and happy in the company of staff.

Both residents enjoyed taking part in everyday community activities such as going to the hairdresser, attending medical appointments, shopping and going to the pharmacy for medication collection.

Residents had suitable, comfortable accommodation with gardens. Both houses were clean, nicely furnished in domestic style, and were well maintained.

In summary, based on what the inspector read, observed and discussed, this service was person-centered, with staff ensuring that the individuality and rights of each resident were respected and promoted. The provider ensured that it had the necessary arrangements in place to ensure that the service was planned, delivered, managed and overseen to ensure a good quality service suited to each resident's specific needs.

The next two sections of this report will discuss the governance and management arrangements of the designated centre and how these ensured and assured the quality and safety of the service provided.

Capacity and capability

The findings from this inspection indicated that the provider was delivering a good quality service, which was focused on residents' needs and preferences. This inspection indicated good compliance with the regulations reviewed. The provider had developed a clearly defined management structure and this was described in statement of purpose. However resident's service agreements required review to ensure that they clearly explained all aspects of the service provided to residents. The statement of purpose required some minor amendments to ensure that it included all the information set out in Schedule 1 of the regulations.

There was a suitably qualified and experienced person in charge employed to manage the centre. The provider had recently made changes to the management structure of the centre. The remit of the person in charge had recently been revised

and reduced, and consequently, this resulted in the person in charge having more time to be involved in the oversight of this service. This provided a more consistent management presence and involvement in the centre. It was clear that the person in charge, who had an office in the centre, was very involved in the running of the service and were well known to residents. A resident who spoke to the inspector knew who was in charge in the centre and acknowledged that they could discuss any issues of concern with them.

There were systems in place to oversee the quality and safety of care in the centre. These included unannounced audits by the provider, and an annual review of the service which included consultation with residents. While reviewing documentation and records in the centre, the inspector could see that the provider was making provision to ensure that residents were safe. For example, since the last inspection of the centre a protocol had been developed and introduced to reduce an infection control risk and a resident had attended infection control training. Adequate levels of suitably trained staff were available at all times to support residents' preferences and assessed needs.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, and access to Wi-Fi and televisions. While all staff had attended mandatory training, and other training relevant to residents' specific needs had also been arranged and delivered. The provider had also ensured that residents and their property were suitable insured.

Overall, it was found that the provider was proactive in working to improve the governance of the centre and to ensure ongoing improvement to the service being provided to residents.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation and information required for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services. The inspector read this documentation and found that it had been suitably submitted. This ensured that the required information was available to the Chief Inspector to assess the fitness of the provider and to inform the registration renewal decision.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge of the designated centre. The role of the person in charge was full-time. The inspector read the information supplied to

the Health Information and Quality Authority in relation to the person in charge and this indicated that they had the required qualifications and experience for this role. Throughout the inspection, the person in charge was very knowledgeable regarding the individual needs of each resident who lived in the centre, and was also knowledgeable of their regulatory responsibilities. It was clear that the person in charge was very involved in the running of the service and was well known to residents. The person in charge worked closely with the wider management team, and with staff.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre had received appropriate training to equip them to provide suitable care to residents.

The inspector viewed the staff training records which showed that staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding, in addition to other training relevant to their roles, such as first aid, residents rights and supported decision making, safe administration of medication, feeding, eating, drinking and swallowing, infection control, person centred planning, and falls awareness. This ensured that staff had the skills and knowledge to care for residents needs appropriately and safely.

Judgment: Compliant

Regulation 22: Insurance

There were arrangements in place to ensure that the residents and their property were suitably insured.

The inspector viewed insurance documentation which had been supplied to the Chief Inspector by the provider as part of the registration renewal process. this documentation confirmed that the residents and their property were insured against personal injury and third party damage.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. This was being achieved by a clearly defined management structure, and the provider's auditing systems.

The provider had developed a clear organisational structure to manage the centre and this was set out in the statement of purpose. There was a suitably qualified and experienced person in charge. The person in charge was frequently present in the centre, and worked closely with staff and with the wider management team. There were arrangements in place to support staff when the person in charge was not on duty.

The service was subject to ongoing monitoring and review. This included unannounced audits by the provider, and an annual review of the service. The inspector viewed these audits, which showed high levels of compliance. Any areas for improvement were identified and were being addressed.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport vehicles, Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. However, these required review and update to ensure that they included clear information about the service.

The inspector read a resident's service agreement, and found that it included information about the service to be provided and the fee to be charged. However, it did not provide information about what services and activities were not included in the fee and which incurred additional costs for residents. This presented a risk that residents or their families may not be aware of additional costs required from resident's personal expenditure.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose had been prepared for the service, and it was available to view in the centre. While the statement of purpose was generally suitable, it required minor amendment.

The inspector read the statement of purpose and found that it met most of the requirements of the regulations, and was being reviewed annually by the person in charge. However, some of the required information was not clearly stated and required to be reviewed and updated. As the statement was informative and generally suitable, this did not have any negative impact on residents who lived in the centre.

The person in charge committed to updating the statement of purpose and to making an updated version available to the Chief Inspector.

Judgment: Substantially compliant

Quality and safety

Based on the findings of this inspection, there was a high level of compliance with regulations relating to the quality and safety of care delivered to residents who lived in the centre. The person in charge, and staff in this service were very focused on ensuring the safety, community involvement and general welfare of residents. The inspector found that residents were supported to live lifestyles of their choice, to take part in activities that they enjoyed, and that residents' rights and autonomy were being supported. There was a good personal planning process in place to ensure that residents' needs were being accessed and appropriately managed. However, meal choices and food presentation required review to ensure that they were appropriate to a resident's needs.

Comfortable accommodation was provided for residents. The centre consisted of two houses in a residential area close to a busy town. This accommodation suited the needs of residents, and was clean, comfortable and well maintained. One house was intended for sole occupancy while the other house was planned to be occupied by two residents. Both houses were nicely furnished and bedrooms were personalised to each person's taste. The houses had well equipped kitchens and dining area where residents could have their meals, and be involved in food preparation if they liked to. Laundry facilities for residents' use were available in both houses and refuse collection services were provided. There were also gardens where residents could spend time outdoors. Residents could use the centre's transport to access their preferred activities.

As the centre was staffed throughout the day, residents had choices around how they would spend their days. Residents could take part in their preferred activities in their homes, and in the community. During the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. Residents were

involved in a range of activities such as shopping, day trips, sport and exercise, meeting with family and friends and going out for something to eat.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for residents based on these assessments and plans were in place to ensure that these need were being met. Personal planning information and plans of care were clear and informative. The inspector viewed a resident's file and found that it was clear and informative. The provider had ensured that residents had access to medical and healthcare services and that they received a good level of healthcare. Residents' nutritional needs were well met although a resident's dining arrangements and meal planning required review to ensure that it best met the needs and choice of the resident.

Residents' human rights were being well supported by staff and by the provider's systems. Information was supplied to residents through ongoing interaction with staff and through easy-read documents including a residents' guide. Residents could choose whether or not they wanted to vote or to partake in religion and were supported to take part in these at the levels that they preferred. Residents also had access to a complaints process and advocacy service. Plans and support systems were also in place to support any identified communication needs.

The provider had measures in place to safeguard residents from risks associated with fire. Fire safety measures included staff training, servicing of fire safety equipment and provision of fire doors throughout the building to limit the spread of fire. The provider also had good measures in place to support residents to manage their behaviours so as to ensure that they could live safe and comfortable lives..

Regulation 10: Communication

The provider had arrangements in place which ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

One resident who lived in the centre required support with communication, and they were being suitably supported. The inspector read the communication support plan for this resident. This had been developed by staff based on their knowledge of the resident and was clear and informative. The plan provided a range of information to guide staff, such as information about the resident's likes, dislikes and preferences, and use of supports such as using real objects, objects of reference and plain English. Throughout the inspection, the inspector saw staff communicating with the resident in line with their communication needs.

Judgment: Compliant

Regulation 17: Premises

The centre suited the needs of the residents, was of sound construction and well maintained, was clean, and was suitably decorated and equipped throughout.

The centre was made up of two houses, which could accommodate up to three residents. During a walk around both houses, the inspector found that the houses were warm, clean, comfortable and nicely furnished. There was adequate furniture such as wardrobes, bedside lockers and chests of drawers in which residents could store their clothing and belongings in their bedrooms. There were well-maintained gardens behind each house and one resident showed the inspector where they grew their plants during the summer. The centre was served by an external refuse collection service and there were laundry facilities for residents to use in each house. The centre was also equipped with Wi-Fi and televisions for residents' use.

Judgment: Compliant

Regulation 18: Food and nutrition

Overall residents' nutritional needs were being supported, although the provision of healthier options in one house required further consideration and review.

Both houses in the centre had well equipped kitchens where food could be stored and prepared in hygienic conditions. Residents had the option of shopping for, preparing and cooking their own food if they wished to do so. One resident told the inspector about taking part in grocery shopping and cooking. They said that they enjoyed this and that they always chose what they wanted to eat.

The inspector viewed plans of care and saw that assessed dietary and nutritional needs had been identified with multidisciplinary input, and plans were in place and were being implemented to manage these. An additional plan of care had been developed to manage an identified, food related healthcare issue for a resident. While in kitchen the inspector saw that suitable foods were being purchased for the resident, these were stored separately and separate catering equipment was in use. These measures ensured that residents were nutritionally safe and that food related risks were minimised. However, the presentation of modified textured food for a resident required review to ensure that it was suitably presented. The inspector saw a meal being prepared for a resident. The meal appeared to be wholesome, nutritious and balanced, and was modified to suit the resident's assessed needs. However, all the components of the meal were mixed together before the meal was served to the resident. Therefore, the resident did not have the opportunity to taste the separate ingredients which were potatoes, vegetables and chicken. There was no evidence available to demonstrate that this was the resident's preference.

The inspector viewed the daily food records for a resident and found that they were clearly recorded. However, some of the meals were repetitive and that there appeared to be some reliance on convenience foods. For example, this resident had had lasagne and chips for dinner for three consecutive days. The person in charge was asked to explore healthier options that the resident might like, while being mindful and respectful of the resident's preferences and choices.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had ensured that information was provided to residents.

A residents' guide had been developed to provide information to residents. The inspector read this document and found that it had met the requirements of the regulations. Other information that was relevant to residents was provided in the centre. This included sharing information about topics such as activities that were on in the local area, human rights and safeguarding information, and photos to identify the designated safeguarding officer.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector reviewed an aspect of infection control which had required improvement at a previous inspection, and found that it had been addressed.

The washing machine is located in the kitchen of the centre. Since the last inspection of the centre a protocol had been developed and introduced for the safe management of laundry in this location. The inspector read the protocol and found that it included clear guidance on laundry management, time zoning and hand hygiene, which reduced the risk of cross contamination. The resident who lived in the house knew the procedure that was to be followed and explained it to the inspector. The resident had also attended infection control training. They explained to the inspector the importance of hand washing and the times when it was appropriate to carry out their laundry. The system in place protected the resident from the risk of infection.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had systems in place to safeguard residents, staff and visitors from the risk of fire.

The inspector reviewed records of fire drills, equipment servicing, personal evacuation plans and staff training. Fire evacuation drills involving residents and staff were being carried out frequently and evacuations were being achieved in a timely manner both during the day and at night. A resident told the inspector that they were familiar with the fire alarm and they were very clear about what they would do if they heard the alarm. There were arrangements in place for servicing and checking fire safety equipment and fixtures both by external contractors and by staff. Personal emergency evacuation plans had been developed for each resident. There were fire doors throughout the house. Training records viewed by the inspector confirmed that all staff had attended up-to-date fire safety training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a suitable personal planning process to ensure that residents' needs were being identified and met. Assessment of residents' health, personal and social care needs had been carried out, and individualised personal plans had been developed for residents based on their assessed needs.

Assessments of the health, personal and social care needs of residents had been carried out and individualised personal care plans had been developed for each resident. The inspector viewed a resident's personal plans and found that multidisciplinary involvement had been provided as required. Meaningful personal goals had been developed for this resident and the inspector saw that progress in achieving these goals was being recorded. Staff who spoke with the inspector were very familiar with residents' personal plans and goals, and with their care needs.

Another resident discussed their personal plan with the resident. They were very clear about the personal planning process, their goals and how they were progressing. They said that they held a copy of their personal plan and could access it at any time.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was provided for each resident.

The inspector viewed the healthcare plans for both residents and found that their health needs had been assessed and they had good access to a range of healthcare services, such as general practitioners and medical consultants. The inspector saw that access to specialists were arranged by referrals through the national healthcare provider or by private appointments. Plans of care for good health had been developed for residents based on each person's assessed needs. The person in charge confirmed that both residents had access to general practitioners in the local community. Referrals for national health screening programmes were arranged as appropriate. One resident was not eligible for any such programmes, while the other resident had attended screenings when invited.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

The inspector saw that there were procedures to support residents to manage behaviours of concern, which enabled them to live their lives as safely and comfortably as possible. The inspector viewed the support plans that had been developed for a resident who required support to manage their behaviours. These plans was clear and up-to-date. Residents had access to the provider's multidisciplinary team which included behaviour support and psychology specialists who worked with and supported residents as required. The centre was adequately staffed to ensure that each resident had individualised support at all times. Staff who spoke with the inspector were very clear about the behavior management strategies that were in place to support each resident. There was limited use of restrictive practice in the centre, and the person in charge explained work was in progress to remove a restrictive action used to support a resident when certain clinical intervention is required.

Judgment: Compliant

Regulation 9: Residents' rights

There were systems in place to support residents' human rights. Throughout the inspection, the inspector saw that residents had choice and control in their daily lives. Each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do.

The inspector observed that staff had established and recorded residents' likes, dislikes and preferences, based on discussions with residents, assessments, observation, and knowledge of each individual.

Residents had comfortable accommodation. One house was for sole occupancy, while the other could accommodate up to two residents. This, ensured that residents could enjoy privacy or time alone as they wished and could have visits from friends or family when it suited them. Residents were also being supported to keep in contact with family and friends and to access the local community.

Residents had access to complaints and advocacy processes and this information was freely available in the centre to inform them. A resident told the inspector that they knew about the complaints process and would tell the person in charge or a member of staff if they had any concern. One resident had got involved in attending advocacy meetings which was one of their goals for this year. Training records confirmed that all staff had attended training in human rights and it was clear during the inspection that residents' rights to choose were being taken into consideration and were being supported. A staff member told the inspector that training had increased their awareness of asking residents and not making assumptions about what was best for them, and about advocating more for residents.

Staff told the inspector that both residents were registered to vote and that one had voted at the recent presidential election while the other resident had declined to do so.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Suaimhneas OSV-0008517

Inspection ID: MON-0040031

Date of inspection: 12/11/2025

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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> • The PIC has ensured that the written Individual Service Agreement (ISA) for each resident has been updated to clearly explain all aspects of their services that are provided based on individuals' needs and preferences. • Particular emphasis has been placed on sections 5, 6 and 7 of ISA- Money Management, Financial Charges and Personal Property and Possessions. <p>[Completed: 16/12/2025] </p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The PIC has updated the statement of purpose and function for the designated centre, and has ensured all relevant information is clearly stated, and that it contains all information as required in Schedule 1.</p> <p>[Completed: 19/12/2025] </p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences; and that are wholesome and nutritious. This will be ensured by:</p> <ul style="list-style-type: none"> • A bespoke training specific to one residents nutritional needs was attended by the staff 	

team on 17/11/2025.

- PIC and SCW will streamline information from recent dietitian reports, consultant recommendations etc. in relation to each residents' specific dietary requirements in the service and ensure that this is laid out in clear and concise instructions for staff team to follow.
- PIC will arrange further site-specific training from the residents SLT to ensure the presentation of modified textured food is being completed in a respectful way, whilst also considering the residents preferences and enjoyment during mealtimes.
- Residents preferences in terms of their meals will be outlined within their 'About Me' document, to guide all staff.
- As one resident can be particular with the types of foods they enjoy, PIC will be mindful of implementing a weekly diet/meal plan. Individuals' preferences will always be respected but healthier options will be explored.
- Dietician review will be sought for residents where required.

[Date for completion: 31/01/2026] |

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 18(2)(b)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Substantially Compliant	Yellow	31/01/2026
Regulation 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.	Substantially Compliant	Yellow	31/01/2026
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the	Substantially Compliant	Yellow	16/12/2025

	services to be provided for that resident and, where appropriate, the fees to be charged.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	19/12/2025