



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

Issued by the Chief Inspector

Name of designated centre:	Aura View
Name of provider:	The Rehab Group
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	07 January 2026
Centre ID:	OSV-0008726
Fieldwork ID:	MON-0046599

About the designated centre

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

Aura View can provide residential services for up to three adults with a diagnosis of Intellectual Disability and Autism Spectrum Disorder. This service can accommodate up to three male or female adults over the age of 18. Aura View is based on a social care model of support. The property is a two storey detached residential house which is accessible in design with a ramp and railings to assist with entry to the service should the need arise. The ground floor living area includes a sitting room, kitchen-dining area, and utility room and a fully accessible en-suite bedroom which means Aura View can accommodate one person with physical disability at any time. Two bedrooms one of which has an en-suite bathroom are located on the first floor as is the main bathroom, a second living room (snug) and the staff office/sleepover room. There is a patio area off the dining area at the rear of the property. Transport is provided to residents to access local amenities. Residents are supported by a staff team which includes the person in charge, team leader, residential care workers and relief residential care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 7 January 2026	09:00hrs to 16:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted to review the quality, safety and oversight of care. The previous inspection of this centre highlighted significant issues in relation to governance, fire safety and positive behavioural support. Other areas of care including residents' rights, medications, personal planning, staff and staff training also were found to require adjustments. This inspection found that the actions taken by the provider had brought about sufficient change in the delivery of care with the majority of regulations examined held to a good standard by the provider. Some improvements were still required in regards to personal planning, behavioural support and fire safety, but overall the inspector found that residents enjoyed a good quality of life in this centre.

As part of the inspection process, the inspector met with the three residents who used this service. The inspector also met with five staff members and spent a period of time discussing care with two of these staff. The inspection was also facilitated by the centre's person in charge and also a long standing member of staff who had been assigned an additional administrative role. The inspector also reviewed incident reports for the three months prior to this inspection, one behavioural support plan, two personal plans, risk assessments for two residents, the staff rota training records and the centre's oversight arrangements.

The centre was a two-storey detached property, located in a quiet residential area of a large town in the midlands. The centre was modern, warm, well maintained and had a homely feel. Two residents had their own bedrooms, while the third resident had their own self contained open plan apartment. Residents had access to a number of private and shared bathrooms and each resident had an ample number of reception rooms in which to relax. The centre also a large open plan kitchen/dining area and there was a large patio area to the rear of the property.

The inspection commenced in the morning as residents were preparing for the day ahead. Two residents were up and about and they were getting ready to go to their day service. Both residents prepared their own breakfast and one resident chatted with the inspector for a short period of time. They went through a routine of questioning both staff and the inspector, and although they only answered some of the inspector's questions, it was clear that they enjoyed their home and were well supported by staff. They told the inspector that they liked going out for coffee and they enjoyed going shopping in Athlone and Portlaoise. This resident's needs required them to go through a series of questions to prepare for their day and also when they felt stressed. The staff member who was on duty that morning had a clear insight into their care needs and they responded to the resident's questions in a patient and thoughtful manner. It was clear that the resident was reassured by their answers and interactions which lead to a positive start to their day. The second resident just said hello to the inspector as they were going through their morning routine in preparation for the day ahead. They had key phrases which they directed

at staff for reassurance and they were satisfied when the staff on duty repeated these phrases and words to them. It was very clear that the staff on duty had a personal approach to care and the observed interactions indicated that they had a good knowledge of resident's individual care needs. The inspector found that the staff member's knowledge and approach to care had led to a calm, homely and pleasant environment for residents to live in.

The inspector spent a period of time talking separately with two staff members. One staff member had joined the service a few months ago, while the other was an established staff member and had worked with each resident for a number of years. Both staff members were very pleasant and they spoke confidently in relation to each resident's individual preferences and care needs. They explained how best to support each resident in terms of social access and they outlined each resident's family supports and the arrangements for them to go home for short breaks and also meet up with their families for dinner.

One resident required intensive supports and reassurance to reduce and eliminate stress which they may experience. Both staff indicated the importance of facilitating this resident to ask various questions, which required specific responses. Staff explained that new staff members would be asked a specific range of questions, while more familiar staff would be subject to more specific topics. Staff outlined the importance of taking the time to answer each question and also that certain questions are an indication that the resident's anxiety was increasing, which could result in behaviours of concern occurring. Although staff who met with the inspector had detailed knowledge of their behavioural support needs, an associated support plan required some adjustments to include the detailed knowledge which staff members possessed.

The third resident had an integrated service which meant that their day and residential care operated from the designated centre. On the morning of inspection they were having a lie in bed and staff indicated that it was their normal routine to arise around midday. The rota had been adjusted to facilitate a later start for their supporting staff which meant that they had one-to-one care at a time that suited their needs. The staff who came on duty in the afternoon explained how this resident enjoyed a weekly activity schedule and they looked forward to engaging in their local community each day. On the day of inspection, the resident planned to go grocery shopping for their apartment, while other days they went for a meal, to the local library and also bowling as part of the special Olympics.

Residents in general enjoyed a good social life and they were out and about in their local community most days. Residents liked going for coffee, having meals out and also shopping. While in the centre one resident liked doing puzzles and they were also partial to some on-line shopping which was a past time of theirs. As part of their personal planning, one resident had also enjoyed visiting to a theme park and staying in a hotel during the summer; however, some improvements were required in relation to supporting one other resident with similar plans.

The inspector found that residents enjoyed a good service in this centre, which they considered their home. Although some adjustments were required in regards to fire

safety, behavioural support and personal planning; overall this was a pleasant place in which to live.

Capacity and capability

The actions taken by the provider since the last inspection had brought about sufficient improvements in the overall quality of care provided. The oversight of care was a priority within the centre and both local and provider lead oversight arrangements assisted in ensuring that residents were safe and enjoyed living in this centre.

The provider had employed a full-time person in charge who held responsibility for the day-to-day delivery and oversight of care. They were supported in their role by a team leader and also a staff member who had been recently assigned additional administrative duties. Two of the three members of this local management structure facilitated the inspection and they were found to have a good understanding of both the service and the residents collective needs.

The provider had arrangements in place for the monitoring of care and the person in charge outlined a schedule of internal audits which they, and the centre's management team completed on a weekly and monthly basis. In addition, the provider had ensured that all required audits and reviews were completed as set out in the regulations. The inspector found that these arrangements assisted in ensuring that care was held to a good standard at all times.

The provider had a senior management structure in place with three additional senior personnel from within the organisation appointed to support the provision of care. The provider also ensured that the centre was well resourced with a consistent staff team who knew the residents' needs well. Staff who met with the inspector stated that they had no concerns in raising issues with the management team and overall they felt that residents received a high quality service.

Overall, the inspector found that the governance structure in this centre ensured that care was actively monitored and it was clear that the provider and staff team were committed to the welfare and wellbeing of residents. Some areas of care required further review, but overall the inspector found that care was generally held to a good standard.

Regulation 15: Staffing

The person in charge maintained an accurate staff rota and a review of this document over an eight week period indicated that residents were supported by a

consistent and familiar staff team. The provider had also been responsive to a resident's changing needs, with increased staff ratios temporarily introduced following an escalation in behaviours of concern. The person in charge indicated that this increased staff ratio was under review at the time of inspection with plans to revert back to the centre's original staff requirement as the resident was undergoing a more settled period.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a mandatory and refresher training programme in place which assisted in ensuring that staff could cater for residents' assessed needs. Staff had completed training in areas such as safeguarding, fire safety behavioural support and the safe administration of medications. The delivery of care did not require specific or specialised training but the provider had a range of training modules in place to cater for future changes in residents' care requirements.

Staff who met with the inspector had both a good rapport with residents and also an indepth understanding of their needs and preferences in relation to care. Staff who met with the inspector stated that they felt supported in their roles. They attended scheduled team meetings and individual supervision sessions which promoted an open and transparent culture within the centre.

Judgment: Compliant

Regulation 23: Governance and management

The delivery of care in this centre was held to a good standard. The provider had effectively implemented an action plan in response to the centre's last inspection which improved the quality and safety of care which residents received.

The provider had a schedule of weekly and monthly audits of care which the person in charge completed and ensured that areas such as safeguarding, medications and incidents were held to a good standard. The provider had also completed the required annual review and six monthly audits of care which assured the provider that residents were safe and had a good quality of life.

The centre's annual review gave a snapshot of life in the centre over the previous year and highlighted that a key achievement was the residents' transition to this centre. Staff who met with the inspector also explained the benefits of resident's moving to this centre with the design and layout of the premises leading to a positive lived experience for all three residents. This review also took the time to

consult with residents and their representatives with a very positive response received from both parties in regards to care and life in the centre.

The centre's most recent six monthly audit targeted specific aspects of care and gave a good account of both positive aspects of care and also where improvements were required. This audit's main focus was on quality improvement and clearly examined the previous actions taken by the provider to improve the service. The audit further reviewed key areas of care such as medications, behavioural support, incidents and behavioural support which assured the provider that these areas of care were held to a suitable standard at all times.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of records in the centre indicated that all notifications had been submitted to the Chief Inspector, as required.

Judgment: Compliant

Quality and safety

The residents who met with the inspector were comfortable and relaxed in their home and although they did not directly tell the inspector that they liked their home, it was clear that they enjoyed the company of staff. The inspector also found that residents enjoyed a good quality of life and they were active in their local community. Some improvements were required with regards to personal planning, fire safety and aspects of behavioural support, but overall the inspector found that this was a pleasant place in which to live.

Residents enjoyed a good social life and they were generally assisted to go out with one staff member when accessing their local community. Residents enjoyed shopping, hotel breaks, attending special Olympics and also having meals and coffee out. Each resident also had a personal plan which clearly outlined their care needs and also their preferences in relation to the delivery of their service. Personal plan were found to be comprehensive in nature, concise and easy to navigate which ensured relevant information was accessible to new and existing staff. Although many aspects of each resident's personal plan were regularly reviewed and updated, some improvements were required with regards to supporting a resident with their chosen goals.

The provider had a system in place for recording and responding to incidents, and the centre's person in charge held responsibility for reviewing incidents and risks in the centre. A review of the incident recording system indicated that they were no recent trends in concern which had not been identified by management of the centre. Although there were no recent trends of concern, there was an increase in incidents of behaviours of concern in early 2025 for one resident. The inspector found that this escalation in behaviours was identified quickly by the provider which assisted in supporting this resident in a positive manner through this difficult period for them. In general, the inspector found that residents' behavioural support needs were well supported by the staff team, but some adjustments were required in regards to supporting documentation which guided the delivery of this area of care.

The inspector found that residents were well supported in this centre to enjoy a good quality of life. Although adjustments were required in regards to some of the regulations inspected, overall this was a pleasant place in which to live.

Regulation 11: Visits

Residents were well supported to meet up with their respective families. The provider had ensured that the centre had a warm and welcoming environment and there were no restrictions placed upon visitors. The main kitchen/dining area had photographs displayed of residents meeting up with their families with one photograph displayed of a resident proudly smiling as they attended their sister's wedding.

Each resident had spent time at home for Christmas and a staff member explained that one resident went home each week for a number of nights while the other two residents connected with their families for Sunday meals and scheduled visits and overnight stays.

Judgment: Compliant

Regulation 12: Personal possessions

There were marked improvements in supporting residents with their personal possessions since the last inspection of this centre. All three residents had their own bank accounts and at the time of inspection, the person in charge was finalising the transfer of a resident's allowance to their account.

The residents required support with their finances and the staff team maintained detailed records of all cash and cashless transactions completed with, and on their behalf. All transactions were cross referenced with each resident's bank statements and any discrepancies were investigated by the centre's local management team.

Judgment: Compliant

Regulation 17: Premises

The centre was well maintained both internally and externally and it was warm, homely and comfortably furnished. Each resident had their own bedroom which had ample storage for their personal possessions. Residents also had access to laundry facilities.

The design and layout of the premises facilitated residents to have space in which to relax by themselves, if they so wished, and staff reported that this additional space had a positive impact on interactions in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge held responsibility for managing risks in the centre and specific risk assessments were in place in relation to issues such as behaviours of concern, swimming, leaving the centre without staff support and property damage. All risks were reviewed to reflect any changes/incidents and also as part of the ongoing assessment of risks in the centre.

The inspector reviewed incidents which had occurred over the previous three months and found that each incident had been reviewed by the person in charge. There were no trends of concern identified; however, the provider had previously responded promptly in relation to an escalation of behaviours of concern which had required additional staffing and input from allied health professionals.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken fire safety seriously and fire precautions such as a fire alarm system, fire doors, emergency lighting and fire fighting equipment had been installed. A complete service schedule was in place for all fire safety equipment and staff had completed fire safety training. The provider also ensured that fire drills were conducted and a review of associated records showed that both residents and staff could evacuate the centre in a prompt manner across all shift patterns.

Although fire safety was promoted, some improvements were required. The inspector noted that two fire doors were not operating properly and better clarity was required in regards to fire zones within the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The centre had locked storage in place for medicinal products. Residents' medications were supplied by a local pharmacy which dispensed regular medications via a blister pack system. All short term and as required medications were dispensed as normal and all medications received into the centre had appropriate labelling in place.

Residents had been assessed to manage their own medications and although one resident's assessment indicated that they could manage some aspects of their medications, they preferred for the staff team to manage this aspect of their care. The provider had accurate prescription sheets in place which contained all the required information for the safe administration of medicinal products. A review of associated medication administration records indicated that residents received their medications as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which gave a clear outline of their care needs and also how they preferred to have their care delivered. Plans were reviewed to reflect any changes and also formally on an annual basis. At the time of inspection, the three residents were in the process of planning their annual review, with records from a previous review showing how a resident choose their own venue for their review and also decided who they wanted to invite.

Although personal planning was promoted, supporting a resident with their goals which they had chosen at their last review meeting required improvements. The inspector reviewed records which showed that one resident was assisted to go on a hotel break and to also attend a theme park as part of their goal setting process. However, another resident had chosen to go on two separate trips and to also increase their exercise but the provider failed to demonstrate how this resident was supported to achieve these goals.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents who used this service required support in relation to managing behaviours which could cause concern. Staff who met with the inspector had a good knowledge of behaviours which residents could engage in. Both a long serving staff member and a recently appointed staff member had a good working relationship with residents and the inspector observed how positive reassurance and knowledge of resident's behavioural support needs was applied to good effect.

The inspector reviewed a behavioural support plan for one resident who had recently required additional supports in this area of care. This plan was detailed in nature and kept under regular review by the provider's behavioural support specialist. Although there had been a marked improvement in this area of care since the centre's last inspection, some further adjustments were required. For example, the inspector found that the behavioural support plan required more emphasis on the importance of questioning for one resident which takes up a large part of their time and interactions with staff. In addition, the plan did not fully reflect staff member's knowledge in regards to specific questions that the resident will ask when they're experiencing increased anxiety which could lead to behaviours of concern. The plan also required guidance on how staff should respond to both physical and verbal aggression.

There were two restrictive practices in place, one of which was the use of a chemical intervention for one resident. Although there was minimal use of this chemical intervention, some improvements were required in regards to a protocol which guided staff in it's use. The protocol described three differing anxiety levels for which the medication should be used however, this was not in line with staff knowledge and required review.

Judgment: Substantially compliant

Regulation 8: Protection

There were no active safeguarding plans required in this centre and staff had received training in relation to safeguarding. The provider had also appointed a person to investigate any safeguarding concerns and information in relation to this person, and also how to report a concern was clearly displayed.

Residents also attended scheduled keyworker sessions where they were informed about safeguarding and who they could go to if they had a concern.

Judgment: Compliant

Regulation 9: Residents' rights

Improvements had been sustained in relation to promoting resident's rights since the centre's previous inspection. Residents had been registered to vote and information in relation to the recent presidential election had been shared with the group.

Residents had also been supported to open their own bank accounts and each resident held their own passport. Residents were also involved in decisions about their care and also the operation of their home. Residents were actively involved in organising their individual personal planning meetings and they also met up with their key worker to discuss upcoming events and topics such as fire safety, safeguarding and complaints.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aura View OSV-0008726

Inspection ID: MON-0046599

Date of inspection: 07/01/2026

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Issues with both fire doors mentioned in the above report were resolved on 09/01/26. • Fire alarm system was reviewed by monitoring company on the 08/01/26, they confirmed there is only one zone within centre but each room will be displayed individually on the fire panel in the event of fire alarm activation. • Fire training was completed by the staff team on 21/01/26. • The fire monitoring company has produced a chart with each of the 13 areas specifying what will be displayed on Fire Panel for each area, this is in place since the 06/02/26 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • Since the audit, two residents have been facilitated to have their PCP meetings with one other residents meeting scheduled for 26/02/26. All associated documents have been updated to reflect PCP outcomes. • The two action plans identified above as requiring updates were reviewed with the resident on 27/01/2026. The Resident has decided not to pursue one of these actions and is being supported to progress with the other. 	

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Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • An Assessment to Intervention Summaries and a number of Appendices have been developed adapted from the resident's behaviour support plan. The purpose of this document is to provide easy access to staff to the information they require to support the resident, there is an emphasis in these documents on the importance of the residents questioning. These were provided to the staff team and reviewed at the Team Meeting on 21/01/2026. • The Behaviour Therapist created a staff support strategies document to help staff in responding to both physical and verbal aggression. These were provided to the staff team on 09/02/2026. • The Behaviour Support Plan was reviewed and updated and key points were highlighted in a shorter version. These were provided to the staff team and reviewed at the Team Meeting on 21/01/2026. • The resident's PRN Protocol has been updated to guide staff in supporting the resident with the chemical intervention. An Anxiety Level Chart was reviewed and updated with three levels clearly identified for staff. These levels are reflected throughout all behaviour support documentation. These were provided to the staff team on 09/02/2026. • A Restrictive Practice easy read was created for the resident to inform them of the Chemical Restrictive Practice in place. This was discussed with the resident on 22/01/2026. <p>]</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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	09/01/2026
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	06/02/2026
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	26/02/2026
Regulation 07(1)	The person in charge shall ensure that staff have up to date	Substantially Compliant	Yellow	09/02/2026

	knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	22/01/2026