

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

## Issued by the Chief Inspector

Name of designated centre:	Áit Shona
Name of provider:	Resilience Healthcare Limited
Address of centre:	Laois
Type of inspection:	Short Notice Announced
Date of inspection:	11 September 2025
Centre ID:	OSV-0008844
Fieldwork ID:	MON-0044603

## About the designated centre

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

Ait Shona provides Respite Care service for adults and children with Prader Willi Syndrome (PWS), hyperphagia and/or associated conditions such as autism or intellectual disability. Ait Shona is a large house that will provide short term respite services to adults and children on a planned basis for a maximum of 4 service users at any one time. Ait Shona services are provided to individuals between the age of 6 years of age up to sixty five years of age. The service will alternate between children and adults. The centre is located on a large mature site in a rural area but in close to a number of large towns and amenities. Service users will be supported by a staff team which includes clinical nurse managers. Staff will be based in the centre when service users are present and staff members will remain on duty at night to support service users.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 11 September 2025	08:30hrs to 16:00hrs	Maureen McMahon	Lead
Thursday 11 September 2025	09:00hrs to 16:00hrs	Aonghus Hourihane	Support

## What residents told us and what inspectors observed

Residents who availed of respite in the centre had a good quality of life, had choices in their daily lives. Residents choose and partook in activities that they enjoyed during respite stays.

This inspection was a short notice announced inspection undertaken to monitor the provider's compliance with the regulations relating to care and welfare of people who reside in designated centres for children and adults with disabilities. This was the centre's first inspection. Overall, this inspection found high levels of compliance to the regulations and standards. Some improvement was required to aspects of positive behaviour support and risk identification.

During the inspection, inspectors had the opportunity to meet the person in charge, team leader, regional operations manager and two staff members. An inspector also met with two residents availing of respite in the centre, this provided an opportunity to gain views from residents on the quality of care provided. The centre offers respite to twenty five residents, both adults and children, offering twenty nights per year to each resident. Referrals for respite are received nationally, based on the criteria of a diagnosis of Prader-Willi Syndrome. The centre operates on a system of offering respite to either adults or children at any one time, opening from Wednesday to Monday each week. The provider is responsive to the needs of children and offers respite at times of school holidays.

Áit Shona is a large two-storey detached house located in a rural area of Co. Laois, however it is a short distance by car to urban areas. The centre is spacious, bright and modern in design.

On arrival, residents were engaged in their morning routine, with some residents choosing to have a lie in. During a walk around of the centre, a resident was observed partaking in table top activities in the centre and was found to be relaxed and smiling with staff. During this brief meeting, the resident told inspectors they love it here in the centre and made arrangements to meet with an inspector to discuss life in the centre further. Later in the morning, an inspector met with one resident, they were very happy to speak with the inspector and share their experiences in the centre. They told the inspector about their plans for their time in respite. For example, a trip to the cinema, planned walks, time with friends and a drama class. This resident told the inspector they have made friends from attending the centre and the importance of having a shared experience with others who also have Prader-Willi Syndrome. During this meeting, another resident choose to join the conversation. Both residents told the inspector they enjoy their time in the centre and can plan to do activities they like. Residents told the inspector they can choose their room for their respite stay and they like having this choice.

Safeguarding was discussed and both residents identified they would report any concerns to the staff team or family. One resident shared personal experiences and their love of cosmetics and make-up. Both residents spoken with said they use the

garden and the swings at times and also enjoy this. Overall, residents clearly highlighted their satisfaction with the centre and the supports they received from the staff who were supporting them on the day of inspection.

An inspector spoke to staff about the care and support of residents. Staff were knowledgeable of residents' support needs, interests and conditions. Staff spoke in detail regarding the specific training offered as part of their induction and ongoing training in the centre. For example, all staff in the centre have specific training in Prader-Willie Syndrome in order to understand the care and support needs of residents. Staff told an inspector about the importance of menu planning in the centre and some of the supports they have in place to ensure residents have the optimal experience. For example, staff told inspectors if they are doing an activity or away from the house at a time of a planned snack, they use a picnic basket or cooler bag to ensure the residents menu plan is strictly adhered to. Inspectors saw structure and routine were in place with meal planning and meal times to best support residents.

All staff had completed human right training. Staff spoken with told an inspector about the importance of residents making choices on a daily basis. Throughout the inspection, inspectors observed respectful interactions between residents and staff. Staff were observed to be familiar with residents' preferences, for example, allowing time and space for one resident to have their preferred lie in and plan with staff when ready to do so.

In summary, it was evident that residents were involved in how they lived their lives in line with their assessed needs. Inspectors found that residents appeared happy, excited to be in respite and enjoyed the company of staff.

Inspectors observed that the staff team and management were passionate and committed to the residents, they worked closely with parents and family representatives to ensure the residents were carefully managed especially in relation to nutritional needs. The person in charge spoke about what they have learned since opening and that they needed to change and adapt in accordance with the needs and presentation of the residents. Staff spoke about how they really promoted the service as a 'holiday' for the residents and that the residents had bought into this and really see their respite as holidays.

The next two section of the report present the findings of this inspection in relation to governance and management in the centre, and how these arrangements affect the quality and safety of the service and the quality of life of residents.

## **Capacity and capability**

There was a defined management structure in place, and lines of accountability were clear. Inspectors found that the governance and management arrangements

were effective and the service was generally well managed.

The centre was adequately resourced. Inspectors found that there was adequate staffing arrangements in place to meet the assessed needs of the residents. Staff were suitably trained, for example in relation to safeguarding adults and children. The provider had systems of quality assurance for monitoring and oversight of the quality and safety of the service. For example, the provider unannounced audit was completed every six months.

The provider had ensured there were sufficient arrangements in place for admissions to the centre for respite. For example, prior to each admission, staff contacted residents and their representatives to gather up-to-date information and plan resources for their admission. In addition, upon arrival to the centre further information was gathered, such as the residents' current health status and confirmation of the number of nights in the centre. There were 25 people using the service and this required a high degree of governance and oversight to ensure that it operated smoothly and met the needs of residents at all times. The fact that the provider also offered respite to both children and adults at separate times meant there was a need for strong oversight arrangements and there was clear evidence of these throughout the inspection.

There was a clear and transparent complaints procedure available to residents and their representatives. Inspectors saw that any complaints received were appropriately responded to and resolved.

There were regular staff team meetings taking place and minutes of these were available. Team meetings were used as an opportunity to review and discuss the needs of particular residents as well as to disseminate important updates and information to staff.

Inspectors found this was a well-managed centre which promoted the safety and welfare of residents. The provider had completed audits as set out in the regulations and the person in charge also completed internal audits, ensuring that care was consistently delivered to a good standard at all times.

## Regulation 14: Persons in charge

The person in charge worked full-time and had the experience, qualifications and skills required for the role. It was evident from these inspection findings that the person in charge was consistently engaged in the administration, management and oversight of the designated centre. The person in charge had a clear understanding of the resident's needs, abilities and individual circumstances.

They were also person in charge for another designated centre and they split their time between the two centres. They were supported in their role by a team leader who was only responsible for this centre.

Judgment: Compliant

### Regulation 15: Staffing

Inspectors found staffing levels, staff skill-mix and staffing arrangements were planned and managed so that they were suited to the number of and the needs of the residents availing of respite at any given time.

An inspector reviewed the planned and actual staff rota for August and up to September 5th 2025. The rota showed how the staffing levels and staffing arrangements were matched to the number of and the needs of the residents availing of a respite service. There were two staff members on duty on the day of inspection along with the team leader and the person in charge. Inspectors saw that residents could partake in activities with staff support if they wished. Rotas reviewed, showed the centre had two waking night duty staff. The waking night staff resource was also used to prepare meals and snacks for the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

There were suitable arrangement in place to support training and staff development. The person in charge maintained a record of the training requirements of each staff member working in the centre.

An inspector reviewed the training matrix and saw that good oversight was maintained of staff training requirements. Staff received training in areas identified by the provider to be mandatory, for example fire safety, safeguarding for adults and children and positive behaviour support. Staff had also received training in additional areas specific to residents' assessed needs. For example, all staff had received training on Prader-Willi syndrome, autism awareness, human rights, infection prevention and control, food safety, and medicines management.

The person in charge described staff supervision arrangements and told inspectors formal staff supervisions were completed on schedule. An inspector viewed a sample of two supervision records and found these to be suitably recorded. Staff told an inspector they regularly receive supervision from their line manager both formally and informally in the centre.

Judgment: Compliant



## Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. The directory contained all the necessary information specified in paragraph three of schedule three of the regulations. For example, the resident's name, date of birth, contact details of their representative and their general practitioner (GP).

Judgment: Compliant

## Regulation 23: Governance and management

Based on these findings, inspectors found that there were appropriate governance and management systems in place in the centre.

There were clear lines of accountability in this service. The centre had a clearly defined management structure, which was led by a person in charge and team leader.

The provider had monitoring and oversight systems in place, such as provider unannounced audits undertaken every six months. Areas for improvement identified in the provider unannounced audit in August 2025 had been actioned. For example, training identified in food safety was complete for the core staff team. The centre commenced operation in September 2024 and at the time of inspection the provider was finalising the annual review of the centre. Feedback had been sought from residents and their representatives as part of this review.

The person in charge completed a range of audits each month, including medication management, restrictive practices and personal planning. In addition, each quarter audits were undertaken in areas such as health and safety, capacity and infection prevention and control. Staff team meetings took place regularly, and records of these meetings were maintained. An inspector reviewed the minutes of four team meetings in 2025 with important topics discussed including incidents and learning from incidents. Staff were appropriately supervised on a daily basis and formally every eight weeks. Staff spoken with confirmed the person in charge was regularly in the centre and communicated they would feel comfortable to raise any concerns to them.

The centre was adequately resourced. Inspectors saw that these resources included comfortable accommodation, transport, and the staffing levels required for residents' assessed needs.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had developed a statement of purpose which described the service provided to residents and contained all the information as set out in Schedule one of the regulations.

The statement of purpose was available to residents and their representatives. Some minor amendments were required to ensure that all the information contained in the statement of purpose was fully accurate. This was promptly addressed by the person in charge during the inspection.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had policies and procedures for the receipt and management of complaints.

There were no open complaints on the day of inspection. An inspector reviewed the complaints log for the centre and saw one complaint had been received, progressed and dealt with in line with the complaints procedure. Residents spoken with told an inspector they knew the complaints procedure and felt comfortable to raise a concern should they need to.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The Schedule 5 policies were reviewed by an inspector. All policies required by Schedule 5 of the regulations were available to guide staff. These were available in the centre on an online system and also a printed version.

Judgment: Compliant

## Quality and safety

Based on what inspectors observed, read and discussed with the person in charge, residents attending this centre were supported to have a fun and relaxing respite.

break based on their individual choices. There were systems in place to meet their assessed needs whilst on their respite stay. However some improvement was required in the areas of risk identification and, positive behaviour support.

All residents had an assessment of need carried out and this informed their personal planning. Personal planning was undertaken with residents and their representatives prior to admission and also upon arrival to the centre for planned respite. Each resident had a personal plan specific to their respite care and support needs.

Staff had received training in the management of behaviours of concern. However, inspectors found that residents requiring behaviour support did not have behaviour support plans in place to guide staff, therefore impacting the staff members' ability to consistently respond to behaviours of concern.

The centre had a welcoming and pleasant atmosphere. Staff on duty demonstrated kindness and respect in their interactions and showed a high level of attentiveness to the resident's needs.

The provider sought to provide residents with a safe welcoming home. The premises were appropriate to meet the needs of residents. It was suitably decorated and ensured both adults and children were catered for with the décor. For example, toys were available in the centre, however during respite for adults these were neatly stored away. Residents personalised their bedroom during respite breaks with preferred bedding. For example, one resident told an inspector about having a preferred character on their bedding. The provider had restricted access to food and drink in the centre in line with residents assessed needs. Menu plans were agreed prior to admission in line with the residents assessed needs and this was facilitated in the centre. The provider had referred all restrictive practices to the human rights review committee.

Inspectors saw that the premises was fitted with fire safety measures that included a fire detection and alarm system, emergency lights and door with self-closing devices designed to contain fire and smoke. Residents participated in regular fire evacuation drills.

There were risk management systems in place, however this required improvement to ensure all risks were identified and responded to appropriately.

The provider had systems to ensure safe medication management in the centre. All staff had received training in the safe administration of medication.

Residents' rights were well supported and residents' choices were given high priority in the centre. For example, inspectors observed residents planning their daily routine and choice of activities in the centre. Staff were observed to be respectful and supportive allowing residents to be in control of their routine. All staff in the centre had received human rights training.

## Regulation 10: Communication

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

Inspectors met with two residents who communicated verbally and initiated and engaged in conversations. Residents discussed their preferences in the centre, shared personal experiences and spoke about their life in the centre. From a review of two residents records related to communication the inspector found that, communication plans were in place to support residents in effectively communicating. For example, a communication plan guided staff that a resident who communicates verbally also benefits from visuals to enhance communication. Residents' communication styles were documented in their personal plans. Inspectors observed easy-to-read documents available to support residents' understanding of certain areas. For example, restrictive practices and fire evacuation.

Residents had access to televisions, streaming services, Wi-Fi and personal mobile phones.

Judgment: Compliant

## Regulation 17: Premises

The layout and design of the premises was appropriate to meet the needs of the different residents that attended the centre. The provider had an active property maintenance system in place. Inspectors observed that the house was well maintained and presented to a high standard.

Inspectors observed the centre was clean and there were systems in place to maintain cleanliness. For example, an audit was conducted on the cleanliness of the premises weekly and action taken as required. The provider had systems in place, such as colour coded chopping boards and mops.

Residents had access to spacious laundry facilities. Each resident had their own bedroom with adequate personal storage space. On the ground floor, three bedrooms had en-suite bathrooms, and one of them had a large accessible shower room. Inspectors observed that there was adequate communal space in the centre for residents. For example, there was a separate sitting room and there was a living area available to residents. The provider had decorated the centre in a manner that was suitable for both adults and children. For example, the wall colours were calming, and accessories such as mats were bright and colourful. The garden was large in size, well laid out and included an area with swings for residents to enjoy outdoor activities. The garden was designed to promote residents' safety, with

fencing and electric gates controlling access.

The centre had a spacious well-equipped kitchen. Due to the nature of this centre, residents' did not access the kitchen.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' nutritional needs were being supported in line with their assessed needs. Residents were being offered choice in line with their planned menus.

The person in charge had ensured that there was suitable storage of food and that each resident was provided with adequate quantities of food which were wholesome and in line with each residents' dietary needs. Prior to admission a comprehensive assessment was undertaken by the team leader to inform the centre of the residents' menu plan for their planned stay. Inspectors saw a menu plan for two residents, these plans detailed the volume of each portion and allowed residents where appropriate to have choice within the plan. For example, choice on the timing or location to enjoy a coffee.

The centre had a well equipped kitchen, where food could be prepared in hygienic conditions. Inspectors saw individualised storage arrangement for residents' preferred snacks. Staff were knowledgeable on the importance of closely following each resident's menu plan.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and review of risk. The management of risk in the centre was generally held to a high standard. However, the provider did not identify all risks observed during this inspection and the provider needed to review its risk rating application and the effect of control measures on all risks. Inspectors saw that the provider had plans for responding to different emergencies, for example outbreaks of infectious disease or adverse weather events.

The provider had prepared a risk register for the centre. This risk register identified two medium risks within the centre. For example matters relating to injury to staff and first aid requirements in the event of an injury.

Each resident had an individual risk management plan. Inspectors viewed a sample of two individual risk management plans and the recorded incidents and accidents

for each resident. Inspectors found, the provider did not identify all risks related to each resident. For example, where injury to staff was identified through a review of incidents and accidents by inspectors, this was not demonstrated in the individuals risk management plan. In addition, infection prevention and control risks identified by inspectors were not demonstrated in the individual's risk management plan.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

There were systems in place to ensure safe medication management practices in the centre. An inspector reviewed these systems for the management, storage and disposal of medication and found that these were safe. Medication was appropriately prescribed and stored in the centre. An inspector viewed a sample of one resident's prescription sheet. This was accurately recorded and in line with the residents risk assessment to manage their own medicines.

The person in charge had appropriately responded to any medication related incidents and had quality improvement plans in place to support medication management. For example, in response to medication incidents the person in charge had put additional support and supervision in place where required. In addition, all staff had received training in safe administration of medication, and there was an up-to-date policy to guide staff.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Inspectors found that residents were involved in the preparation of their personal plan that was appropriate and person-centred. This plan was reviewed on each admission for respite. Each resident had an assessment of need that was updated as part of the pre-admission process.

The provider had arrangements in place that were suited to the needs of residents. For example, when planning respite the provider identified residents that were compatible and they also considered the preferences of each resident for a specific bedroom in order to meet resident's needs.

Inspectors reviewed a sample of three residents' personal plans and found a comprehensive assessment of their health, personal and social care needs had been carried out. These plans formed part of the residents' admission meeting and were used to plan activities during respite stays. For example, one resident told an inspector they were planning to attend a drama class on the day following this

inspection. Records reviewed identified this was agreed during the planning meeting upon admission.

Staff told an inspector about residents' admission meetings, in order to prepare for this staff research local events in order to inform residents of possible activities during their respite stay. Staff described using on line searches to demonstrate to activities to residents, for example videos of Emerald park were used to a offer choice to residents.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Staff were generally seen to have up-to-date knowledge and skills to respond to behaviour of concern. Staff had all received training in the management of behaviours of concern. However, where residents required positive behaviour support, plans were not available to provide adequate guidance to inform staff practice.

Inspectors reviewed incident reports completed since the centre opened for two residents. There were incidents occurring on a consistent basis that would usually merit a comprehensive behaviour support plan reviewed by a relevant professional that offered clear guidance to staff about pro-active and reactive strategies to support the best quality of life and safety for the resident. The incidents occurring had the potential to impact on the quality of the respite and although staff were implementing strategies in the absence of clear plans there were concerns around the consistency of the approach and responses.

The provider had policies, procedures and a human rights committee for overseeing the implementation and use of restrictive practices. Inspectors saw restrictive practices were the least restrictive measures that could be used to ensure the safety of residents. Restrictive practices were monitored and a register was in place which included each intervention and the rational for its use.

Judgment: Substantially compliant

### Regulation 8: Protection

The provider and person in charge had implemented systems to safeguard respite users from harm and abuse. For example, there was a clear policy in place which clearly directed staff on what to do in the event of a safeguarding concern. All staff had completed safeguarding training for adults and children. An inspector spoke to two staff and found they were knowledgeable about their role in relation to

safeguarding.

At the time of the inspection there were no safeguarding concerns. The person in charge and provider were aware of compatibility between respite users and had systems in place to manage this. For example, the person in charge told inspectors the respite schedule is planned to ensure residents were compatible with each other during their respite.

From a review of three residents' plans, an inspector observed that there were intimate care plans in place to guide staff. These plans were reviewed prior to admission to ensure they were up-to-date.

Judgment: Compliant

### Regulation 9: Residents' rights

Inspectors saw residents were respected and supported in various ways. For example, residents were observed making their own decisions and choices, including choices of activities and ways to spend their leisure time. Residents told an inspector they plan their activities for their respite and can choose to do different things depending on what they feel like. For example, residents on the day of inspection had a plan to go to the cinema, go for a coffee and then a local pet farm. Residents had not decided where to go for coffee but planned to make the decision later. Residents told an inspector they had an event planned for the upcoming weekend, to attend a support meeting focused on Prader-Willi Syndrome.

Residents in this centre lived in an environment that was highly restrictive regarding the storage of food and drink. The provider had assessed this as a requirement for the care and support of residents due to the nature of their condition. Inspectors did not speak to residents directly regarding these restrictive practices due to the distress that may occur, however inspectors did speak to the management team regarding the impact of these restrictions. The person in charge told us residents in the centre feel safe and secure with the restrictions on access to food and drink. In addition, residents can relax during respite stays and enjoy the planned menu agreed prior to admission.

Overall, it was clear that residents were supported to have a good quality of life and to have their voices heard.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Áit Shona OSV-0008844

Inspection ID: MON-0044603

Date of inspection: 11/09/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Service Provider will complete a full review of all individuals and centre current risks to ensure all control measures are proportional to risk identified. All individuals' risks will be reviewed during every admission against the updated center risk register as part of the ongoing system of assessment, management and ongoing risks review to include a system for responding to emergencies.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Where applicable, residents are being referred to the Clinical Services Team for assessment, and individualised PBS plans will be developed and implemented based on the prescribed strategies. Staff will receive training and guidance on each updated plan to ensure consistent and informed implementation.	

## 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(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	31/01/2026
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	Substantially Compliant	Yellow	31/01/2026

	system for responding to emergencies.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/01/2026