



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

Issued by the Chief Inspector

Name of designated centre:	Winterwood
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	11 September 2025
Centre ID:	OSV-0008948
Fieldwork ID:	MON-0046613

About the designated centre

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

Winterwood is located in a rural setting in County Meath and supports five female residents. The Statement of Purpose states that the ethos of the service is based on taking a person-centred approach, within the context of social inclusion and improved quality of life. The property comprises of a large detached four bedroom bungalow with an adjoining one bedroom apartment. It is situated in a rural area, but within a short driving distance to a small village. The detached bungalow has four bedrooms, one of which is en-suite, a spacious shower room, a large sitting room, kitchen dining area and an office. The apartment has an open plan kitchen, dining and seating area, a bedroom and shower room. The property is surrounded by a large garden and a driveway with parking outside. The apartment has a spacious garden area, which has a seating area. The staff team comprises of direct support workers, two team leaders and a person in charge. There are two vehicles provided in the centre. Some residents attend a day service and other residents planned meaningful days with the staff in the centre. Residents have access to a range of allied health professionals employed by the registered provider some of which includes, occupational therapists, psychologists and speech and language therapists.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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	11:30hrs to 19:40hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, this centre was well-resourced and the staff team were promoting person-centred care based on the assessed needs of the residents. Some minor improvements were required in one of the regulations, regarding healthcare.

This centre provides residential care to five adults. The centre was registered in March 2025. This inspection was announced and was conducted to ensure ongoing compliance with the regulations.

Over the course of the inspection, the inspector met all of the residents, the staff on duty, the person in charge and the assistant director of services. One staff met with the inspector formally, to discuss their views on the quality of care provided and the inspector spoke to the team leader about some aspects of care. The inspector also made observations and reviewed records specific to the residents care, and the governance and management arrangements in this centre.

The centre comprised of a large detached four bedroom bungalow with an adjoining one bedroom apartment. The four bedroom bungalow was clean, decorated to a high standard and ramps were installed at exit doors to assist residents who may have mobility issues. Each resident had their own bedroom which were spacious and decorated in line with the residents' personal preferences and possessions. The kitchen/dining area was spacious, modern and decorated to a high standard. The kitchen was well equipped and had a washing machine and dryer for residents to launder their own clothes if they wished. There was a large sitting room that had a comfortable sofa and chairs where residents could watch television or listen to music. The sitting room had large windows where residents could look out at the lovely country side views. One resident was observed enjoying this on the day of the inspection.

The apartment was spacious, clean and modern. It comprised of one bedroom, a shower room and a large open plan kitchen/living area. The kitchen was also well equipped and the furnishings were modern and comfortable with a large television. The resident living here appeared comfortable in their home and was observed walking around the garden with staff, while they were waiting for family members to arrive.

The property was surrounded by a large garden and the apartment had its own private garden, with a small seating area and some flowers had been planted there.

The centre had a nice homely feeling, residents and staff appeared to get along very well. Residents sat down in the evening times with staff to have dinner and the inspector joined the residents during this time. Residents were observed talking about their day. Some residents did not want the dinner provided and staff were observed offering alternatives in this instance. Some of the residents enjoyed

cooking and baking and one resident was observed helping to prepare dinner.

One of the residents showed the inspector around their bedroom and en-suite bathroom. The resident had moved to the centre in March 2025, and said that they loved living there, liked being able to do their own laundry, liked shopping for groceries and had recently started a new job whereby they were responsible for managing recycling in the centre.

Since the centre was registered in March 2025, five residents had moved into the centre. These admissions occurred over a phased period, starting in March and the last resident moved to the centre in July 2025. One of the residents told the inspector they had visited the centre before moving in and decided they liked it. The resident said they liked all of the other residents they lived with and were very happy living in the centre. The resident was aware of how much money they had to pay to live in the centre and they were happy that they got to do things they enjoyed.

The inspector also reviewed another admissions plan for a resident and they too, had visited the centre prior to moving to the centre. The registered provider had also completed a compatibility assessment for residents prior to moving to the centre. This assessment took into account whether any other residents living in the centre, would be affected by the new resident moving in. This assessment reviewed if any provisions would be required to support residents with this. For example, in one assessment because a resident might enter other residents' bedrooms without permission, all residents would be offered a key to their bedroom to ensure their privacy and dignity. One of the residents showed the inspector their key and said they liked to lock their bedroom door when they were not in the centre.

All of the residents had completed questionnaires (with support from staff) prior to the inspection, to give their feedback on the services provided in this centre. The questionnaire included questions about, whether it was a nice place to live, if residents got to make their own choices and decisions, if the staff team listened to their views, if staff were helpful, and if residents felt safe. The inspector reviewed these completed questionnaires and found that the feedback was very positive overall. However, two residents had written about some improvements that they would like, one said they would eventually like to move closer to their family home and another resident said they did not like loud noises in the centre. This was discussed with the person in charge and the assistant director of services who provided assurances that these issues were being considered and reviewed on an ongoing basis with the residents concerned.

As part of the providers own quality assurance mechanisms, they also collected views from family representatives about the quality of care provided in the centre. The views collected included, whether staff were approachable, whether they were kept informed about their family member, whether they were happy with the quality of care and if they would like to see any improvements in the care provided. Overall the feedback was positive, one family member said that the service was excellent, another said that staff were fantastic and another said that their family member was very happy living in the centre. One survey, which was only submitted to the person

in charge the day before the inspection, provided positive feedback overall, however they indicated that two things could be improved. One related to communication and the other related to a restriction that a resident had around their phone. As this survey was only received the day before the inspection, the inspector followed up these issues with the person in charge and the assistant director of services. They assured the inspector that they had a meeting planned to discuss these concerns with the family members concerned. This provided assurances to the inspector that the management team were going to address the concerns raised.

The inspector also spoke to a family representative of one resident who was visiting the centre on the day of the inspection. The family member said that they were happy with the care provided, they found the person in charge very nice and approachable. They also said that they would have no hesitation in raising concerns to the staff team if they needed to and were confident that given their experience to date that concerns would be addressed.

Some residents communicated using different methods, such as gestures and facial expressions. Each resident had a communication plan in place that demonstrated what the resident was communicating, when they used certain gestures, some of the words they used and the residents likes and dislikes. The staff were observed interacting with one resident in line with some of the details included in this plan. While the inspector observed that some of these plans could be more detailed, they were assured that these issues were being followed up. For example; all residents where required had been referred to a speech and language therapist for assessment.

Residents had access to meaningful activities and were supported to keep in touch with family. Some residents attend a day service and other residents planned meaningful days with the staff in the centre. The residents were involved in other activities when they were not attending day services and were getting to know the local area. Some of the residents had went on a ferry trip, visited local parks and coffee shops. Other residents loved to go shopping and one of the residents informed the inspector of some of the things they had purchased that day.

Overall, the inspector found that residents received a good quality service in this centre at the time of this inspection. The residents were still becoming familiar with the centre and the surrounding areas. The staff team knew the residents well and demonstrated a person centred approach to the care provided. Notwithstanding one minor improvement was required under regulation 6, healthcare.

The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

This centre was well resourced and the management systems in place were assuring a safe, quality service to the residents at the time of this inspection. The person in charge and staff team demonstrated that they were promoting person centred care and were supporting the residents to adjust to their new home.

A review of the rosters indicated that there was sufficient numbers of staff and an appropriate skill mix on duty to meet the needs of the residents. The staff numbers had recently increased in the centre at night time as five residents were now living in the centre. This meant that at the time of the inspection, there were two staff vacancies. Consistent relief were being employed while the registered provider was recruiting for these vacant positions.

A review of the training matrix, found that staff were provided with training to ensure they had the knowledge to respond to the needs of the residents and provide safe care. There was also a system to ensure that staff received refresher training in some training modules as required by the provider.

The admissions procedures in the centre, took into account the need to assess whether other residents may be affected if another resident was admitted to the centre.

Regulation 14: Persons in charge

The person in charge was employed on a full time basis in the organisation. They had experience working in and managing disability services. At the time of the inspection the person in charge was also responsible for another designated centre under this provider. Both centres were located close by, and this designated centre had team leaders, assigned each day to assure oversight of the care being provided. The inspector was satisfied that this arrangement did not impact on the quality of care provided in this centre.

The person in charge was aware of their legal remit under the regulations and supported their staff team through supervision meetings and team meetings. The staff members spoken with also reported that the person in charge was very supportive to them, and while they had no concerns about the quality and safety of care, they would feel comfortable raising concerns if they had any.

Overall, the person in charge was suitably qualified, very organised, was responsive to the inspection process, and in meeting the requirements of the regulations. They demonstrated a commitment to providing person-centred care to the residents living here and had a good knowledge of the residents' needs.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the centre had sufficient staff in place to meet the needs of the residents. There were 14 direct support workers employed, two team leaders and the person in charge. The assistant director of services was a nurse and therefore could provide support and guidance to staff, with residents healthcare, should this be required. There were two staff vacancies in the centre at the time of this inspection and consistent relief staff were employed to fill these vacancies. These vacancies were related to an increase in staffing levels in the centre to support residents needs.

The staff rota each day at the time of the inspection included three staff on duty during the day and two staff working at night. A sample of rotas viewed for one week in March 2025 and May 2025 showed that the correct amount of staff worked each day and night to support the residents.

A team leader was assigned each day to oversee the care and support being provided and at night time a shift lead was assigned to assure that one staff was accountable for the care provided. Senior Managers were also on call 24/7 to provide guidance and support to staff.

Community nurses were available to support residents who may require support with their healthcare needs.

The inspector reviewed a sample of records that are required to be in place under Schedule 2 of the regulations in three staff personnel files and found that the records were in place and no concerns were noted. The sample of records viewed for each of those staff included:

- vetting disclosure
- photo identification
- two Written Reference
- contracts of employment.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with a suite of training to ensure that they had the knowledge to support the residents' needs in the centre and provide safe care. Staff training records were stored on an electronic data base. Certificates of these training records were either stored in the centre or in the human resource department. The inspector reviewed the training records and a sample of certificates for staff that were available in the centre. The inspector also received confirmation after the inspection in relation to a sample of training certificates that were not available in

the centre on the day of the inspection regarding relief staff employed.

All of the full time staff had completed training as outlined in the Statement of Purpose for the centre and some staff had dates to complete refresher training. The training provided included:

- Antimicrobial Resistance & Infection Control (AMRIC) training some of which included, Basics of Infection & Prevention Control, Hand Hygiene, Personal Protective Equipment, Respiratory Hygiene and Cough Etiquette and Standard and Transmission-Based Precautions
- Safeguarding of Vulnerable Persons
- Fire Safety
- Food Safety
- FEDS Part 1 – Foundation
- Health and Safety
- Moving and Handling
- Professional Management of Complex Behaviours (PMCB)
- communicating effectively through Open Disclosure.

In addition to the above training, staff also complete additional training appropriate to the needs of the residents. Some of this training included:

- Assisted Decision Making
- Human Rights
- Medication Management
- Positive Behaviour Support & Autism Support
- People & Personal Skills
- Speech & Language Therapy
- Resident Safety/Support.

Overall, the inspector found that staff had been provided with training to meet the needs of the residents. The interactions observed on the day of the inspection showed that staff were providing care to the residents in a person-centred manner.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place led by a person in charge, who reported to the assistant director of services, who in turn reported to a director of services. There were two team leaders also employed to support the person in charge, with some managerial responsibilities. The person in charge and the registered provider had systems in place to ensure that the services provided were reviewed and audited on a regular basis and as required by the regulations.

The assistant director of services conducted comprehensive audits of the services

provided to ensure that they met the requirements of the regulations. Following this action plans were developed to address those improvements. As an example at one of the audits it was observed that a residents personal emergency evacuation plan needed to be reviewed and this had been completed.

Other audits had been conducted on residents' personal possessions and medicine management practices. The registered provider had also conducted a six monthly unannounced quality and safety review. This had only been completed recently and a report had not be produced at the time of this inspection.

Regular staff meetings were also happening to discuss the residents care and support.

Overall, the management structures in the centre were assuring that the care and support provided was being reviewed and that any improvements required were addressed in a timely manner.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

As stated earlier, since March 2025, five residents had moved into the centre. The inspector found from talking to residents and reviewing a transition plan for one resident that the residents had got to visit the centre prior to moving there. All of the residents reported that they liked living in the centre and the people they shared their home with.

One of the residents told the inspector they had visited the centre before moving in and decided they liked it. The resident said they liked all of the other residents they lived with and were very happy living in the centre. The inspector reviewed another admissions plan for a resident and they too, had visited the centre prior to moving to the centre. The registered provider had completed a compatibility assessment for residents prior to moving to the centre. This assessment took into account whether any other residents living in the centre, would be affected by the new resident moving in. This assessment reviewed if any provisions would be required to support residents with this. For example, in one assessment because a resident might enter other residents' bedrooms without permission, all residents would be offered a key to their bedroom to ensure their privacy and dignity. One of the residents showed the inspector their key and said they liked to lock their bedroom door when they were not in the centre.

The registered provider also had contracts of care for each resident which outlined the care and support that would be provided in the centre and any costs incurred by the resident for some of these services. Both of the contracts of care had been signed by the resident or their family representative where appropriate. One resident was aware of how much money they had to pay to live in the centre and

what other expenses they had to pay for.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. It detailed the aims and objectives of the service and the facilities to be provided to the residents.

This document had also been reviewed recently and the person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

Quality and safety

The residents living in this centre appeared happy and reported in the questionnaires that they were happy living there and felt safe. At the time of this inspection, they were still settling into their new home.

Residents were supported with their health and emotional needs and had access to allied health professionals where required. However, some improvements were required in some of the healthcare plans.

There were systems in place to manage and mitigate risk and keep residents safe in the centre.

The centre was clean, spacious and was decorated to a high standard. Each resident had their own bedroom and there was communal space for residents to receive visitors if they wanted to.

Residents were supported with their general welfare and development and to maintain links with family and friends.

All staff had completed training in safeguarding vulnerable adults. Residents had been provided with education and advice about their right to feel safe in the centre.

Regulation 10: Communication

Residents were being assisted and supported to communicate in line with their needs. At the time of this inspection, the staff team were getting to know the specific communication needs of the residents.

Some residents communicated using different methods, such as gestures and facial expressions. Each resident had a communication plan in place that demonstrated what the resident was communicating, when they used certain gestures, some of the words they used and the residents likes and dislikes. The staff were observed interacting with one resident in line with some of the details included in this plan. While the inspector observed that some of these plans could be more detailed, they were assured that the staff were still getting to know each resident. As well as this, residents where required had been referred to a speech and language therapist for an up to date assessment of their communication needs.

Residents had access to the internet, some residents had mobile phones, and all residents had access to televisions and radios.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported and encouraged to maintain connections with family and friends. On the day of the inspection one of the residents went out with family and on their return to the centre, the family member stayed and spent some time with the resident.

The residents were involved in other activities when they were not attending day services and were getting to know the local area. Some of the residents had gone on a ferry trip, visited local parks and coffee shops. Other residents loved to go shopping and one of the residents informed the inspector of some of the things they had purchased that day.

Judgment: Compliant

Regulation 17: Premises

The premises was finished to a very high standard, clean and well maintained. The property comprised of a large detached four bedroom bungalow with an adjoining one bedroom apartment. Each resident had their own bedroom which were spacious and decorated in line with the residents' personal preferences and personal possessions. Ramps were installed at exit doors to assist residents who may have mobility issues.

The kitchen/ dining area the four bedroom bungalow was spacious, modern and decorated to a high standard. The kitchen was well equipped and had a washing machine and dryer for residents to launder their own clothes if they wished. There was a large sitting room had a comfortable sofa and chairs where residents could watch television or listen to music. The sitting room had large windows where residents could look out at the lovely country side views.

The apartment was spacious, clean and modern. It comprised of one bedroom, a shower room and a large open plan kitchen/living area. The kitchen was also well equipped and the furnishings were modern and comfortable with a large television.

The property was surrounded by a large garden. The apartment had its own garden, with a small seating area, and some flowers had been planted. The centre had a nice homely feeling, residents and staff appeared to get along very well.

The person in charge and the registered provider had systems in place to ensure that equipment stored in the centre was serviced and maintained in good working order.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were consulted with about menu planning and some of them prepared some of their own lunch and breakfast each day. The food served on the day of the inspection looked appetising and one of the residents had helped to prepare the vegetables for dinner.

The residents were also involved in shopping for groceries if they wanted to and one of them informed the inspector that they liked going to the local supermarkets every week with staff to do the grocery shopping.

Residents were supported to increase their independent living skills to make dinner and bake cakes if they wanted to.

Where residents required supports from allied health professionals around specific dietary requirements, this was provided for. For example, the residents had been reviewed by a speech and language therapist and recommendations from this were included on a feeding, eating drinking and swallow plan. Staff were also aware of the specific recommendations included in the plans and were observed on the day of the inspection supporting residents in line with the recommendations.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place, outlining some of the procedures staff were to follow to manage and mitigate risks. As an example, if a risk was assessed as red (high), then it had to be reported to the senior management team for review.

A risk register specific to this centre was also maintained in the centre. At the time of the inspection, there were no risk assessments rated above red in this centre.

Residents also had individual risk assessments in place, which outlined control measures in place to mitigate risks. A sample of those viewed by the inspector found that the control measures listed were in place. One resident for example, was at risk of falls, and the control measures included conducting an assessment of the environment by an occupational therapist. This had been completed, however as discussed under healthcare, this document was not entirely accurate on the day of the inspection.

Two vehicles were provided in the centre, one of which had been adapted to suit wheelchairs users. The inspector reviewed records pertaining to these vehicles and found that it was in a roadworthy condition and was insured. One of the vehicles had a lift at the back of the vehicle for a resident who had some mobility issues. Service records submitted after the inspection, showed that this lift was being serviced.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had a system in place to manage fire. Fire equipment such as emergency lighting, a fire alarm, fire extinguishers and fire doors were also installed and being serviced. For example: the fire alarm and emergency lighting had been serviced in April 2025. There was also a fire blanket in the kitchen to extinguish fires if needed. On a walk around of the centre, the inspector observed that the layout of the office, meant that an office chair could impede the escape route in the event of fire. The person in charge and person participating in the management of the centre, promptly addressed this and by the end of the inspection, this was addressed.

Staff also conducted daily/ weekly and monthly checks to ensure that effective fire safety systems were maintained. For example; the means of escape (exits) and the fire alarm were checked on a daily basis. On a weekly basis emergency lighting and fire extinguishers were checked, and on monthly basis fire doors were checked. A review of records for the last three months showed that no issues had been

identified.

Residents had personal emergency evacuation plans in place outlining the supports they required. Fire drills had been conducted to assess whether residents could be evacuated safely from the centre and the records viewed showed that these were taking place in a timely manner. As an example fire drills had been conducted during the day and during hours of darkness when the staff levels were reduced. The fire drill records indicated that a fire evacuation was completed on both occasions in a timely manner.

Overall, while the inspector observed that the escape route in the office needed to be addressed, this was completed by the end of this inspection. The inspector was satisfied with the fire safety arrangements in place.

Judgment: Compliant

Regulation 6: Health care

The residents' health care needs were provided for and they had timely access to allied health professionals in line with their assessed needs through in service supports and community supports. However, some minor improvements were required in two areas. Plans to support women's health were not comprehensive, this included intimate care plans. And an occupational therapy assessment report made available to the inspector on the day of the inspection, included inconsistent information. This required review to ensure that the records and recommendations from this report were accurate and in line with the residents' needs.

The allied health service supports included:

- Nursing
- Psychologist
- Occupational Therapist
- Physiotherapist
- Speech and Language Therapist
- Positive Behaviour Support Specialist
- Consultant Psychiatrist
- Local General Practitioner (GP).

A review of health care plans showed that residents had ongoing support from allied health professionals as required. Staff who met with the inspector had a good understanding of the residents' needs, as well as planned follow up appointments for residents regarding some of their health needs.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had completed training in safeguarding vulnerable adults. Staff were aware of what constituted abuse and the reporting procedures to follow in such an event. Where incidents had been reported to the Health Information and Quality, the provider, had reported it to the relevant authorities and taken steps to safeguard residents. Staff were also very aware of the measures in place to minimise the occurrence of these concerns and support residents if they did occur.

Residents were supported by their key workers on a weekly basis to discuss concerns they may have about services provided in the centre. The inspector also found that at the time of the inspection there had been no complaints made in the centre.

Intimate Care Plans were in place to guide how residents liked to be supported with their personal care. This included their preferences and also ensured that their privacy and dignity was ensured. However, as referenced under health care, some improvements were required to include more detail about the residents' preferences in relation to this. This was discussed at the feedback meeting.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspector found that residents were being provided with person centred care including supports to enable them to be included in decisions around their care. As an example, all residents where required had been referred to a speech and language therapist to seek advice and guidance around other communication devices and aids that may assist residents to communicate their choices and preferences.

Residents themselves reported that they felt safe and were happy living in the centre.

Residents got choose activities they wanted to do and were being supported to increase their independent living skills.

One resident had been supported to open their own bank account when they moved into the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Winterwood OSV-0008948

Inspection ID: MON-0046613

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 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care: On 01/10/2025, an external facilitator specialising in women's hormonal health delivered a comprehensive information session for all Person in Charges and Nursing staff. The training focused on:

Perimenopause and menopause in marginalised groups.

Physical and psychological health impacts.

Importance of self-care (nutrition, sleep, exercise, HRT, and supplements).

There is further more detailed in person training planned for 26/11/2025

A review of the care plans incorporating all aspects of women's health has been now completed by the Person in Charge and the Community Nurse. The plans consider the individual's level of independence and support needs, and their preferences for staff support during these times.

Additionally, the intimate care plans were reviewed to ensure that the resident's personal preferences are accurately reflected.

The Nursing Executive Committee has reviewed the Women's health care plan template including guidance questions on how to support the residents in all aspects of intimate care.

The Talbot Group Intimate Care Plan Policy has been updated to guide consistent, person-centred practice across all services.

The Occupational Therapy assessment report was reviewed and updated by the Occupational Therapist to ensure that the recommendations are accurate and align with the residents assessed needs and appropriate for their current living environment.

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 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	15/10/2025