Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Whitehall Lodge
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Unannounced
Date of inspection:	14 July 2026
Centre ID:	OSV-0002396
Fieldwork ID:	MON-0045815

About the designated centre

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

Whitehall Lodge is a designated centre operated by Saint Michael's House located in South County Dublin. It provides a community residential service for up to five adults with a disability. Whitehall Lodge aims to provide a homely environment where individuals are supported to live as independently as possible and make choices about their lives. The centre is located in a residential area and is close to local shops and public transport links. The centre is a bungalow which comprises of five resident bedrooms, a staff bedroom, communal sitting rooms, an open plan kitchen and dining room, a utility room, and bathrooms. There is a patio area leading off the living room that can be used for dining and relaxing. The centre is staffed by a person in charge and social care workers. In addition, the provider has arrangements in place outside of office hours and at weekends to provide management and nursing support if required by residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Tuesday 14 July 2026	09:40hrs to 15:50hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the regulatory monitoring of the centre. The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre. Overall, the inspector found that residents were in receipt of high quality and safe care and support, and that the centre was operating at a good level of compliance. Some minor improvements were required to the development and maintenance of residents' contracts of care, property records, communication care plans, and medication records.

The centre comprises a large single-storey house in a busy Dublin suburb. The house is close to many local amenities and services, including shops, restaurants and public transport links. The inspector carried out a thorough walk-around of the house. The house was observed to be bright, clean, comfortable, well maintained and very homely. There were two sitting rooms, an open plan kitchen and dining room, a small utility room, an office, bathrooms and residents' bedrooms. The house was nicely decorated and furnished, and framed photographs of residents were displayed throughout the house. Residents' bedrooms were personalised to their tastes and reflected their personalities and interests. There was a nice rear garden with mature and bright plants for residents to enjoy. There were no restriction practices implemented in the centre, and residents could freely access their home.

The inspector also observed good fire safety precautions such as fire detection equipment, and met with the provider's fire safety officer during the inspection as they were delivering in-person fire safety training to staff in the centre. The premises, restrictive practices and fire safety are discussed further in the quality and safety section of the report.

There were four residents living in the centre, and one vacancy. The inspector met three residents; one resident was in their day service during the day and then went to stay with their family for the evening.

Two residents briefly engaged with the inspector when they returned from their respective day services. They did not express their views, but appeared to be relaxed and content. One of those residents was visited by a member of the provider's multidisciplinary team in the afternoon as part of an assessment of their needs.

Another resident had moved into the centre earlier in the year, and was not attending a day service yet. They were happy to speak with the inspector about what it was like to live in the centre. Before they spoke, the inspector heard a social care worker kindly tell the resident about the inspector and explain the purpose of the inspection using easy-to-read information.

The resident told the inspector that they were very happy in the centre and that the move had been positive for their wellbeing; for example, their physical health had improved since moving in. They said that they liked the company of staff and residents, and got on well with everyone. They could choose their own routine and how they spent their time. For example, they said that they could stay up late and watch the World Cup matches and then have a lie in the next day. The resident went for a walk with staff during the inspection, and planned to go to a nearby farm and gardens the next day.

They told the inspector that they liked the food in the centre, and staff were good cooks. The resident also liked to prepare some of their own meals, such as breakfast. They liked their bedroom, and said that their bed was comfortable and that there was enough storage for their belongings. The resident used some specialised mobility aids, and said that they were in good working order. However, the inspector reviewed the resident's personal property list with the resident and found that it was not comprehensive or up to date; for example, it did not include the resident's mobile phone or details about their large screen television. The resident was supported by a social care worker to update the list during the inspection.

The resident said that they felt safe and had no worries, but that they could speak with their family or staff if they did. The resident was also happy with the support they received from their family and staff to manage their finances. They attended house weekly meetings, and told the inspector about the topics discussed, such as menu planning, fire safety, and activity planning. The resident told the inspector that their personal goal was to see their favourite football team in England, and that they planned to work on this with their key worker.

The inspection was facilitated by the social care leader with support from a service manager, and the inspector also spoke with three social care workers during the inspection. They all told the inspector that residents had a good quality of life in the centre and were supported to exercise their rights and make choices and decisions in their lives. They spoke about a variety of topics, including residents' communication and behaviour support plans, and their individual personalities, interests and hobbies, and the arrangements for staff training and supervision. Overall, they demonstrated a rich understanding of the matters discussed and spoke about residents very fondly and with respect. The inspector also observed staff engaging warmly with residents, and they appeared to have a good rapport.

Overall, this inspection found that residents had a good quality of life and were receiving person-centred and safe care and support from staff. The centre was well managed, and the house was homely with a warm and friendly atmosphere. Some minor improvements were required to meet full compliance with all the regulations inspected.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that there were effective management systems in place to ensure that the service provided to residents living in the centre was safe, consistent, and appropriate to their needs.

The provider had also ensured that the centre was well-resourced. For example, staffing levels were appropriate to residents' needs. The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and reported to a service manager, and there were effective arrangements for them to communicate with each other. The person in charge had ensured that incidents and adverse events were notified to the Chief Inspector of Social Services (Chief Inspector) in line with the requirements of the regulations.

The registered provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre. Actions identified from audits and reports were monitored to ensure that they were progressed.

However, improvements were required to oversight of residents' contracts of care to ensure that they were accurate in outlining the fees residents were to pay.

The staff skill-mix was appropriate to the number and assessed needs of the residents. Staff were required to complete training relevant to their role, and as part of their professional development. The inspector viewed the recent staff rotas and found that they clearly showed the staff working in the centre and the hours they worked.

There were good arrangements for staff to raise concerns. In addition to support and supervision arrangements, staff could attend team meetings, which provided an additional forum to raise potential concerns. The inspector viewed staff team meeting minutes from January to May 2026. They noted discussions on staff training, the premises, medication incidents, safeguarding, the provider's policies and procedures, and supporting residents to manage their finances.

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix of social care workers was appropriate to the number and assessed needs of the

residents living in the centre at the time of the inspection. Residents could also avail of the provider's multidisciplinary team services as they required.

The social care leader was satisfied with the staffing arrangements, and social care workers told the inspector that there was always enough staff on duty, with two staff during the day and one at night. Residents spoken with told the inspector that they knew the staff working in the centre and that they helped them with their social activities, medicines and cooking.

Staff were observed engaging kindly and respectfully with residents and warmly spoke about them. They also demonstrated a good understanding of the residents' individual needs and personalities.

The inspector reviewed the June and July 2026 rotas. They were well maintained and clearly showed the names of staff, and the hours they worked. Staff leave was covered by staff working additional hours and regular relief staff to ensure consistency of care for residents.

The inspector did not review staff Schedule 2 files during this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of their professional development and to support the delivery of effective care and support to residents. The inspector reviewed the training log and a sample of individual training certificates with the social care leader. The records showed that staff had completed relevant training programmes, including on the safeguarding of residents from abuse, fire safety, behaviour support, hand hygiene, manual handling, supporting residents with modified diets, first aid and medication management.

There were good arrangements for the support and supervision of staff, including management presence, informal support and scheduled supervision meetings. The inspector reviewed two staff member's supervision records and found that it was in line with the provider's policy. Various topics were discussed such as residents' goals and plans, and staff training.

Judgment: Compliant

Regulation 23: Governance and management

There were good management systems in place to ensure that the service provided in the centre was safe and effectively monitored. The inspector also found that the centre was well-resourced in line with the statement of purpose. For example, staffing levels were appropriate, multidisciplinary team services were available and the premises met the residents' needs.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time, and reported to a service manager. There were arrangements for the management team to communicate, including meetings and informal communications. The person in charge also completed monthly governance reports that they shared with the service manager. The inspector reviewed the April 2026 report as a sample. It included information on residents' plans and personal goals, staff training and supervision, fire safety, incidents, complaints, notifications, infection prevention and control, and restrictions.

There were good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. The provider carried out annual reviews and six-monthly unannounced visit reports which consulted with the residents, and members of the multidisciplinary team and local management team had completed audits on medication management, falls, finances, complaints, fire safety, and health and safety. The audits were found to identify actions for improvement where required, which were monitored by the management team to ensure progression.

There were effective arrangements for staff to raise concerns, including scheduled team meetings and supervision.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed two residents' written support agreements referred to as contracts of care. They were signed by residents; however, the fees to be paid by residents were not clearly defined.

The contracts stated that residents were to pay two separate amounts; however, the management team told the inspector that residents only paid one of the amounts. The contracts required revision to ensure that the exact fees to be paid were outlined and agreed.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents, as detailed under this regulation, which had occurred in the centre were notified to the Chief Inspector. For example, the inspector reviewed a sample of the records of incidents that had occurred in the centre since 2026, such as allegations of abuse, and found that they had been notified in accordance with the requirements of this regulation.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a high standard of care and support in the centre. Residents spoken with told the inspector that they were very happy and felt safe in their home and with the service provided to them. Not all residents gave feedback to the inspector, but the recent annual review had consulted with them and they indicated that they felt safe, happy, and had choice and control in their lives. Residents' house meeting minutes from 2026 also noted that resident said that they felt happy and safe in the centre and had no complaints. Residents' families also gave positive feedback in the annual review and complimented the staff team for being kind and caring to residents. Staff told the inspector that residents had a good quality of life and were compatible to live together.

The inspector observed a homely and warm environment, and staff engaged with residents and attended to their needs in a kind and professional manner. Residents had active lives and were supported to participate in activities in accordance with their interests and needs, such as attending day services. Residents were supported to make decisions about their care and support, and on the running of the centre. For example, residents attended house meetings to discuss topics concerning the centre.

However, the inspector found that one residents' communication needs required assessment from a suitably qualified professional to ensure that the resident received appropriate support to effectively communicate their wishes. Additionally, despite efforts from the management team and residents' representatives, some residents could not access their own finances due to barriers from financial institutions.

The inspector reviewed two residents' health care assessments and plans. These files were found to be up to date, and noted the supports residents required in respect of their various health needs. They also reflected input from multidisciplinary team services as required.

The provider had implemented arrangements to safeguard residents from abuse. For example, it had prepared a written policy on the identification and management

of safeguarding concerns, and staff had received relevant training to support them in the prevention and appropriate response to abuse.

The inspector found that good arrangements were in place for the management of residents' medicines. However, minor improvements were required to the maintenance of medication records.

The premises comprised a large single-storey house located in a busy Dublin suburb. The house was close to many amenities and services. The house comprised individual residents' bedrooms, and communal spaces. The house was homely, comfortable, and clean. There were no restrictive practices, and residents could freely access their home.

The inspector observed good fire safety precautions. For example, there was fire fighting and detection equipment throughout the house, and staff had received fire safety training. Individual evacuation plans had also been prepared, and were tested during scheduled fire drills.

Regulation 10: Communication

Residents communicated using individual and various means. Most residents primarily communicated using speech. One resident communicated using multimodal means, and there was a written communication plan for staff to refer to. The plan was dated June 2026 but was not signed to indicate who wrote it. The inspector discussed the plan with staff, and they confirmed that some of the information was not accurate. For example, the plan stated that the resident used manual signs, but this was not the case. Overall, the resident's communication needs required assessment by a suitably qualified professional in order to inform an effective plan that supported the resident to express their wishes and needs.

The provider had ensured that residents had access to various media sources, including televisions and the Internet. Some residents used smart devices to stream entertainment and keep in contact with their family.

Judgment: Substantially compliant

Regulation 12: Personal possessions

The arrangements to ensure that residents retained control of their possessions and were supported to manage their finances required improvement.

Within the centre, there was sufficient space for residents to store their clothes, personal property and possessions, and laundry facilities for them to use.

The inspector reviewed three residents' property lists. One was very poorly maintained; for example, the resident moved into the centre earlier in the year but only three items were recorded on the list, and the list had not been signed by the resident to confirm that they agreed with it. Furthermore, there were no descriptive details on the items, such as the size or make of the resident's television. The inspector reviewed the list with the resident, and the resident told the inspector that some of their valuable items were not on the list such as a mobile phone and a video game console. A social care worker helped the resident to update the list during the inspection.

The poor maintenance and lack of detail in the list posed a risk that if the resident's property was misplaced or moved, it may not be easily identified as belonging to the resident.

Two residents could not fully access their own finances. However, the management team were actively engaging with the residents, their representatives and various financial institutions and trying to overcome the barriers to residents' having their own financial accounts. The social care leader was also planning on engaging independent advocacy services to support residents in this area. In the meantime, arrangements were in place to ensure that residents had enough money as they needed and wished for.

Judgment: Substantially compliant

Regulation 17: Premises

The centre comprised a large single-storey house in a busy suburb close to local amenities and services, such as shops, and public transport links. The premises were found to be appropriate to the needs of the residents living in the centre at the time of the inspection.

The house was clean, bright, homely, and nicely furnished. The communal space included two sitting rooms, and an open-plan kitchen and dining room. There was also a nice rear garden for residents to use. There were sufficient bathroom facilities, and the kitchen was well equipped. Residents' bedrooms were personalised to their tastes. Some residents used mobility equipment, and there were arrangements to maintain it in good working order.

Residents spoken with told the inspector that they liked the premises, and were satisfied with the space and facilities it provided.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety precautions in the centre. There was fire detection and fighting equipment, and emergency lights throughout the house, and it was regularly serviced to ensure that it was maintained in good working order. The fire panel were addressable and found in the front hallway. The inspector observed good fire containment measures; for example, fire doors, including the kitchen and bedroom doors closed fully when released.

The provider's fire safety officer was visiting the centre on the day of the inspection to provide training for staff and had also completed an audit of the fire safety measures in March 2026. Staff and the person in charge also completed scheduled fire safety checks.

There was an evacuation plan for the centre and individual evacuation plans for the residents. The individual plans were up to date and outlined the supports residents required. The exit doors were fitted with easy-to-open locks to aid a prompt evacuation. Fire drills were carried out to test the effectiveness of the fire plans.

Residents were reminded about fire safety during their house meetings, and a resident told the inspector that they knew how to evacuate the centre if the fire alarm sounded.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the medication management, administration and storing practices in the designated centre. The practices were underpinned by a written policy and training for staff in the safe administration of medicines. Overall, appropriate practices were found to be in place; however, some minor improvements were required.

The social care leader showed the inspector where residents' medicines were stored. They were seen to be securely and hygienically stored.

The inspector reviewed two residents' medication records, including recent administration records, which indicated that their medications were administered as prescribed. However, some documentation required updating, such as a protocol for psychotropic PRN (medicine administered as needed) that was dated 2023, to ensure that the information was still relevant.

There were audits for monitoring medication documentation and practices, including scheduled stock counts. The inspector reviewed recent stock counts of five medicines with the social care leader. One discrepancy was identified, but the social care leader was able to determine that the discrepancy was in the documentation and not the actual number of medicines.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' health care needs had been assessed and were kept under regular review. The inspector found that residents were in receipt of appropriate health care and services in respect of their assessed needs.

The inspector reviewed two residents' health care plans. The plans were available to guide staff on the care and support residents required. Residents' health care records showed that they were supported to avail of a range of multidisciplinary team services, including internal and external services, such as physiotherapy, speech and language therapy, dentists, chiropody, opticians, psychology, psychiatry, and their own general practitioners. Residents were also supported to attend specialist and consultant services as necessary, such as dietitians and dermatologists.

One resident spoken with told the inspector that their health had improved since moving into the centre earlier in the year, and that they received good support from staff to maintain their health and wellbeing.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that residents were in receipt of positive behaviour support where needed. Staff had completed behaviour support training to inform their practices, and written care plans had been prepared to guide staff on how to support residents to manage their behaviours. On the day of the inspection, one resident was visited by a member of the provider's multidisciplinary team to assess their support needs.

There were no restrictive practices implemented in the centre. There was a restraint-free environment and residents could freely access their home.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented good systems to safeguard residents from abuse. Residents spoken with told the inspector that they felt safe in their home, and could speak up if they had any concerns.

The provider had prepared a written policy on the safeguarding of residents. It was readily available in the centre for staff to refer to along with other relevant information for them to refer to such as a reporting flowchart and guidance on promoting a safeguarding culture. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

The inspector reviewed one safeguarding concern since the previous inspection and found that it had been reported and actions had been taken to safeguard residents. The person in charge and provider also had arrangements to oversee safeguarding systems in the centre. The person in charge completed a safeguarding self-assessment tool in June 2026 to identify any potential areas for improvement. The provider's social work department had also audited safeguarding records in June 2026 and planned to attend the September 2026 staff meeting to discuss safeguarding matters with staff.

Intimate care plans had been prepared to support staff in delivering care to residents in a manner that respected their dignity and bodily integrity. The inspector reviewed two plans and found that they were up to date and readily available to guide staff. The provider had also prepared a written policy for staff on how to provide intimate care. The policy was available in the centre, and highlighted the importance of informed consent, communication and promoting residents' independence while providing intimate care and support.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider, person in charge and staff team had ensured that the centre was operated in a manner that respected residents' disabilities and promoted their rights. The inspector found that residents had control in their lives and were being supported to exercise their rights, and be active participants in making decisions about their lives and in the running of the centre. For example:

- information about residents was written using person-centred language, and described the residents' individual personalities and what is important to them
- residents attended regular house meetings to discuss matters related to the running of the centre. The inspector reviewed a sample of the meeting minutes from February to July 2026, and found that a wide range of topics were discussed, such as the menu and activity planning, infection prevention and control, and fire safety

- topics had also been discussed at the meetings to support residents' understanding of their rights. For example, residents were reminded of the principles of having the right to privacy and personal space, and to make complaints
- residents had also been consulted with during the meetings regarding the storage of their monies in the centre, and they said that they were satisfied with the current arrangements
- residents were supported to engage in activities of their choices. The inspector reviewed two residents' recent monthly reports, which noted activities such as going to shopping centres, attending social clubs and day services, gardening, family visits, eating out with friends, and having beauty treatments. The house meeting minutes noted additional activities, such as baking and the cinema. One resident was also being supported with their wish to attend the provider's day service
- there were no restrictive practices implemented in 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 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	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Whitehall Lodge OSV-0002396

Inspection ID: MON-0045815

Date of inspection: 14/07/2026

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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Contracts of care have been reviewed with the housing department for all residents and the exact fees to be paid are now outlined in all contracts and agreed and signed with all residents.	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: Communication referral has been sent to SLT Dept by PIC for one resident, to assess communication support needs and provide information for staff supporting the resident. This assessment will then inform residents communication passport which will be updated and reviewed yearly (or as required) by keyworker and signed off by PIC.	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Residents property lists have been reviewed and updated by keyworkers to reflect more details of personal possessions and document has been signed/agreed with residents. PIC has requested that all staff take responsibility for updating this list with residents after a new purchase is made and that keyworkers do a visual review of this when completing monthly reports.	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: PRN protocol for psychotropic medication to be reviewed for one resident. PIC to liase with psychiatrist in the updating and completion of this. PIC to ensure Drug audits are completed by 2 staff where possible to avoid administrative errors in documentation and that they are completed on outlined days as per shift planner.	

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	31/10/2026
Regulation 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	31/10/2026
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions	Substantially Compliant	Yellow	31/08/2026

	and, where necessary, support is provided to manage their financial affairs.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	11/08/2026
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	31/10/2026