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:	Bray Supported Accommodation
Name of provider:	The Rehab Group
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	30 June 2026
Centre ID:	OSV-0002642
Fieldwork ID:	MON-0042088

About the designated centre

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

Bray Supported Accommodation is a designated centre operated by RehabCare and located in County Wicklow. The aim of Bray Supported Accommodation is to provide a community-based accommodation service for four adults, both male and female with mild to moderate intellectual disabilities. The aim of the service is to provide a homely, comfortable and safe environment to support each individual's specific needs. The service supports each resident to maximise their independence taking into account their specific needs and abilities. Residents have access to external day services during the day-time. The service provides a social model of care and therefore cannot support the needs of those experiencing complex medical conditions that require significant levels of daily nursing care. The house is a two storey semi-detached property with five bedrooms, two bathrooms and a sleepover room for staff. There is also a kitchen/dining area, office, sitting room, conservatory and an external laundry room. The service is currently staffed 24/7. This includes day-time staff and sleep-over staff. This is a lone-working service which means that at times one staff may be on shift. The centre is staffed by a person in charge, team leader and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 30 June 2026	09:30hrs to 17:45hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This announced inspection took place over the course of one day to monitor the designated centre's level of compliance with the regulations and to inform a decision on the renewal of the registration of the centre.

Overall, the inspector found that each resident's wellbeing and welfare was maintained by a good standard of evidence-based care and support. The provider and person in charge ensured the delivery of safe care whilst balancing the rights of residents to take appropriate risks. The residents in this centre were empowered to live life as independently as they were capable of and their independence was promoted as much as possible. On review of feedback provided by the residents the inspector saw that, in relation to the quality of care and support provided to the resident, the feedback was very positive.

However, the inspector found that some improvements were needed to ensure the provider was promoting residents' rights at all times. In particular, that residents were provided a fair and equitable service at all times. In addition, while there were systems in place to ensure residents were consulted about their service, improvements were needed to ensure all consultations were meaningful, effective, and considered the voice of the residents. This was in relation to the admission of potential new residents to their home. These issues are discussed in detail under Regulation 9 and 24 of this report. There was also improvements needed to record-keeping of staff files and this was to ensure they were in line with Schedule 2 of the regulations and overall, ensured the safety of residents at all times. This is discussed in detail under Regulation 21.

The inspector used observations alongside a review of documentation and conversations with residents, key staff, and management to inform judgments on residents' quality of life. The inspection was facilitated by the person in charge with the support of the centre's team leader. The regional manager attended the feedback meeting at the end of the inspection.

On the afternoon of the inspection, the inspector was provided with the opportunity to meet all three residents living in the designated centre. Overall, residents were facilitated to exercise choice across a range of therapeutic and social activities and to have their choices and decisions respected. Residents were supported to engage and participate in their community in a way that was meaningful and promoted their independence. All residents attended a day service, were members of local clubs and participated in their community on a regular basis.

One resident informed the inspector about the art class they had attend at a community centre in their local town. They talked enthusiastically about the various paintings they had completed that day. In the afternoon, the resident had plans to

go to the local hairdresser. They told the inspector that they were trying a new hairdresser as it was cheaper than the hairdresser they had previously attended.

Another resident told the inspector that they had spent the day at their day service and had enjoyed the day. They said they had planned to relax at home for the evening. The inspector later observed the resident set the table for dinner and empty the dishwasher. The resident told the inspector that each resident helped out with household tasks in their home and that they enjoyed doing it.

Later in the evening the inspector met with another resident who was happy to take some time out to have a chat. They told the inspector that they liked living in their home and that they liked who they shared their home with. They informed the inspector about a potential resident moving into their home. The resident said they were looking forward to their friend coming to live with them. The resident expressed their happiness of their bedroom and its décor and layout however, requested that the inspector not view it. The resident's request was respected and the inspector did not view their room. The resident talked to the inspector about their busy life in the community and how they had recently enjoyed a friend's birthday party at a local restaurant. The resident told the inspector that they had chosen a children's portion of food as it was a cheaper option.

In advance of the inspection, residents were each provided with a Health Information and Quality Authority (HIQA) survey about what it was like to live in their home. All three residents chose to complete the surveys with most residents being provided support by staff members to complete it. Overall, the surveys relayed positive feedback regarding the quality of care and support provided to residents living in the centre.

Surveys relayed that residents found the centre was a nice place to live in and that they liked the food and they had their own bedroom. The surveys relayed that residents' felt staff knew what was important to them and were familiar with each of their likes and dislikes. Surveys also relayed that staff provided help to residents when they needed it.

The designated centre consisted of a two-story house in a housing estate close to a large town. It consisted of five bedrooms, two bathrooms, an office, a sitting room, and kitchen and dining area and a conservatory. The inspector observed the communal spaces in the house such as the sitting room, open plan dining room, and kitchen to be bright and welcoming and offer a homely feel to the areas. There had been significant works to the kitchen and dining room since the last inspection with a new floor installed in the area.

There were several resident notice boards in the kitchen and dining room. These provided information that was important to the residents. For example, there was information regarding local community events, the residents' cleaning schedule, resident meeting minutes, the provider's complaints procedures, contact details of the organisation's advocacy service as well as information on residents' charter of rights. There was also a photographic version of the centre's staff roster. Staff informed the inspector that residents liked having this type of roster available to

them. While residents were able to read and write the inspector was informed that residents were also happy to receive information in an easy-to-read format and this was to support their understanding of more complex documentation. The inspector observed that information on the notice board was a mix of written and easy to read information.

There were five bedrooms in the house; One of which was a staff sleep over room. The other four, were residents' individual bedrooms. One of the bedrooms had recently been upgraded with new flooring and walls painted. This was in advance of a potential new resident moving into the centre. However, on the day of the inspection, the inspector was informed that the transition plan for a potential new resident who had visited the house on several occasions had been put on hold until further notice. This was not in line with the providers' statement of purpose or admissions standing operating procedures and overall was impacting negatively on the potential resident as well as the current residents. This is discussed in detail under regulation 9 and 24.

There was a front and back garden in the centre. The back garden provided a sheltered seating area and a separate building used as a store and laundry room. The inspector observed that the grounds and garden at the back of the designated centre were well maintained. Since the last inspection there had been a lot of improvements to the area and in particular, the implementation of a schedule of ongoing upkeep and maintenance to the lawns, hedges and weeding. One resident who enjoyed spending time in the outdoor space expressed their happiness of the upkeep of the outdoor space to the inspector.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in weekly residents' meetings where household tasks, community activities, maintenance, complaints procedures and other matters were discussed and decisions being made. One of the residents told the inspector that they were responsible for writing the minutes of the meetings. The person in charge advised the inspector that for the most part, residents attended their household meeting without the support of staff and that this was in line with their ability, wishes and preferences and promoted their independence. On agreement with residents, the person in charge attended the meeting once a month. This was to provide support, share information and ensure that any issues arising were being addressed and followed up in a timely manner.

Where appropriate, and as part of promoting their independence, residents were encouraged to help out with household tasks. There was a residents' cleaning schedule in place for the upstairs and downstairs bathroom as well as the kitchen. All residents were encouraged and supported to do their own laundry and keep their bedroom clean. On speaking with one of the residents, they told the inspector they were happy to take part in the cleaning of their home. Staff were also responsible for cleaning these areas in the house and were provided a separate more comprehensive cleaning schedule.

In line with residents' wishes and preferences, residents living in this house managed their finances as well as their medications independently. Residents had

been provided a robust assessment in relation to self-administration of medications with an appropriate risk assessment in place. However, in relation to residents' finances, the inspector found that a review of assessment of need, in this area, was needed. This was to ensure that all residents understood and were able to manage the various areas of finance, and in particular in relation to budgeting for unexpected and changes to regular payments.

Resident were provided with contracts of care which laid out the service provided to them and included some of the fees related to the service. In this designated centre, residents were required to pay rent to a housing association. They were also responsible for paying the house grocery bill and utilities such as gas and electricity bills. On review of residents' contract of care, the inspector found that a section relating to the arrangements for paying utility bills, during times when there was a vacancy in the house, required further review. This was to ensure that there was a clear rationale for these arrangements. In addition, these arrangements meant that there was no specific fee included regarding the bills and overall, did not ensure that an equitable or fair system was in place. This is discussed further in the quality and support section of the report.

In summary, the inspector found that for the most part the provider was ensuring that that residents were supported to live as independently as they were capable of. Through speaking with residents and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in an environment where they were empowered to have control over and make choices in relation to their day-to-day lives. However, improvements were needed to areas related to residents' rights, admissions and records to ensure that residents were in receipt of a safe, fair and equitable service at all times.

These are discussed further in the next two sections of the report which present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impact on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided to residents living in the designated centre. There were a lot of improvements since the last inspection of the centre and in particular, to areas relating to staff training and supervision, the effective review of residents' personal plans and the centre's premises.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre.

The service was led by a capable person in charge, supported by a team leader and staff team, who were knowledgeable about the support needs of residents living in the centre.

The provider had ensured that there were sufficient staff on duty to meet the residents' assessed needs. There were no staff vacancies in the centre. On the day of the inspection, the inspector observed friendly and respectful interactions between staff and residents.

The education and training provided to staff enabled them to provide care that reflected up to date, evidence-based practice. The inspector found that staff were in receipt of regular quality supervision, which covered topics relevant to service provision and their professional development.

The registered provider had implemented good governance management systems to monitor the quality and safety of service provided to residents. The provider had completed an annual report of the quality and safety of care and support provided in the centre , which included consultation with residents and where appropriate, their family.

Incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. There was appropriate information governance arrangements in place to ensure that the designated centre complied with all notification requirements.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

However, some improvements of the oversight systems in place that related to staff files, (Schedule 2) were needed. In addition, improvements were needed to the centre's admission' procedures and residents' rights to ensure positive outcomes for residents at all times.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge commenced their role in March 2026 however previous to this they had worked as a team leader in the centre since October 2026. The person in charge worked full time in this centre only. They were supported by a team leader who shared their role between the designated centre and the provider's days service. The team lead assisted the person in charge with the operational oversight of this centre.

The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

Through speaking with the person in charge, the inspector found that they demonstrated sufficient knowledge of the legislation and their statutory responsibilities of their role.

The person in charge was familiar with each resident's needs and was striving to ensure that they were met in practice. The inspector found that the person in charge had a clear understanding and vision of the service to be provided.

Judgment: Compliant

Regulation 15: Staffing

Overall, there was sufficient numbers of staff employed to meet the needs of residents living in the designated centre.

The staff team were managed and supervised by a full-time person in charge. The person in charge was based in the designated centre during the week.

The provider and person in charge had ensured that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. At the time of the inspection the centre was operating with no staff vacancies.

On speaking with and observing staff throughout the day, the inspector found them to be very knowledgeable of the residents' needs and the supports in place to meet those needs. The inspector found that the staff team were invested in promoting residents' independence as much as they were capable of.

There was a staff roster in place, and it was maintained appropriately. There had been significant improvements to the staff roster since the last inspection. The roster was colour coded and clearly demonstrated when staff were working, completing training or on leave. The roster also clearly showed when the person in charge and team leader were working in this centre. There was also a photographic staff roster placed in the residents' kitchen which was in line with their likes and

preference and clearly showed residents what staff were working in the centre during the day and night-time.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

From reviewing the training matrix for the staff team and specific staff training records of the staff the inspector found that staff were provided with training to ensure they had the necessary skills and knowledge to respond to the needs of residents. Overall, staff training was up-to-date and where refresher training was approaching the due date, this had been identified by the person in charge, and a training course had been booked.

Staff had undertaken a number of training courses in a variety of areas, some of which included the following; Human rights, manual handling, fire safety, epilepsy, safe medication management, infection prevention and control, safeguarding vulnerable adults, service user financial training, food hygiene, first aid, diversity and equality, open disclosure, assisted decision making and Children's first training.

One to one supervision and performance management meetings, that supported staff in their role when providing care and support to residents, was being completed in line with the organisation's policy. The person in charge had a planned and actual schedule in place for staff supervision meetings. On review of the schedule all staff had received supervision in line with the schedule. On review of a sample of supervision meeting minutes, the inspector saw that some of the topics discussed at the meetings included risk management, safeguarding, infection prevention and control, residents' personal plans, medication practices and performance management.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. The directory had elements of the information specified in paragraph three of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

On the day of the inspection, records required and requested were made available to the inspector. Overall, the records relating to Schedule 3 and 4 were appropriately maintained. Overall the sample of records reviewed on inspection in theses areas, reflected practices in place.

However, in relation to required records pertaining to Schedule 2 which related to staff records, the inspector found that a number of improvements were needed. Firstly, to ensure they were easily accessible to the person in charge, in terms of record-keeping systems, but also that they contained all of the required information as per regulation 21 Schedule 2.

On the day of inspection, on review of 3 staff folders the inspector found the following deficits;

- there was no photographic identification on file for two staff members
- there was no date in place for when one staff member commenced working in the centre
- there was no record of one staff member's qualifications
- one staff member's record only included one written reference and for another staff member there were no written reference on file
- there was no contract in place for one staff member listing the position they held in the centre, the work the perform or the hours they were employed each week
- while there was a Garda clearance record on file for all staff members, for one staff it had not been reviewed or updated since 2017.

This meant that the provider had not completed due diligence in relation to staff employed in the designated centre and as a result there was insufficient information and documentation relating to the staff currently working in the centre which overall, posed a potential safety risk to residents.

Judgment: Not compliant

Regulation 22: Insurance

As of the day of the inspection, the registered provider had valid insurance cover for the centre in line with the requirements of the regulation. The insurance cover was from July 01 2025 to June 30 2026 with a copy of the renewal due from 01 July 2026.

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance submitted to the Office of the Chief Inspector (Chief Inspector) and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place were found to operate to a good standard in this centre. Since the last inspection, there had been a number of improvements in the centre that resulted in positive outcomes for residents. The provider had ensured that compliance plan actions under regulations relating to residents' assessed needs and personal planning, staff training and development as well as premises had all been completed, bringing these areas back into compliance.

There was a clear management structure in place with clear lines of accountability. It was evidenced that there were regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

However, there were a number of deficits found on this inspection, and while they have been addressed under the associated Regulations, 9, 21 and 24, oversight by the provider in these areas had not been effective at all times.

For example, the provider had not ensured that there were adequate record keeping systems for ensuring all staff records included all the required information. In addition, the provider had not ensured that the organisation's admission's policy was been adhered to. Furthermore, the provider had not ensured that residents rights' were promoted at all times. This was resulting in negative outcomes for residents and overall impacted on their right to a fair and equitable service and posed a potential safety risk to residents.

There was a full-time person in charge employed in the centre with the appropriate management skills and qualification. They were supported in the day-to-day operation of the centre by a full-time team leader who shared their role between the designated centre and provider's day service.

The governance and management systems in place were striving to ensure that service delivery was safe and effective through the on-going audit and monitoring of its performance. The registered provider had carried out an annual review of the centre from May 2024 to August 2025 and completed unannounced six-monthly visits to the centre as required, with the most recent completed in March 2026.

These were completed to review quality and safety of care and support provided to residents in the centre and to implement improvement where required.

There was also a comprehensive local auditing system in place in the centre to evaluate and improve the provision of service and to achieve better outcomes for residents. For example, there was a daily duties checklist in place that was completed by staff with oversight by the person in charge. The team leader completely a weekly audit and the person in charge completed a monthly audit which included oversight of the weekly audits. Overall, the inspector found that there were comprehensive oversight and monitoring systems in place that resulted in a safe and quality service provided to residents.

Staff team meetings were taking place on a monthly basis and provided staff with an opportunity for reflection and shared learning. On review of the minutes of the last meeting in May 2026, the inspector saw that some of the topics included health and safety, safeguarding, adverse incidents, infection prevention and control measures, updates on the care and supports provided to residents, personal planning via the computer system, diversity in the workplace and teamwork planning day. Decisions were made and followed on by actions and time frames to be completed.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There was an admission policy with associated standing operating procedures in place in the designated centre. The policy stated that referrals were made through 'self-referrals, funding authority or other'. The policy signposted the reader to the standing operating procedures for referrals to the centre and noted that they must be followed. The procedure clearly stated that applications were to be made through funder (via the local county health service executive). In addition, the designated centre's statement of purpose stated that applications are made by referrals through the funding authority. It also stated that any new referral must not negatively impact on level of support provided to existing residents.

However, on the day of the inspection, the inspector found that the provider was not fully adhering to their admissions' standing operating procedures or arrangements included in the organisation’s policy or centre's statement of purpose and that this was resulting in negative impacts for current and potential residents.

For example, the funding authority had referred three potential residents to the centre and through assessment and review one resident was deemed to be a potential suitable resident. The resident was supported to meet and visit with the current residents in the designated centre on numerous occasions. A transition plan was in development for the resident, and the spare bedroom had been renovated with new flooring and as well as newly painted walls. Residents in the house were

consulted about the resident's potential move into the house and expressed their happiness about the move.

However, the inspector was informed that the potential resident's transition had been put on hold as a local housing authority had rejected the potential resident's nomination and wanted to put forward referrals from their own waiting list. The inspector was informed that these referrals would have to be screened and reviewed as potential residents. While none of these referrals had yet commenced, it resulted in the current potential resident's transition being put on hold.

Overall, this situation was not in line with the designated centres statement of purpose or provider's admission's standing operation procedures, which was part of the organisation's admissions policy. The provider had not ensured that admission to the centre was timely and determined on the basis of fair, equitable and transparent criteria.

The lack of a clear planned approach to admissions resulted in negative outcomes and uncertainty for the potential resident who was moving through the admission process. It also resulted in negative outcomes for current residents as they were expecting, and were happy for, the resident to move into their home. One resident told the inspector they were looking forward to their friend moving into the centre.

This meant that the consultation process with the current resident was not effective in ensuring their views were heard and as such was not ensuring residents' rights were promoted, at all times. In addition, this situation was also impacting on the current financial arrangements in the house. For example, there were high utility bills to be paid for by residents living in the centre. However, until a fourth resident was living in the centre, bills were split between three residents instead of four. (Further information about the fairness and rationale regarding this arrangement has been discussed under regulation 9).

On review of resident's contracts of care, the inspector found that improvements were needed to ensure that all information within them was clear and transparent and in particular, in relation to fees.

All residents were provided with an up-to-date contract of care. The contract included a section referring to the payment arrangements for rent, food, television and utility bills such as, gas and electricity. Exact fees were included regarding each resident's weekly rent as well as specific rent related social welfare deductions. There was also a fee included for the weekly food bill however, two possible amounts were listed.

There was no specific fees listed on the contract of care for utility bills. On reviewing the recent gas and electric bills for the designated centre the inspector found that bills often differed in amounts. For example, over a two-month period one gas bill amounted to almost €300.00 with another bill just over €800.00. On review of electricity bills, the inspector saw that one bill amounted to €470.00 and another bill just over €500.00. Overall, the inspector found that the provider had not included sufficient information within resident's contract of care to demonstrate the actual fees to be paid and in particular, likely fluctuating fees. This meant that residents'

contracts of care did not adequately consider the provider's liability and residents' rights. As such the provider could not ensure that the contracts complied with all applicable legislation.

In addition, one resident's contract of care, which was signed by the resident in April 2026, included an additional update in June 2026 regarding a reduction in their their rent due to social welfare supports. However, there was no evidence on the contract of care that this had been discussed with the resident or that they had understood the reason for the change in fee.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which for the most part, outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives.

However, in relation to the centre's admission criteria and procedure, the inspector found that recent practice was not in line with the content of the statement of purpose. This is addressed under regulation 24.

Judgment: Compliant

Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

The person in charge had ensured that all adverse incidents and accidents in the designated centre, required to be notified to the Chief Inspector of social services, had been notified and within the required time frames as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The inspector found that incidents were managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. On review of team meeting minutes and through speaking with the person in

charge, the inspector found that where there had been incidents, the incidents and learning from the incident, had been discussed at staff team meetings.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had established an effective complaints procedure underpinned by a comprehensive policy.

From speaking with staff and a review of records, the inspector saw that the complaints' procedures were regularly discussed with residents. In addition, complaints was an item included on residents' weekly household meetings.

A copy of the procedures alongside information on advocacy was located on a notice board in the kitchen area of the centre. It included photographs of the complaint officer and their contact details.

In addition, the organisation's advocacy officer called to the centre on a regular basis to meet with each resident for a one-to-one meeting. Residents were provided this space to discuss any issues or matters where they may need support with.

The person in charge was aware of the organisation' complaints policy and procedures. The inspector was informed on the day, that there had been one complaint made buy a resident in January 2026. On review of the complaint log and subsequent emails related to the complaint, the inspector saw that the complaint had been dealt with in an appropriate and timely manner. The complaint was investigated, followed up on and closed within the same month. The person in charge had spoken in detail with all parties concerned and when the complaint was resolved followed up with the resident to see if they were satisfied with the outcome. The resident's satisfaction with the way the complaint had been dealt with, as well as the outcome, was recorded.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for residents who live in the designated centre.

Overall, the inspector found that the provider and person in charge were endeavouring to ensure that residents' wellbeing and welfare was maintained to a good standard.

There was a strong and visible person-centred culture within the centre. Residents were supported to live as independently as they were capable of. Residents were facilitated to exercise choice across a range of therapeutic and social activities and for the most part, to have their choices and decisions respected.

Residents told the inspector that they enjoyed living in their home and were happy with who they shared their home with. Residents talked to the inspector about their meaningful participation in the community and of their upcoming goals that supported their wellbeing and personal development.

There had been a number of improvements since the last inspection which resulted in positive outcomes for residents living in the centre. There had been a significant reduction in safeguarding incidents which resulted in a safer environment for residents to live in. There had been upkeep to the internal areas of the premises which mitigated the risk of trips and falls for some residents. In addition, there had been upkeep and maintenance completed on external areas of the house, with a regular contract in place to maintain the upkeep. This had resulted in a more aesthetically pleasing and enjoyable outdoor environment for residents to avail of in the good weather.

However, on the day the inspector found that some improvements were needed to ensure that residents were in receipt of a service that was fair and equitable, at all times. In particular, improvement was needed to ensure that residents' rights were promoted at all times and in particular, to ensure consultation processes were meaningful and that residents' views were considered in matters related to their home. In addition, improvement was require to residents' assessment of needs so that they included a comprehensive assessment of residents' money management and budgeting skills and better ensured appropriate supports were in place for residents. These are discussing detail under Regulation 5 and 9.

Regulation 10: Communication

Residents were supported to communicate in a format that was in line with their likes and preference. All residents were provided an assessment of their communication needs which was part of their individual personal assessment and support plan.

Residents in this centre used verbal communication and were able to read and understand written information. Where residents were proficient in writing skills, these skills were promoted and encouraged through meaningful activities in their home. For example, one resident told the inspector that they were responsible for taking the minutes of the weekly household meeting. This was an important role for

them and ensured their writing skills were maintained and in a way that was meaningful to them.

The inspector saw that where appropriate, some information was relayed to residents in easy-to-read format. Staff informed the inspector that this provided an additional source to support residents understand information, in particular where information was complex. One of the notice boards included the organisation's 'Charter of Residents Rights' poster which included written and easy-to-read information. This was to ensure that residents were supported to understand their rights and the supports in place for them.

In addition, in line with residents' preferences and likes, there was a photograph-style staff roster in place in the centre's kitchen. Staff informed the inspector that residents like having a visual image of what staff were working during the day and night.

Residents also had access to television, radio and Internet in their home.

Judgment: Compliant

Regulation 17: Premises

The physical environment of the house was clean and overall, in good decorative and structural repair. The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable environment that me their assessed needs.

Since the last inspection, there had been improvements to the kitchen and dining room floor which resulted in positive outcomes for residents and in particular, in relation to mitigating risks of trips and falls. The flooring in both these rooms had been replaced and provided a safe and even surface throughout.

Communal areas in the house such as the sitting room included framed photographs of residents' family and friends as well as pictures of residents when they were children. Furniture, as well as soft furnishing and lights in communal rooms were observed as warm and inviting and provided a relaxing and homely feel to them.

There were shower and toilet facilities both downstairs and upstairs and were observed to be clean and tidy and in good upkeep and state of repair. One of the facilities included rails around the toilet and a shower chair which supported the needs of one resident who recently had a number of accidental falls.

The external areas of the house were well maintained. Since the last inspection, the inspector observed an improvement to the garden out the front and back of the house and saw that they were in good upkeep and provided a pleasant environment for resident to enjoy. The provider had made arrangements for a gardening maintenance schedule to be implemented that ensured regular grass cutting,

hedging, and weeding was completed. This resulted in positive outcomes for residents and provided a pleasant and well kept outdoor space for them to enjoy.

On the day of the inspection, the external areas of the house were being painted. Two of the residents expressed their happiness of the house been painted and seemed impressed of how good the house was looking with the new paint.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared an easy-to-read guide for residents which met the requirements of regulation 20. For example, on review of the guide, the inspector saw that information in the residents' guide aligned with the requirements of associated regulations, specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services, and the complaints procedure.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the centre's risk management policy and found that the provider had ensured that the policy met the requirements as set out in the regulations. The policy had been last reviewed in June 2025 and was not due further review until June 2028.

Where there were identified risks in the centre, the person in charge ensured appropriate control measures were in place to reduce or mitigate any potential risks.

For example, the person in charge had completed a range of risk assessments with appropriate control measures that were specific to residents' individual health, safety and personal support needs. There were also centre-related risk assessments completed with appropriate control measures in place.

Where there had been an increase in accidental falls for one resident living in the centre, their individualised slip, trip and falls assessment had underwent a review with additional measures put in place. Some of the measures included a falls management plan, regular review of eye sight, staff support resident to take their time and not rush, all falls recorded and followed up by GP visit and a support plan for epilepsy with regular review.

The inspector saw that additional measures were included in the June 2026 review of the risk assessment and included six week programme with community

physiotherapist, referral to child vision service and a requirement to follow up with the epilepsy nurse after each fall. Overall, the risk assessment had put in place sufficient measures to reduce the risk of further falls or harm happening to the resident.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, the infection prevention and control measures were effective and efficiently managed to ensure the safety of residents living in this designated centre.

The provider had ensured there were satisfactory oversight mechanisms in place to review the effectiveness of the infection prevention and control measures in place. The centre was observed to be clean and cleaning records demonstrated a good level of adherence to cleaning schedules.

The team leader's weekly checklist and the person in charge's monthly audits monitored the infection prevention and control systems in place. The cleanliness and good upkeep and repair of the premises demonstrated the effectiveness of these checks and overall resulted in positive outcomes for residents living in the centre.

Residents were also supported and encouraged to clean their home and there was a residents' cleaning rota in place to support them with this.

The inspector observed that there was adequate cleaning equipment and cleaning products and that they were stored appropriately. The provider had ensured that there was appropriate colour coded cleaning equipment in place to mitigate the risk of cross contamination when washing the floors in the house.

Staff had been provided an array of infection prevention control (IPC) training to support them in their work. On reviewed of the staff training records, the inspector saw that, overall, all training in this area was up to date.

The provider and person in charge had ensured that there was an appropriate emergency plan in place in the centre in case of a healthcare related infectious decease outbreak. This had been recently reviewed in June 2026 to ensure it continued to correspond to residents needs and ensure their safety.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the registered provider had ensured that there was effective fire safety management systems in the centre that ensured the safety of residents in the event of a fire.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, the inspector observed fire and smoke detection systems, emergency lighting and fire fighting equipment. Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

Staff completed daily, monthly and quarterly fire checks. The emergency lights, fire alarms, blankets and extinguishers were serviced by an external company within the required time frame.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed residents' personal evacuation plans. Plans included a photograph of each resident and detailed the supports each resident required when evacuating in the event of an emergency.

Staff had completed fire safety training and were knowledgeable in how to support residents evacuate the premises, in the event of a fire.

Fire drills were taking place regularly with two day-time fire drills completed in the centre during 2026 and a night time fire drill completed in 2025. Fire drills demonstrated that the least amount of staff could evacuate the most amount of residents. The provider had ensured that there were appropriate numbers of staff employed during the day and at night so that residents could be safety evacuation in the case of a fire.

There was a fire safety risk assessment in place in the centre with appropriate measures in place to mitigate the risk of fire occurring in the centre and was regularly reviewed

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

All residents in this designated centre administered their own medicines and were supported to complete a self- medication assessment. The assessment was renewed on an annual basis or sooner if required. For example, there was a protocol in place, where one resident was prescribed PRN medication (medication taken as required), which was dispensed outside blister pack format which required a further assessment. This was to ensure that the resident received appropriate supports to be able to take their medication when it was supplied in different types of medication bottles and containers.

To promote residents' independence and in line with the outcome of the self-medication assessment, residents took charge of attending their GP for prescription review and update, storing, disposing and administering, their own medication. The provider and person in charge had ensured there were appropriate oversight systems in place to ensure safe medication practices and to ensure their effectiveness. These systems promoted residents' independence while at the same time ensuring their safety. With each resident's consent, staff counted each resident's medicines on a weekly basis and ensured they were accurately recorded. In addition, where residents received their medicines from their pharmacist, staff completed a count of the medication when it arrived to the centre.

Each resident was provided a medication folder that included a medication management plan as well as details and information on of each of their prescribed medications. GP and medical consultant appointments were also recorded in the folder and noted reason for appointments and if any changes in residents' medication. The folder also contained hospital passports as well as admission and discharge information from hospital treatment.

There was also a transfer log included in the folder where residents were supported to record when they brought their medicines from their home to day service or daily activity. For example, where a resident was prescribed PRN cough medication, this was recorded on the transfer log when the resident took it with them on their daily activity. There were also forms in place to record when disused medicines were returned to the pharmacist. For example, the inspector noted an entry where one resident dropped a tablet on the ground which then could not be used. The medication was appropriate packaged and returned to pharmacy and a replaced.

Staff were competent in the administration of medicines and were in receipt of training and ongoing education in relation to medicine management. Staff were available to support residents should they require support with self-administration of their medication or in the event there was a change in a resident's assessed needs regarding self-administering of medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

On the day of the inspection the inspector reviewed a sample of residents' personal plans. Residents were provided with individualised assessments and for the most part, where required, care support plans were put in place. The plans were part of everyday life that endeavoured to ensure that residents were provided a person-centred service.

The inspector found that residents had up to date personal plans which were continuously developed and reviewed in consultation with each resident, relevant

keyworker, and where appropriate, allied health care professionals and family members.

The inspector saw that residents were supported to choose goals that encouraged their independence and personal development. One resident's goal included attending a musical and an overnight away trip. On review of residents' personal plans, the inspector saw that residents were supported to progress their goals and were involved and consulted through the process. Progress of residents' goals was regularly updated by each residents' keyworker in consultation with each resident. Where goals were achieved, these were acknowledged and celebrated.

The inspector found that, for the most part, the needs assessment in each resident's personal plan outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. However, some improvements were needed to clearly explain how residents had been assessed as not requiring supports with financial matters. For example, under the function, literacy and numeric skills section, the assessment listed a range of headings that were subject to rating including, value of money, budget, ability to use ATM, mobile telephone, tell time, identify colours and literacy level. The inspector was informed that this was a way of identifying what supports residents required with their finances. However, there was no additional information or specific assessments to clearly explain how the rating outcomes were reached. As such the provider could not be fully assured that residents had sufficient skills to be able to budget their finances and manage their money independently. This meant that there was a potential risk to residents experiencing negative impacts relating to money matters.

For example, on review of one resident's personal plan, the inspector saw that they had fallen into rent arrears. The inspector saw that the resident's associated direct debit had not been updated at the time the resident was advised of a rent increase. As a result the resident was required to pay a lump sum of rent arrears. While the resident had since been supported by their staff to address the matter, the inspector found that an adequate assessment of residents' financial needs would likely of promoted appropriate supports for the resident and avoided the financial burden of repaying a lump-sum.

Judgment: Substantially compliant

Regulation 8: Protection

Since the last inspection, there had been a significant reduction in safeguarding incidents notified to the Chief Inspector. Where it had been found that the designated centre was not meeting the assessed needs of one resident, and in particular in relation to their behavioural needs, this had been promptly addressed by the provider. The resident was supported to move to a service that better met

their needs. On speaking with management on the day, they advised the inspector that the resident was very happy in their new service.

On the day of the inspection, the inspector found that overall, residents were protected by practices that promoted their safety.

All staff had been provided with training in safeguarding and protection of vulnerable adults. Management and staff who spoke with the inspector were aware of the safeguarding policies and procedures in place to protect residents.

On review of staff meetings, the inspector saw that safeguarding was a standing agenda item at these meetings. All incidents and accidents were reviewed and discussed at staff meetings to support shared leaning and promote reflective practices.

On speaking with residents, they told the inspector that they knew who they could speak with should they be upset about a matter. On review of the centre's compliant logs, the inspector saw that residents were supported to raise issues and make complaints about matters that were important to them. The inspector saw that matters raised by residents were listened to and promptly followed up to the satisfaction of residents.

Some residents were supported to attend a specific training course which addressed safety in relationships as well as providing education and guidance in these areas.

There was a safeguarding poster in the centre, and it provided details of how to contact the designated officer if needed. There were also posters regarding residents' rights, advocacy and compliant procedures. All of these assisted and supported residents have the information they needed to raise any issues they may be concerned about.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had a number of systems and arrangements in place that ensured residents' rights, and in particular their independence, were promoted in line with their wishes, preferences and support needs. However, some of the arrangements in place regarding shared utility bills, admissions and effective consultations, required review. This was to ensure that residents' rights were promoted at all times and that residents were provided a fair and equitable service.

The designated centre was registered for four residents however, currently, there was three residents living in the centre. The vacancy for one resident was impacting negatively on residents' living in the centre. For example, since June 2025 when the vacancy arose, residents were required to split utility bills by the actual number of residents living in the centre. This arrangement was stated in each resident's

contract of care, however, there was no rationale as to why a vacancy in the centre should result in additional costs to residents. This meant that the three residents living in this centre were having to split and pay for two monthly utility bills, (some of which had totalled just over €1200), with minimum support from the provider. This was in addition to food and rent costs for each resident.

The provider contributed €50 towards each gas bill and €50 towards each electricity bill. However, there was no rationale or justification for the amount the provider contributed. Considering the provider also availed of these utilities in the centre, a review of the contribution fee per bill was required. This was to ensure the contribution was a fair and equitable amount and affordable to residents. For example, gas and electricity was being used during the day at minimum, five days a weeks while management and staff worked in house office and seven nights a week during staff sleepover shifts.

In addition to this, a review of the arrangements in place for the admission of residents into this centre was needed. This was to ensure residents' views were respected at all times and that consultations with residents were meaningful and overall ensured the promotion of residents' rights.

As part of the organisations' admissions policy and procedures, residents living in the house were consulted about potential new residents moving into their home. For the past number of weeks a potential new resident had been visiting the house to see if the designated centre met their needs, was suitable for them and ensured their safety as well as the current residents living in the centre. The inspector was informed that the visits had all been positive and their was no risk to any residents' safety. On speaking with one resident, they expressed their happiness of their friend moving into their home.

However, the admission had been put on hold due to circumstances that were not in line with the provider's policy and procedures. This had resulted in negative outcomes for the potential resident as well as the current residents. It had also meant that the consultation process alongside the views of the residents, regarding who they wanted to share their home with, had been disregarded. In addition, it prolonged the vacancy in the residents' house, which meant further negative financial impacts to them.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Bray Supported Accommodation OSV-0002642

Inspection ID: MON-0042088

Date of inspection: 01/07/2026

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 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • Following the Inspection it was identified that there was an issue with the online HR platform whereby the PIC did not have full access to view all documents on each staff file. On 15/07/2026 the PIC requested the correct access to the system, this will be provided by 30/08/2026. • Upon review of documents that were available to HR on the online system, it was confirmed that all documents identified in this report had been obtained by the provider. • Garda Vetting for the staff member who has not been vetted since 2017 will be requested. The request will be submitted by 30/07/2026.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • PIC has contacted HR and raised issues in relation to ease of access and layout of the HR platform, this was completed on 15/07/2026. • As addressed below under Regulation 24, Admissions SOP for Residential Services will be reviewed and updated to clarify the Local Authority position in the referral process. This will be completed by 30/08/2026.	

• The Statement of Purpose for the service has also been updated to reflect the Local Authorities position in the referral process. This was completed on 23/07/2026.

• PIC will ensure residents and the potential resident are kept informed in relation to local authority updates and what next steps in the process will be. PIC will continue to attend House Meeting monthly, and ensure the vacancy is added as a standing item on the agenda of these meetings, until the vacancy is filled.

Regulation 24: Admissions and contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
• The residential SOP in the providers Admission Policy will be updated to include information on Local Housing Authority referral. To be completed by 31/08/2026.

• The local authority is required to provide their final decision on nomination made by PIC by 28/08/2026. Following this date a decision will be taken by the PPIMs for this service in consultation with the Housing Association in relation to the next steps to be taken. This will be completed by 30/09/2026.

• The PIC has contacted the housing association and highlighted concerns raised in this report relating to the negative impact the current situation is having on both the existing residents and the potential resident. The Housing Association has raised these concerns with the Local Authority on 16/07/2026. To date no response has been received from the local authority.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• Annual Needs Assessment including the section on identifying residents support needs is under review. These revised Annual Assessment of Need process will be circulated to services for use by 30/10/2026.

• Resident was supported by staff to attend their GP on 10/07/2026 to discuss a screening examination and make a decision in relation to same. Through discussion the Resident made a decision on their lifestyle and history. The decision has been noted on both the Needs Assessment and Support Plan.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• The Provider will re-evaluate the amount of its monthly contribution towards utility bills in Designated Centres where required. This will be completed by the 07/08/2026. It will be revaluated on an annual basis thereafter to ensure the provider's contribution is reflective of any increased bills costs annually. Services will be advised of the increased contribution by the 14/08/2026 and it will be applied to bills paid after that date.
• The Provider will review its position on the payment of utility bills in designated centres where there is a vacant bed, this will be completed by 07/08/2026. Services will be advised of the increased contribution by the Provider in these circumstances by the 14/08/2026 and it will be applied to bills paid after that date.
• The Head of Accommodation will engage with the HSE in respect of the requirement for increased funding to meet these additional costs. This will be completed by 21/08/2026.
• The Provider will amend its SOPs relating to utility bills in Designated Centres to reflect changes agreed as part of this review. This will be completed by 31/08/2026.
• As discussed above under Regulation 24, Housing Officer has relayed concerns to Local Housing Authority re: Residents Rights and the negative impact of the delay has had on existing and potential residents. This was completed on 16/07/2026.

The local authority is required to provide their final decision on nomination made by the PIC by 28/08/2026. Following this date a decision will be taken by the PPIMs for this service in consultation with the Housing Association in relation to the next steps to be taken. This will be completed by 30/09/2026.

• PIC continues to discuss this and share any updates with residents at House Meeting.

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 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Not Compliant	Orange	30/08/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/08/2026
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the	Not Compliant	Orange	31/08/2026

	designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.			
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.	Not Compliant	Orange	31/08/2026
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/10/2026
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious	Not Compliant	Orange	31/10/2026

	beliefs and ethnic and cultural background of each resident.			
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	30/08/2026