



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

Issued by the Chief Inspector

Name of designated centre:	Seoidin
Name of provider:	The Rehab Group
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	21 January 2026
Centre ID:	OSV-0002649
Fieldwork ID:	MON-0043852

About the designated centre

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

Seoidin provides a full-time residential care and support service to children with a diagnosis of autism. The objective of the service, as set out by the statement of purpose is to provide a holistic service, supporting both children and their families, in a home from home environment for up to four children, male and female, aged from six to 18 years of age. The service is open seven days a week and the children are supported by a staff team which includes social care workers. Each child is supported by the required number of staff that they are assessed to need. The centre is a single storey purpose built facility located outside a main city. Vehicle access is provided to enable children to access local amenities, schools and leisure facilities. There is a playground and a large garden available to the children.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 21 January 2026	09:35hrs to 16:30hrs	Kerrie OHalloran	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013).

On arrival to the centre, the inspector was greeted by the person in charge who had arrived on duty and shortly after this the inspector was introduced to the team leader. Both the person in charge and team leader facilitated the inspection.

Seoidin provides full time residential care to three children. The centre was last inspected in December 2023 and since that inspection one resident had transitioned from the centre in 2024, with two children moving into the centre shortly after this. On the day of the inspection a number of changes have taken place with regard to the floor plan and number of residents that can be accommodated in the centre. The person in charge discussed with the inspector that the provider was in the process of completing an application to vary conditions of the designated centre as changes had occurred with regard to Schedule 1 of the regulations. The internal layout of the centre had also been altered.

The person in charge and team leader facilitated a walk around of the centre with the inspector. Here the inspector seen some of these changes that would be outlined in the provider's application to vary such as, a bedroom had been renovated to facilitate a large bathroom. Therefore the maximum number of residents that could be accommodated in the centre was now three. The bathroom was seen to be well equipped with space to support residents as per their assessed needs. A changing bed was located in this bathroom which required review as it had damage to the padding. A bathroom that was identified on the floor plans had now been converted into a medication room. This room had also been fully renovated to positively support the needs of the residents. The room now had large locked presses to store resident's medications and other required items. Both these rooms had completed renovation two/three weeks prior to the inspection. The person in charge informed the inspector that the provider was awaiting on updated floor plans and an application to vary would be submitted to the Office of the Chief Inspector.

Other areas of the centre however were found to vary on the day of inspection and this required review as it was not part of the provider's application to vary the designated centre. For example, a small shower room was being used for storage. The centres dining room was not being used or fit for purpose on the day of the inspection as it was being utilised to store resident's mobility equipment, some of which was not in use. This room was also storing a large amount of incontinence wear.

The children living in the centre had access to a large communal living room which had a television, couches and a dining table. Children also had access to a sensory room. The person in charge informed the inspector that the sensory room would also be getting some upgrades with the addition of some new equipment in the coming weeks. The inspector noted that the sensory room and bedrooms had all been refurbished since the last inspection with painting and new flooring.

The provider had committed to completing a number of works to their premises in the compliance plan submitted following the inspection in 2023, these were outlined to be completed by September 2024. The inspector did note some of these works had been completed such as flooring to bedrooms and sensory room and a bathroom renovation. However not all works had been completed such as, flooring in all communal areas and repairs to kitchen. This will be discussed in the next two sections of the report.

The centre also had a large enclosed garden area to the rear of the property. This included a patio area and a play area. The person in charge discussed with the inspector that the provider had plans in place to complete upgrade works to this area also which would include the additions of accessible play equipment for the children living in the centre.

The inspector had the opportunity to meet all three children living in the centre after they returned home from their day at school. All three children appeared to be very happy and comfortable in their home and in the company of each other. That evening one child was being supported to go shopping for a new outfit for an upcoming birthday. The staff supported the child to do their hair before they left. Another child was being support by a staff member in the sensory room and was enjoying watching some cartoons and playing games. Another child was using their tablet to access programmes of interest and relaxed in the centres living room and in their own bedroom. The children appeared happy having fun with staff, such as laughing smiling and requesting songs which staff would sing.

The inspector met four staff members on duty during the inspection and they were found to be very knowledgeable of the children and their assessed needs. The staff spoke about the residents likes and dislikes and plans they had for the evening. The staff also discussed how the children have settled in well together over the past 15 months and enjoy going on trips together to local playgrounds and parks. The centre has transport available to it. A larger bus was also available which facilitated all children travelling together for trips and outings. Overall the staff were very knowledgeable on their roles and responsibilities and said they felt supported in their role.

Overall the inspector found that residents living here had active lives where their rights were respected. Staff had access to training to ensure they could support the children with their assessed needs. All children living here liked to spend time with their friends and family and this was supported by the provider and staff team. Visitors were welcomed regularly to the centre and the children also enjoyed visits to family and friends.

From what the inspector observed and from discussions with staff and management of the centre it was clear that renovation works to the premises had a positive impact to the children quality of care, such as a larger bathroom and medication room to provide adequate storage. However, as mentioned improvements that had been outlined to be completed required review to further enhance the children's lives in the centre and ensure their home is well maintained in all areas. These matters will be reviewed in the next two sections of the report which will outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these impact on the quality and safety of the service.

Capacity and capability

The provider had a governance structure in place and staff were aware of their responsibilities and who they were accountable to. Sufficient staff were working in the centre at the time of the inspection and nursing staff had been added to the staff compliment since the centre's last inspection to ensure the assessed needs of the residents were being met.

Staff had access to a range of training courses which provided staff with the skills and competencies to support residents' care needs. Staff were completing regular supervision meetings with their line manager and records were maintained. This was in line with the providers own policy.

The inspector reviewed incidents occurring in the designated centre. This found that theses were reported to the Chief Inspector of social services in line with the requirements of the regulation.

The centre was last inspected in December 2023. The provider had committed to coming into compliance with regulation 23: Governance and management by September 2024 which ensured that a schedule of works would be completed. During this inspection it was found that the provider had achieved some of these works but not all had been completed. These will be discussed under Regulation 23: Governance and management and in the next section of the report.

Regulation 15: Staffing

The staffing arrangements in place at the time of the inspection were in line with the needs of the service. The inspector found that the management and staff team were aware and had adjusted to the assessed support needs of the children living in

the centre. Since the previous inspection the centre now had nursing staff in place and this was having a positive impact in supporting the children.

The inspector reviewed the planned and actual roster in place from November 2025 to February 2026. The roster was well maintained and provided an accurate reflection of the staff employed in the centre at the time of the inspection. All planned and unplanned leave was covered with internal staff to the provider to ensure continuity of care was provided to the children living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that staff were supported to develop both professionally and personally. Three staff members spoken with described the changes in the assessed needs of the children now living in the centre and how these had changed since the last inspection. The staff discussed how they were supported with training and regular supervision to support them in their role in providing good quality care to the children living in the centre. They reported receiving training in managing behaviours of concern, the safe administration of medicines, fire safety, specific feeding, eating and drinking training, children's first and safeguarding training. The inspector reviewed a staff training matrix and supervision matrix and seen that all staff had trainings completed, along with regular supervision.

The staff member also demonstrated awareness of how to log and report incidents in the centre and clearly understood the procedures for reporting concerns or responding to emergencies.

Judgment: Compliant

Regulation 19: Directory of residents

The inspector reviewed the records of the residents which were maintained in the directory of residents. The inspector saw that these records were maintained in line with regulations and included, for example, each residents name, date of birth and the details of their admission to the centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the governance and management systems in the centre promoted a culture of learning and continuous improvement. Staff spoken with described being supported through clear lines of accountability and regular oversight. The centre had a team leader in place and a person in charge. The person in charge had the remit of another designated centre which was located next to this one.

The service was subject to ongoing monitoring and review. The provider had completed an annual review for the service from the period of March 2024 to February 2025, as required by the regulations on the quality and safety of care. The review identified any areas for improvement, for the most part these were seen to be completed. For example, risk assessments had been updated. However actions still remained ongoing for property upgrades.

As part of the regulations the provider is required to complete unannounced audits of the designated centre at least once every six months or more frequently if required. Six-monthly unannounced audits had been completed in September 2025 and April 2025. The inspector viewed the six-monthly unannounced audits, all of which showed a high level of compliance overall. For any areas that required improvement an action plan was in place and it was seen that a lot of these actions had been completed. However the audits did not action or highlight that the provider was outside of its time line provided in the compliance plan from the last inspection report. This required review to ensure the provider completed the actions as per the time lines identified in the compliance plan response from the last inspection. The centre was last inspected in December 2023. The provider had committed to coming into compliance by September 2024 which ensured that a schedule of works would be completed. During this inspection it was found that the provider had achieved some of these works but not all had been completed. The person in charge did provide the inspector with an updated schedule of works dated January 2026. This included the outstanding kitchen upgrades and flooring to communal areas to be completed. This schedule did not provide a definite time line for when these works would be completed.

The person in charge was also completing regular team meetings. The inspector reviewed a sample of the team meetings from 2025 and January 2026 meeting minutes. These meetings discussed a range of agenda items such as health and safety, fire evacuation, incident reviews, residents updates, child protection and safeguarding, restrictive practices and training. The January 2026 team meeting highlighted that funds had been secured to update some items in the sensory room of the centre and storage solutions for items being stored in rooms of the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all incidents required under this regulation were notified to the Chief Inspector. The inspector reviewed a sample of incident records from 2025 and 2026, including injuries and the use of restrictive practices, and found that these had been reported in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had good systems for the management of complaints in the centre. A complaints procedure was in place which described the procedures to follow when making a complaint and this procedure was clearly displayed in the centre. An easy read complaints guide was in place for the children living in the centre. At the time of the inspection there were no open complaints for the centre. The complaints log template was reviewed. There was a reporting structure in place for complaints, with any complaints not resolved locally escalated to the complaints officer.

Judgment: Compliant

Quality and safety

The inspector found that the centre provided a safe, homely and child-friendly environment. As mentioned earlier in the report renovation works had taken place in the centre which were seen to have a positive benefit for the facilities of the centre. This included a new larger bathroom and a specific medical room. However the provider still had ongoing premises works to complete. As these works were outside of the time lines provided in the last report this was discussed under Regulation 23: Governance and management. Other premises issues were identified in this inspection and this will be discussed under Regulation 17: Premises.

Appropriate arrangements were in place to keep residents safe from harm. Staff had completed safeguarding training to help them recognise and respond to any concerns. Staff on duty were able to clearly describe their roles and responsibilities in the event of an allegation or suspicion of abuse. The inspector found that the compatibility of the children now living in the centre had a positive impact with regard to safeguarding and at the time of the inspection no safeguarding concerns were present.

There were some restrictive practices implemented in the centre, including locked doors and gates. The person in charge and team leader told the inspector about the rationale for the restrictions and the arrangements for their review. The inspector

found that these were well maintained with regular review and a log in place to monitor all practices in place.

Regulation 10: Communication

The inspector reviewed two of the children's communication plans. The children's communication support plans were clear and contained information specific to the communications needs of the children. Children in this centre presented with assessed communication needs. Various methods to communicate were used, including verbal communication with the use of some words and phrases, gestures, pictorial communication aids, objects of reference and other communication aids.

One child's plan identified a communication picture board was in place to support them. This was seen to be in place on the day of the inspection. Information was also available to staff in the child's personal plan regarding augmentative and alternative communication to support the resident using this method of communication.

The inspector saw that communication of all forms was respected and responded to. The inspector saw kind and caring interactions between the children and staff, and staff were able to use their knowledge of residents and their routines to promote responses.

Judgment: Compliant

Regulation 11: Visits

The registered provider supported children to maintain contact and communicate with family and friends. The children living in the centre were supported in line with their expressed wishes to receive visitors.

A visitor's book was in place in the centre for all guest to sign in. The centre had communal areas such as the sensory room and living room which could facilitate visitors. Both the team leader and person in charge informed the inspector that children would have visitors regularly. The inspector spoke to four members of staff who also confirmed that family and friends of the children were also welcomed to the centre. Visits to the centre were supported in line with the expressed wishes of the children living there.

Judgment: Compliant

Regulation 13: General welfare and development

The children living in the centre were supported to attend the school. The children that moved into the designated centre in 2024 were supported to continue to attend their school ensuring continuity in their education. All three children living in the centre accessed a school bus each morning and afternoon to and from school. The centre had access to two transport vehicles. One of these vehicles was larger and could accommodate all children and staff on outings together. While a smaller vehicle was available to support other trips and outings. Both these vehicles were accessible.

The children were also supported to engage in activities and interests of their choice. The inspector saw evidence of trips to parks, beaches, local playgrounds, shopping centres and the cinema. This provided opportunities for social development and meaningful experiences outside the centre. As mentioned earlier in the report on the of the inspection one child was being supported to go shopping, while the other children remained in the centre relaxing and playing games of interest after their school day.

Judgment: Compliant

Regulation 17: Premises

The layout of the centre met the needs of children living in the centre. Each child had their own bedroom and access to communal areas which included a living room, sensory room and kitchen. The centre had a large enclosed garden to the front and rear of the property. A play area was in place at the rear of the property. The person in charge discussed with the inspector that the provider had plans in place to renovate this area into a more accessible area for the children currently living in the centre. The area was seen to have a lot of moss present and required upgrading. Children living in the centre had assessed mobility needs therefore a lot of this play area was not accessible. The inspector reviewed the proposed work schedule in place and the play area upgrade was included in this to upgrade the surface and remove the timber frame area however no time line was available on this schedule. The outdoor area did have a patio area, staff informed the inspector that residents access this area during times of good weather.

The provider had also not completed some other premises works which had been identified in the last compliance plan to be done by September 2024. This included repairs to the kitchen counter area and flooring in communal areas. The providers proposed works schedule also identified these areas however again no time line was present to complete these.

During the walk around of the centre two rooms were being utilised as storage areas. This included a small bathroom which was no longer in use as a new

bathroom was in place. The dining room of the centre could not be used as it was being used to store equipment and incontinence wear. This required review to ensure adequate storage space was in place as per Schedule 6 of the regulations.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The children living in the designated centre had assessed needs with regard to food and fluids. The person in charge had ensured support plans were in place which clearly identified the supports required by each child. Children had assessments in place to support their individual feeding, eating and drinking support plans by speech and language therapist. The person in charge had also completed risk assessments with regard to the children's assessed needs.

The centre had adequate storage facilities for food and equipment with regard to mealtimes, choice offered was appropriate to the children's assessed needs and likes. A menu planner was also in place. Food storage areas were seen to be clean and well maintained. Staff had ensured to keep a record of the fridge temperature.

During the course of the inspection, the inspector observed staff providing meals and drinks to the children as per their assessed needs. For example, a child was supported to have a drink in their beaker as per their support plan and this was in place.

Judgment: Compliant

Regulation 26: Risk management procedures

There were effective systems in place for managing risk and promoting the safety of the children living in the designated centre. The centre maintained an up-to-date risk register and individual risk assessments for all children. These assessments included appropriate control measures to mitigate or manage identified risks. For instance, children living in the centre had assessed care plans in place for feeding, eating and drinking needs. The person in charge had a risk assessment in place with identified controls to prevent an incident or hazard of choking. These controls included detailed information on the specific meal plans in place for the children and equipment used.

The provider had ensured a centre specific risk register was in place in the designated centre. This was subject to regular review by the person in charge. These had all been recently reviewed in 2025 and 2026. Incidents were also

reviewed by the person in charge and discussed during regular staff meetings, contributing to shared learning.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that the childrens' needs had been assessed as per the regulations. The inspector reviewed two of these plans. The children had received input from a multidisciplinary team which included occupational therapist and speech and language therapist.

Care and support plans had been developed for residents, which gave staff support and guidance on how to support a resident. For example, the child's support plans guided staff on how to prepare their food and drinks.

In addition to childrens personal support plans, activities residents enjoyed were also recorded. These identified a number of activities the children liked such as, trips to a nearby parks, walks, visiting playgrounds, going to the shop, shopping, visiting family and friends, along with having visitors in their home. Many activities were also provided in the centre such as beauty therapy, music and arts and crafts.

There was evidence that the children had been supported to set and achieve goals as part of the person centred planning process and there was evidence of progression, completion and ongoing review of goals. For example, one child had identified they would like to develop their independence around their oral care and this was seen to be recorded and reviewed. Another child enjoyed attending sporting events and this was also being supported by the staff team. The children had regular meetings with their key worker staff to ensure progress on goals and health care needs were being progressed.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges. At the time of the inspection the children living in the centre did not require this support. The person in charge discussed that if required in the future the provider could access the supports of a behavioural therapist.

The inspector found that the provider had systems for oversight, approval and ongoing review of restrictive practices. The person in charge maintained a restrictive practice log of for the centre. This log was reviewed by the inspector and was well maintained and contained clear information on the restrictions in place for each

child. All restrictions were seen to be regularly reviewed and no less than on an annual basis.

Judgment: Compliant

Regulation 9: Residents' rights

Childrens' files that were reviewed by the inspector documented that the children's consent was obtained for a variety of reasons, for example to take photographs. Menu plans were recorded for a child that required this support. On the day of the inspection, the children were seen to be supported with their mealtimes as per their assessed needs.

On the day of the inspection, staff were overheard giving the children a choice of activities for that evening. These included going shopping, going for a walk, watch programme of interest, play games or relax in their home. One child was supported to go shopping while other children remained in their home completing activities of the choice.

The children living in the centre were supported to have regular residents meetings. These meetings had an agenda in place and discussed items such as rights, school, visits, upcoming activities and events. Easy read documentation was also available for a number of items, examples include complaints, fire and safeguarding.

The children had a documented day and night routine in their personal plans. From the two plans reviewed it was seen that each child had a personalised plan as to their routines, what times they like to get up and go to bed. The inspector spoke to the staff and management throughout the inspection and staff were knowledgeable in each child's preferences.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Seoidin OSV-0002649

Inspection ID: MON-0043852

Date of inspection: 21/01/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The provider has updated its six monthly internal audit process to ensure that the audits identify and action when the provider is outside its time line for the completion of actions provided in the compliance plan from the last inspection report. This was completed and communicated to Auditors on 23/02/2026. • The provider has agreed a timeline for the completion of premises works. The works will be fully completed by 31/07/2026. Going forward the provider will communicate any delays with completion of works agreed on compliance plans to the inspector in a timely manner. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Flooring will be replaced in required areas by 31/07/2026. • Kitchen/ Utility Room repairs will be completed by 31/07/2026. • Adequate storage areas will be identified and in use by 31/07/2026 and removed from the dining room. • Playground Area will be upgraded by 31/07/2026. • Overall painting of the service will be completed by 31/07/2026. 	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/07/2026
Regulation 17(3)	The registered provider shall ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities.	Substantially Compliant	Yellow	31/07/2026
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/07/2026
Regulation 23(1)(c)	The registered provider shall	Substantially Compliant	Yellow	31/07/2026

	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.			
--	--	--	--	--