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:	Dárog Services
Name of provider:	Corlann
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	29 May 2026
Centre ID:	OSV-0004065
Fieldwork ID:	MON-0044766

About the designated centre

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

Darog services provides a residential service to those with an intellectual disability who require support ranging from minimum to high levels of care needs. The service can accommodate both male and female residents from the age of 18 upwards. The service can accommodate up to four residents at a time and operates seven days a week. The centre comprises of one two-storey dwelling which provides residents with their own bedroom, some en-suite facilities and shared bathrooms, a kitchen and dining area and sitting room. There is a secure garden area to the rear of the centre that residents can access as they wish. Ramped entry and exits are also available to residents. There is also a compliment of staff to support residents during both day and night time hours.

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
Friday 29 May 2026	08:55hrs to 15:05hrs	Maureen McMahon	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor the provider’s compliance with the regulations. During the inspection, the inspector met with three residents who lived in the centre and observed how they lived. The service had one vacancy on the day of inspection. The inspector also met the manager deputising for the person in charge, the team leader, staff on duty and viewed a range of documentation.

Based on the findings of this inspection, the inspector found that residents overall had a good quality of life, were supported to achieve best possible health, to enhance their communication skills and were supported to participate in their preferred activities. Improvement was needed to ensure the provider continued to proactively address identified compatibility concerns in the centre and to ensure that the measures in place to protect residents from all forms of abuse are appropriate. This will be discussed further under Regulation 8: Protection and Regulation 9: Residents' Rights.

The centre compromised of a two-storey house located in a residential area. The house was a short walk from a busy town. Residents could access shops, restaurants, churches and local amenities such as swimming pools and leisure facilities. The house was welcoming and pleasantly decorated throughout, with some recent home improvements noted by the inspector. Residents had the opportunity to access an enclosed garden with outdoor furniture, sensory features included a swing chair, and water-based sensory activities. The inspector observed a visual roster was in place, which supported residents in knowing who was working each day. Two resident’s accessed day services outside of the centre and a third resident was supported throughout the day in the centre in a wrap around service. The inspector saw this resident plan their preferred routine with the support of staff during the day. The resident held a social role within the local community, and on the day of inspection was involved in distributing a locally produced community magazine. They were observed to enjoy this role and were engaged in the activity.

The inspector had the opportunity to spend time with two residents before they left the centre to attend local day services. Residents who met with the inspector appeared content and relaxed. Residents used verbal skills, and communication aids such visual schedules to communicate their needs with staff. Staff were observed to take time to listen to residents and they were observed speaking warmly to residents. It was evident that staff actively promoted the use of communication aids.

Residents in the centre had high support needs in relation to assessed areas, including positive behaviour support, maintaining a safe environment and safeguarding. Restrictive practices were in place to manage identified risks in relation to residents assessed support needs. This included limited access to kitchen areas during food preparation. The provider had recently sought a review of all restrictive practices in the centre and had plans to reduce restrictions currently on the front door in relation to locked access.

The inspector found that residents had opportunities to engage in a wide range of activities. These included community based-activities such as volunteering locally, organising fundraising events, visiting restaurants and coffee shops, hotel breaks, discos, and social outings such as trips to Dublin zoo, concerts and visiting an aquarium. One resident told the inspector about a recent trip to Disneyland with family.

Throughout the inspection, the inspector observed staff supporting each resident in a personal centered manner that was respectful and supported each residents autonomy to decide and plan their day. Staff were observed offering residents choices in relation to planned activities and supporting residents to decide what they wished to do and at what time.

Overall, this was a positive inspection that found residents were provided with a good standard of care and support. Where improvement were found to be required, the provider was aware of these issues and had plans in place to proactively manage these areas for improvement. This was evident from the providers response to identified compatibility concerns and the actions in progress.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affect the quality and safety of the service provided.

Capacity and capability

Overall, this inspection found the centre was well managed. Improvement was required to ensure the systems in place to submit notifications to the Chief Inspector were reviewed. In addition, the providers plans in relation to the compatibility of residents requires ongoing review to ensure all residents' assessed needs are appropriately supported.

The provider had submitted a compliance plan following the last inspection and all areas were found to be addressed during this inspection. This plan committed to an increase in staffing resources at weekends to ensure residents had access to social opportunities and this was in place and evidenced to be effective with residents' having good access to the community at the weekend.

There was a clear organisational structure in place to manage the service, which included a suitably qualified and experienced person in charge. There were deputising arrangements in place to manage the centre when the person in charge was absent, and these were effective on the day of inspection. As the person in charge was on planned leave, the person deputising for them facilitated this inspection along with the team leader. They were knowledgeable of their responsibilities, plans regarding the centre and of residents' care needs.

The centre was subject to monitoring and review and the provider had systems that maintained oversight of the quality and safety of care. These systems included a schedule of internal audits, an annual review of the centre and unannounced provider audits carried out every six months. The inspector found that these arrangements assisted in ensuring that care was held to a good standard at all times.

Good internal communication was evident, with regular team meetings taking place. Staff who spoke to the inspector were knowledgeable on matters in the centre and felt comfortable to discuss concerns with local management should they arise. The centre was adequately resourced to meet the assessed needs of residents. These resources included transport, Wi-Fi, and suitably trained staff. The inspector noted that there were adequate staff on duty to support residents throughout the inspection, and review of staffing rosters showed that these levels were being consistently maintained.

Regulation 14: Persons in charge

The provider had appointed a suitable person in charge to manage the designated centre.

The person in charge was on planned leave on the day of inspection. From discussion with staff members, the person in charge was frequently present in the centre and worked closely with staff and the wider management team. From information supplied to the Chief Inspector in relation to the person in charge, they were suitably qualified and experienced for the role.

Judgment: Compliant

Regulation 15: Staffing

The centre had adequate staffing levels to meet the assessed needs of residents at all times.

The inspector reviewed the staffing rosters for May 2026 and found that actual and planned rosters were available to view. The rosters demonstrated that sufficient staff were consistently being rostered to meet the needs of residents. Since the previous inspection the provider had increased staffing allocated to the centre on a Saturday each week. This increase in staffing ensured that all residents could access community based activities over the weekend.

The provider had ensured that a consistent staff team was available to support residents. The inspector spoke to staff in the centre who had worked here for over ten years. There was no use of agency in the centre and regular relief staff covered any vacant shifts.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that core staff had received mandatory and enhanced training specific to their roles and responsibilities.

The inspector reviewed the training records for the centre and found that mandatory training, and other appropriate training had been delivered to staff as required. Newly inducted staff had completed online training and were awaiting face-to-face events in areas such as positive behaviour support. One staff was also overdue a refresher training in positive behaviour support. Management confirmed during verbal feedback that this training was booked to take place in the month following this inspection.

Staff who spoke with the inspector said and records confirmed, that they had received training in adult safeguarding and other relevant training such as Feeding, Eating, Drinking, training (FEDs) and first aid. In addition, most staff had completed training in communication and all staff had received training in Lámh.

Staff supervision meetings were taking place frequently, a schedule of planned and actual supervision meetings was available to view in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Based on the findings of this inspection, there was a good level of compliance with the regulations. Some improvement was required in the provider's systems relating to notifications submitted to the Chief Inspector. The provider had identified that the compatibility of residents living in this centre required review, and this process had commenced and was ongoing.

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The person in charge was supported by a team leader in the centre. The person in charge was not recorded on the centre roster. This may impact on staff awareness of management presence and responsibilities within the centre, and it was also not possible to evidence management hours worked in the centre. The provider had various monitoring and oversight arrangements in place, including an annual review of the centre and unannounced provider audits conducted every six months. The inspector read the annual review for 2025 and found that the provider had sought feedback from residents and their representatives. While feedback was mostly positive, some respondents requested improved communication with families. Local management confirmed they had acted on this feedback and addressed the concerns raised. An unannounced provider audit completed in May 2026 identified resident compatibility as an area requiring further review. Similarly, this inspection found that residents' interactions and behaviours had the potential to negatively impact on one another, indicating that compatibility arrangement required further review by the provider. This is discussed under Regulation 8: Protection. In response to the compatibility concerns identified, the provider had held meetings with senior management to review the overall suitability of the centre and had also engaged with the commissioner for the service.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured that residents had a written contract for the provision of services agreed upon admission and this included the required information.

The inspector reviewed a sample of two written agreements and found that they included the required information about the service to be provided and the fee to be charged. Service agreements had been developed in both regular and easy to read versions.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had maintained a record of all incidents occurring in the centre. However Improvement was needed in the systems in place for ensuring that the Chief Inspector was notified of certain incidents and events.

As discussed under regulation 26 the provider did have systems for the identification, management and response to incidents where residents were at risk of injuries or did sustain an injury. However, from a review of incidents from January 2026 to April 2026, the inspector found incidents such as minor bruising and a choking incident that met the criteria for notifying the chief inspector. While they were managed appropriately, they had not been notified to the chief inspector in the prescribed format.

Judgment: Not compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of care delivered to residents living in this centre. However, improvements were required to ensure that all residents were compatible with one another's assessed needs and that safeguarding measures did not have a negative impact on residents.

The centre was located in a residential area close to large busy town. Transport was provided, and residents had access to a vehicle to attend appointments and preferred activities. Residents had access to an enclosed garden, with outdoor furniture and access to water-based sensory activities. Residents also had access to activities in the centre they enjoyed such as, music devices, assistive technology, and televisions.

Personal plans had been developed collaboratively with residents, their families and their key workers. These personal plans clearly identified the supports residents required to achieve their short and long-term goals. Residents had good access to medical and healthcare services, and their healthcare needs were well met. They were supported to access general practitioners, medical consultants, and national health screening programmes as required.

Residents' nutritional needs were well met. Residents could partake in menu planning and shopping for food and if they chose to, or they could go out for something to eat in the community. The provider had acknowledged in the most recent provided unannounced audit that the kitchen required an upgrade and was committed to addressing this.

The provider had systems in place for the identification, assessment, management and review of risk. These were found to be effective in the management of identified risks in the service. Contingency arrangements were in place in the event of emergencies and staff were aware of these plans.

Medicine management practices were well managed in the service. Storage of medicines was appropriate, and the inspector observed keys were kept secure. The centre had appropriate procedures for the handling and disposal of used and out-of-date medicines. Medicine records were well maintained and a pictorial index of each medicine were available to view in line with best practice.

Safeguarding measures were in place in the centre, including allocated staffing ratios, ongoing supervision of residents, and environmental controls. The provider was proactively monitoring safeguarding and compatibility concerns within the centre. This was evidenced in the most recent unannounced provider audit carried out in May 2026. Local management outlined a number of options currently being explored by the provider to ensure each resident’s assessed needs could be appropriately met.

However, this inspection found that some of the measures implemented to support safeguarding may impact residents’ freedom of movement within communal areas of the centre. For example, the inspector observed a resident entering a shared space and being redirected to another location to prevent a peer being adversely affected by their presence.

Regulation 10: Communication

The provider had ensured that residents were assisted and supported at all times to communicate in line with their needs and wishes.

The inspector observed staff communicate with residents’ throughout the inspection, using their preferred methods of communication. For example, staff had prepared a visual schedule for a resident to support them to plan their daily routine. Talking tiles were also available to residents and these were used in conjunction with smart devices to receive commands from residents such as music choices. Residents had access to assistive technology, this included communication applications on computer tablets. These applications were supported under the providers Digital Assistive Technology programme. Residents had access to a speech and language therapist and staff were also trained in communication.

The inspector read communication records and found that there was clear and up-to-date information available to guide staff. The communication plans provided a range of information to guide staff, such as, information about the resident's likes, dislikes and preferences, use of language and cues, and clearly explained use of visual schedules.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre comprised of a two-storey house in a residential area close to a busy town. The house was visibly clean, comfortable and well equipped throughout.

During a walk about the centre, the inspector found each resident had their own bedroom and these were personalised with photographs, artwork and residents preferred décor. The main kitchen was found to be in need of refurbishment. However, it was visibly clean, and the current lay out and design was in place to maintain residents safety during meal preparation. The provider had established in the most recent provider six monthly unannounced audit, that a new kitchen would enhance the centre and this was discussed during verbal feedback with local management. There were laundry facilities in the utility room, which were readily accessible to residents. The centre was also equipped with Wi-Fi, televisions and music devices for residents' use and entertainment. There was an enclosed garden to the rear of the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being well supported. Suitable foods were provided to cater for residents' preferences and assessed needs.

The centre had a well equipped kitchen where food could be stored and prepared. The inspector observed that there was a selection of fresh food available in the centre. Residents could choose their meals, and a visual menu was in place. Meals were prepared and served in line with each resident's preferences. Staff explained that grocery shopping was done locally once a week, and that one resident usually accompanied staff on this activity.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register were both local, environmental and individual risks to residents were recorded. Local management had identified nine medium risks in the centre, this included behaviors of concern and the risk of slips/ trips and falls as risks that required specific control measures and ongoing review.

Arrangements were in place for identifying, recording, investigating and learning from incidents. For example, where incidents occurred they were discussed with the team at team meetings and also in a multidisciplinary team meeting.

The provider had a system in place to respond to emergencies, this included an on-call arrangements for out of hours emergencies.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate practices in place for the ordering, receipt, prescribing, storage, disposal and administration of medicines.

The inspector observed that medicines were stored securely on the day of inspection, with appropriate arrangement in place to maintain key security. The inspector reviewed the prescription sheet for one resident and found that this was up to date and contained all the relevant information to support safe medicines management. For example, the maximum dosage for medicines prescribed on an as-required (PRN) basis was clearly documented. This information corresponded with the dispensing label on the medicines available in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessments of health, personal, and social care needs of residents had been completed, and individualised personal plans had been developed for each resident based on their assessed needs. These plans were of a good quality, up to date, and provided clear guidance. Easy-to-read planning folders were also available to support residents in understanding their personal goals.

The inspector read a sample of two personal plans. These plans had been developed in consultation with residents, families and the staff team. Personal goals had been agreed at annual planning meetings. Evidence of ongoing progress of these goals was available. For example, where a resident had set a goal in relation to a fundraising event, it was evident that this goal was progressing with the support of staff and the resident’s family.

Judgment: Compliant

Regulation 6: Health care

Residents’ healthcare needs were well supported. The provider had ensured that residents had access and support to attend annual medical reviews. Residents had access to allied health care professionals such as general practitioners (GP), medical consultants, physiotherapists, occupational therapists, nurses and speech and language therapists.

The inspector viewed the healthcare plans for two residents and found that their healthcare needed had been identified and that they had good access to a range of healthcare services. The person in charge confirmed that residents were supported to access national health screening as appropriate.

Judgment: Compliant

Regulation 8: Protection

The provider had clear procedures in place to support staff in identifying, reporting, responding to and managing any concerns related to the safety and welfare of residents. A safeguarding plan in place between two peers had recently been closed by the safeguarding team. Safeguarding measures implemented to protect residents, such as supervision arrangements, remained in place on the day of inspection.

During the inspection, the inspector observed residents and their interactions with peers. It was evident that some residents required a high level of supervision to ensure that their interactions did not negatively impact others. For example, when one resident was using a preferred music item, staff were required to provide close supervision to prevent another residents from taking this item and to minimise the risk of conflict. On the day of inspection, the inspector observed one resident attempt to take a preferred music item from another resident, this required staff intervention and ongoing supervision to support positive interactions.

The provider had identified that the compatibility of residents living in the centre required further review and had escalated this concern to senior management. Meetings had taken place in January 2026 to discuss the matter. Local management also described engagement with the commissioner of services in relation to the suitability of the centre based on all residents assessed needs.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There were systems in place to support residents' human rights. However, some issues were identified regarding the impact of safeguarding arrangements on residents' independence.

Each resident was supported in an individualised way to participate in activities and tasks of their choosing. The provider had established each residents' likes and dislikes based on discussions, observations and knowledge of each individual. Residents' were consulted in the planning of the centre, and each week a house meeting took place where residents discussed areas such as menu planning and activities they would like to partake in.

During the inspection, staff were observed providing a high level of supervision to one resident in line with agreed safeguarding measures. Another resident required

personal space and had a room arranged with preferred items and belongings to support their routines. A third resident, who generally moved freely throughout the house, was at times redirected to avoid potential negative interactions with peers or disruption to another residents personal space. While these measures were necessary to safeguard residents, they had the effect of limiting opportunities for independent movement within this house.
Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Dárog Services OSV-0004065

Inspection ID: MON-0044766

Date of inspection: 29/05/2026

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 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: In line with regulation 31, a review was completed of all AIRS from Jan 2026-June 2026 and any missed notifications were submitted on 02/07/2026. The person in charge will notify the chief inspector in 3 working days of all incidents in the designated centre resulting in serious injury to a resident which requires immediate medical or hospital treatment going forward. The person in charge will also notify the chief inspector at the end of every quarter of any injuries in the designated centre.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: In line with regulation 8, the person in charge organised a Multi-Disciplinary Team meeting on 01/07/2026 to review current safeguarding plans within the centre and to discuss compatibility of the residents residing in the centre. The provider is awaiting funding from the HSE to finalise a suitable placement for one of the residents, the placement is close by to the residents family. The provider estimates that this move will happen in quarter one of 2027. Safeguarding will continue as an agenda point at staff team meetings.	

The person in charge has completed a compatibility risk assessment on 01/07/2026 in conjunction with the positive behavior support therapist and the safeguarding officer for each individual within the centre. This outlines the supports and safeguards required to protect the rights of individuals while using the least restrictive approach.

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: All residents in the designated centre have been prioritised and discussed at the provider's most recent admissions discharge and transfer meeting on 18/06/2026. The provider is awaiting funding from the HSE for a suitable placement for one of the residents. Accommodation has been identified for this individual which is close by to their family. The provider estimates that this move will happen in quarter one of 2027. The person in charge has linked with the Human Rights Committee to discuss the rights of the residents in the designated centre on the 02/07/2026.	

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 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Not Compliant	Orange	02/07/2026
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be	Not Compliant	Orange	02/07/2026

	notified under paragraph (1)(d).			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/12/2026
Regulation 09(3)	The registered provider shall ensure that each resident’s privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/12/2026