Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Pinewoods, Ashbourne
Name of provider:	Praxis Care
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	21 July 2025
Centre ID:	OSV-0005806
Fieldwork ID:	MON-0038923

About the designated centre

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

This centre provides residential respite care to children aged between eight to eighteen years of age. The centre can accommodate up to five residents each night. The centre is a dormer style detached home situated in a large town in Co. Meath. There is a self-contained one bedroom apartment annex attached to the main home. In the main home there are four bedrooms all of which have en-suite facilities, a kitchen and utility room, dining area, sitting room, sensory room a staff office and a staff sleepover room. Staffing arrangements consist of a person in charge, team leaders and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Monday 21 July 2025	09:30hrs to 18:40hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents appeared to enjoy attending respite care in this centre. The resources were planned around the needs of the residents and the staff team were observed delivering supports in a kind and patient manner. Notwithstanding, some improvements were required in a number of regulations which included, governance and management, records stored, staffing, training, the policy on the recruitment of staff, risk management and personal plans. The residents also provided feedback on some things they thought could be improved in this centre.

This centre provides respite care to 39 children up to the age of 18 years of age. The centre is registered to support five residents each night, however, at the time of this inspection, only four residents could avail of respite as the provider was waiting for additional funding to sanction the recruitment of additional staff to enable five residents to avail of respite each night.

This inspection was announced and was carried out to inform a decision to renew the registration of the centre, and to follow up on unsolicited information received by the Office of the Chief Inspector prior to the inspection. This information concerned recruitment practices of the registered provider.

Over the course of the inspection, the inspector met all of the residents who were availing of respite at the time of the inspection, except two who had been collected by family when the inspector arrived in the centre. The inspector spoke to two family members, two staff members and observed some of the practices in the centre. The person in charge facilitated the inspection, along with the head of operations for the centre. The inspector also reviewed a sample of records pertaining to the residents care and support, as well as some governance and management records regarding the oversight and auditing of services provided in the centre.

The centre was clean, very spacious and decorated to a high standard. It was primarily divided into two areas, a house which has four bedrooms, and a self contained apartment that consisted of an open plan living area and a bedroom with an ensuite bathroom. This apartment could support residents who did not like sharing with others. The apartment was adapted to suit the needs of some residents. For example, instead of a television set, there was a large projector so as residents could watch programmes, and for residents who did not like curtains on their windows, the blinds on the windows were integrated between the panes of glass, to maintain their privacy.

The main house had four bedrooms all of which had ensuite bathrooms.There were multiple communal spaces for residents to spend time alone or engage in preferred activities. There was a large sensory room with bean bags, different lighting, floor mats and some sensory tactile activities, which some residents were observed using

on the day of the inspection. Other communal areas had gaming consoles, arts and craft activities, and other games that were age appropriate. The communal spaces were decorated with bright colours and were age appropriate.

The bedrooms were spacious and each bedroom was decorated in a specific theme, which residents had chosen. For example; one room was called the 'music room' and the décor was centred around music. Residents could then pick which room they would like to stay in during their respite stay. Residents were also supported to bring their own personal belongings with them if they wanted when they were staying overnight.

There was a large kitchen/dining room and a separate utility room to launder clothes. The kitchen was modern and well equipped and residents were observed getting snacks whenever they wanted them. The garden to the back of the property had a trampoline, and other activities like footballs for residents to play outside. The premises were in a good state of repair, on the day of the inspection, the front gate to the property was not closing and this had been reported to the maintenance team.

On arriving to the centre, as stated some of the residents had already been collected. One of the residents was enjoying a lie on in bed and was going home later in the morning. Another resident was enjoying a snack and using their electronic tablet while waiting to be collected by family. The resident was not interested in talking to the inspector, however, the inspector observed that the resident appeared at ease in the centre and looked content.

Later in the morning, the inspector spoke briefly to one resident. They said they liked coming to the centre and liked the staff. The resident was waiting for their family to collect them. In the afternoon, two residents arrived for respite, the inspector met both residents, who appeared to be happy in the centre. One was using the sensory room and the other was sitting in one of the communal areas. While both residents were happy to greet the inspector, they did not want to engage further and this was respected.

At the end of the inspection, the inspector met a resident who was staying in the apartment for their respite break. One staff member was supporting the resident and had made some of the residents favourite food for dinner. The resident appeared to be enjoying this and liked staff to sit with them while they were having their meals. The resident was also enjoying watching some videos on the large projector screen in the dining room.

Prior to the inspection the residents or their parents had completed questionnaires about whether they were happy with the services provided. Two questionnaires were completed and received on the day of the inspection and one was submitted after the inspection to the Health Information and Quality Authority. The questionnaire includes feedback on whether the person likes the centre, the food provided, the staff, and whether they like the people they share their respite stays with.

While the feedback provided was positive in terms of the staff and food provided and the level of care. Some residents reported that they did not always get along socially, with the people they came to respite with. One said that the respite stays were too short to develop friendships and another said that there had been a high turnover of staff recently. Another resident said that changes in staff meant that staff did not always know me that well because they were new to the centre.

As part of the providers own reviews and audits, they also had collated feedback from residents and their family representatives. For example, the person in charge held a family forum meeting each year. A review of this meeting and other records showed that family representatives were informed about the complaints policy, and assurances were provided to family members about the staff vacancies in the centre and what the provider was doing to address this. The annual review for 2024 -2025, showed that families were very happy with the services provided, and gave examples of staff being kind and considerate, open and transparent and going beyond the call of duty. As an example, one family member stated that it was reassuring that staff provided an update to them every night about how their child was when staying in respite.

A number of complaints were also reviewed by the inspector, some of those complaints included concerns around the availability of respite and some concerns around aspects of care. One family member for example, raised a concern about planned activities for residents while availing of respite and the person in charge had taken actions to address this. While the person in charge provided verbal assurances to the inspector and some records showing that the concerns were addressed, this needed to be improved as there were no records to show whether the person was satisfied with the outcome of their complaint. This is discussed under regulation 23 governance and management in the next section of this report.

Residents meetings were not formally held in the centre, instead a news letter was sent to families and residents each month to discuss what was happening in the centre. Each month a different human rights theme was highlighted in the monthly newsletter and then discussed at staff meetings also. The person in charge informed the inspector that families or residents could provide feedback on the services provided at anytime. However, the inspector found that this process needed to be reviewed as it was not clear how residents feedback was sought to improve service provision in the centre.

The general welfare and development of the residents was supported while attending respite and they got to choose activities that they wanted to do. As an example; the residents decided when they were coming for respite stays if there were any activities that they would like to do, and they were then planned for. A sample of activities for one resident had included trips to the cinema, McDonald's, bowling and shopping. Residents also liked to just relax and watch TV, listen to music or play games. During school term they were also supported to attend after school activities like football and judo. The inspector also observed from interactions on the day of the inspection that the staff and parents appeared to have an open,

friendly, and transparent relationship. The staff were courteous and professional in their dealings with family members.

One family member who met with the inspector said that the service was excellent and they found the staff and person in charge approachable. They informed the inspector that they would have no problem raising concerns if they had any to the staff team. Another family member who spoke briefly to the inspector said that the service provided in the centre was very good.

The staff were also aware of the needs of the residents, including their medical needs and the supports needed to manage anxieties the residents may be experiencing. The staff members discussed the residents' medical needs with the inspector and they demonstrated a good knowledge of the supports the residents required with their needs.

Overall, residents were being provided for the most part with a safe quality service on the day of the inspection, notwithstanding some minor improvements were required under a number of regulations.

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

Capacity and capability

Overall, the centre had a clearly defined management system in place. The services provided were being audited and reviewed to ensure that a safe quality service was being provided. However, improvements were required in some regulations. These included governance and management, records stored, training, staffing, the policy on the recruitment of staff, risk management and personal plans.

As stated in section one of this report, the Office of the Chief Inspector had received unsolicited information prior to this inspection in relation to recruitment practices pertaining to the registered provider. Meaning the information was not related to this centre specifically. The concerns related to the vetting of staff, work permits and recruitment practices for agency staff. On review of records pertaining to these concerns, the inspector found that improvements were required in the policy concerning the recruitment of staff, but found no other concerns from a sample of records viewed with the exception of the verification of fire safety training for some agency staff.

The defined management structure included, the person in charge and a team leader. The person in charge reported to a head of operations. Regular meetings were held to discuss the care and support of the resident in the centre. There were also key personnel in the wider organisation to manage specific areas of care such as fire safety. The provider had systems in place to monitor and audit the service.

These included a number of audits that the person in charge or staff team completed and audits conducted by the operations manager. However, improvements were required in some areas.

A review of a sample of rosters showed that there were sufficient staff on duty to meet the needs of the resident, however, the staff rota did not include staff full names and there was a staff vacancy in the centre, which meant that relief and or agency staff had to be employed to fill these shifts.

The staff training records maintained in the centre showed that the staff team had been provided with training to support the resident's needs in the centre. However, improvements were required to verify and ensure that agency staff had completed fire safety training.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to the Office of the Chief inspector to renew the registration of the designated centre which included all of the documents that are required to be submitted with this application.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full time basis in the organisation. A review of their work history and qualifications showed for example, that they had a management qualification and experience working in the disability sector.

The person in charge was found to be responsive to the inspection process and to meeting the requirements of the regulations. They demonstrated a commitment to providing person-centred care to the residents availing of respite care.

They were also aware of their legal remit under the regulations and supported their staff team through supervision meetings and team meetings.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual rota in the centre to show the name of staff who had completed shifts each day. However, a review of this rota

showed that the full names of staff were not recorded. This was important as some of the staff employed were agency staff from a number of different agency providers. This required review.

The staff skill mix comprised of a full time person in charge, three and half team leader positions, and seven support workers. The person in charge worked Monday to Friday 9-5. There was one staff vacancy in the centre at the time of the inspection. This meant that relief staff or agency staff were employed to fill these shifts.

The roster was completed on the basis of the compatibility of the residents availing of respite and their needs. This meant that the roster was planned around the needs of the residents. In the feedback from family and residents, there had been concerns raised about the high turnover of staff in the centre. The inspector compared a rota for October 2024 and May 2025 which showed that two new staff had been employed and there remained a staff vacancy. This meant that during this period there had been a turnover of staff and a need to employ agency and relief staff. A review of the rotas from May 2025 to July 2025 however, showed that the same staff team were employed and the reliance on relief staff and agency had reduced, but was still required due to the current staff vacancy in the centre. The person in charge informed the inspector that the provider was recruiting for this position at the time of the inspection.

There was also a shortfall of staff in the centre, which meant that only four residents could be supported using respite at any one time, even though the centre was registered to support five residents. The person in charge informed the inspector that funding had been sought to address this shortfall and the registered provider was waiting for a response from the funding body regarding this at the time of this inspection.

Senior Managers were on call 24/7 to provide guidance and support to staff should they need it.

The inspector reviewed the staff files of two staff members. They contained all the requirements of Schedule 2. For example; all staff had been vetted with An Garda Síochána (police). As referenced under policies and procedures, the registered provider needed to address the policy on the recruitment and retention of staff, particularly in relation to the recruitment of staff through agency providers.

The inspector also reviewed a sample of records pertaining to agency staff employed in the centre and these records showed that those agency staff were vetted with An Garda Síochána.

The inspector met with the two staff members working in the designated centre. Both staff members said that they felt supported by the person in charge and the senior management team. They also demonstrated a good knowledge of the needs of the residents in the centre.

Overall, the inspector found that improvements were required in the maintenance of the staff rota, and the continuity of staffing to ensure the current staff vacancy in the centre was filled.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A review of the training matrix for the centre demonstrated that staff had completed mandatory training and most of them had completed training specific to this centre. Training specific to this centre included training modules to support residents with their healthcare needs. Some of the mandatory training included:

- Fire Safety
- Children's First
- Food Hygiene
- Restrictive Practices
- Person- centred planning
- Managing complaints
- Infection Prevention Control
- Manual Handling (inanimate objects)
- First Aid

Training Specific to the designated centre included,

- Positive Behaviour Support
- Medicine Management (including competency assessments)
- Feeding Eating, Drinking and Swallow
- Incontinence Care
- Epilepsy (including the administration of rescue medicines)
- EpiPen training (to respond to residents who had allergies).

Three staff were due to complete EpiPen training, this needed to be risk assessed going forward to ensure that at least one of the staff on duty had this training completed. This is discussed further under regulation 26 risk management of this report.

The person in charge also had records indicating that agency staff had completed mandatory training such as Children's first. The person in charge was able to verify this training through forms called, 'verification forms' which had a record of training completed by agency staff prior to them working in the centre. The inspector reviewed a sample of these forms and found that staff had most of the necessary training completed, however not all agency staff had completed fire safety training.

The person in charge met staff for supervision meetings and staff member's performance was also formally appraised, annually. A review of a sample of

supervision records and staff appraisals showed that staff members could raise concerns, and their performance and training needs were also discussed. Where work related issues were discussed, actions were taken to address these.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was established and maintained by the person in charge and included details such as the date the residents were admitted to the centre for their respite stay and the date they were discharged from the centre.

Judgment: Compliant

Regulation 21: Records

Under Schedule 4 of the regulations, certain documents are required to be held in the designated centre, regarding adverse incidents that occur in the centre.

The Office of the Chief Inspector had been notified of two incidences whereby the centre had to be closed due to issues with the boiler. While the inspector found that the boiler had been repaired and replaced, the records pertaining to this were not all available in the centre on the day of the inspection.

Judgment: Substantially compliant

Regulation 22: Insurance

As part of the application to renew the registration of the centre, the registered provider had submitted a valid insurance certificate which included cover for the building and all contents and residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place. The person in charge managed the day-to-day operations of the centre.

The person in charge reported to, the head of operations who visited the centre at least monthly to audit and review the care and support being provided.

Two staff spoken with said that where required, they could contact a manager on-call or a person in charge from another designated centre, when the person in charge was off duty.

Systems were also in place at the time of this inspection to support staff to raise concerns about the quality and safety of care and support provided to the residents. For example, two staff spoken with said they would have no issues whatsoever in raising a concern (if they had one) with the person in charge regarding the quality and safety of care provided in the centre.

The registered provider had personnel appointed to conduct a six monthly unannounced quality review, along with an annual review of the designated centre. The annual review included feedback from the residents/family representatives who reported that they were happy with the services provided. Other audits were conducted in areas such as medicine management, fire safety and personal plans. The head of operations also conducted monthly monitoring visits in the centre. The findings from these were compiled onto a report and any actions required were listed.

The inspector followed up on some of the actions from these and found that they had been completed. However, some of the actions, while completed, did not provide enough information to guide practice. As an example, intimate care plans for residents and compatibility assessments did not provide sufficient information.

In addition to this, the inspector also found that there needed to be more oversight when complaints were raised in the centre to ensure that complainants were satisfied with the outcome of the complaints. As well as this, improvements were required to the way in which residents feedback on the services provided was collected.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. It detailed the aim and objectives of the service and the facilities to be provided to the residents. Some minor improvements were required to some details contained in the document, however, the person in charge rectified these minor improvements on the day of the inspection.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed the policy on staff recruitment, selection and Garda (police) vetting which a registered provider is required to have in place. This review showed that improvements were required in this policy to provide clear guidance on the recruitment and selection of agency staff to assure that they had the necessary skills, references, garda vetting procedures and or work permits prior to being employed to work in the organisation.

As an example, the policy only referred to agency recruitment agencies used to employ full time posts in the organisation, and not staff from agency providers who provided staff to fill shifts due to planned/unplanned leave.

Judgment: Substantially compliant

Quality and safety

On the day of the inspection the residents availing of respite care in this centre appeared to be happy and staff were observed supporting them in a kind and supportive manner. The staff team led by the person in charge, knew the residents well and were providing person-centred care to the residents availing of respite. However, risk management and personal plans required some review.

The residents were being supported with their healthcare-related needs and the person in charge and staff team had a system in place to ensure that parents were contacted prior to a residents admission for respite to seek updates in any changes to the residents' health care needs or medicines prescribed to them. This ensured that staff were kept informed of changes to the residents' needs since they were last in respite care.

Systems were in place to safeguard the residents and where or if required, safeguarding measures were in place.

Systems were in place to manage and mitigate risk and support the resident's safety in the centre. However, some improvements were required to risk assessments.

The registered provider had systems in place to manage or prevent an outbreak of fire in the centre.

The house was observed to be generally clean, warm and welcoming on the morning of this inspection.

Regulation 13: General welfare and development

The general welfare and development of the residents was supported while attending respite and they got to choose activities that they wanted to do. As an example; the residents got to decide when they were coming for respite stays if there were any activities that they would like to do and they would then be planned for.

A sample of activities for one resident had included trips to the cinema, McDonald's, bowling and shopping. Residents also liked to just relax and watch TV, listen to music or play games. During school term they were also supported to attend after school activities like football and judo.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the needs of the residents. As outlined in section one of this report the premises were spacious, decorated to a high standard and well maintained. The garden outside was equipped with plenty of activities for residents to engage in.

The registered provider had systems in place to ensure that equipment in the centre was maintained and in good working order. As an example; all electrical equipment had been tested to ensure that it was in good working order.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre. This guide was available to the residents and included a summary of the services to be provided, some improvements were required to this document,

however the person in charge had addressed these improvements in a timely manner.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place and other supplementary policies, such as a health and safety statement, to guide how risks were managed in the centre.

The systems included a process for reporting and reviewing incidents and, the management and review of risk assessments. A risk register was also maintained which outlined the risks specific to this designated centre. This risk register had the control measures recorded, to manage or mitigate risks in the centre.

However, a review of this document showed that some improvements were required. As an example one risk assessment stated that all staff had completed training on EpiPens, however, this was not the case on the day of the inspection. While, the rosters did not allow for lone working arrangements, the risk assessment did not detail for example, that there would always be one staff rostered on duty for each shift who had this training to assure a safe service to the residents concerned.

A registered provider is also required to submit a record of incidences where the centre had to be evacuated to the Office of the Chief Inspector and two incidences whereby the centre had to be closed due to issues with the boiler had been submitted in advance of this inspection. While the inspector found that the boiler had been repaired and replaced, the records pertaining to this were not all available in the centre. This was discussed under regulation 21 records of this report.

The registered provider had ensured that both vehicles used to transport residents, were roadworthy, regularly serviced, and insured. For example; the records pertaining to both vehicles showed that they were insured up to March 2026 and had a certificate that both vehicles were roadworthy from January and February 2025.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place to manage fire in the centre. A risk assessment in the centre for the management of fire had been conducted by the fire officer in November 2024 and the risk was identified as a low risk based on the control

measures in place. It had recommended that all electric equipment needed to be reviewed and this had been completed in December 2024.

Fire equipment such as emergency lighting, the fire alarm, fire extinguishers and fire doors were being serviced by competent fire personnel and visual checks were completed by staff daily/ weekly and monthly to ensure that equipment was in good working order. For example: the fire alarm was due to be checked on the morning of the inspection and this was completed. This check showed that all of the fire doors closed in the centre when the fire alarm was activated. Emergency lighting and the fire alarm were also been serviced every three months.

Residents had personal emergency evacuation plans (PEEPS) in place outlining the supports they required. Fire drills had been conducted to assess whether residents could be evacuated safely from the centre and the records viewed showed that these were taking place in a timely manner.

As an example fire drills had been conducted during the day and during hours of darkness when the staff levels were reduced. The fire drill records indicated that a fire evacuation was completed on both occasions in a timely manner. As well as this when new residents were admitted to respite, additional fire drills were also completed to ensure that they were aware of the procedures to follow.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan that outlined their assessed needs. This included their emotional and healthcare needs. A review of a sample of plans showed that they included details of the supports that residents required from staff to meet those needs. However, some of those plans required more detail to guide staff practice. For example, intimate care plans did not include all of the residents preferences when personal care was being attended to. Compatibility assessment plans included in the residents care plans also required more details.

The inspector also reviewed a sample of healthcare plans for residents and found that they were detailed. The staff who met with the inspector were also knowledgeable of the residents' needs. For example; the staff were aware of the allergies that residents had and those who may require rescue medicine in response to those allergies.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had a policy that provided guidance on safeguarding which outlined a zero tolerance to abuse. This policy also guided practice, for when an allegation of abuse occurred and who this should be reported to.

As well as this, a registered provider is required to have a child safeguarding statement in the designated centre to outline the measures they have in place to protect children from harm. The inspector found that this statement had been reviewed in November 2024 and listed control measures to ensure that children were safe. For example, a record was maintained of all visitors to the centre.

A number of safeguarding concerns had been reported to the Office of the Chief Inspector, some of which included incidences between residents. The inspector reviewed all of the safeguarding concerns reported since July 2024 and found that they had been reported to the designated safeguarding officer, the relevant State agencies and relevant stakeholders. The inspector also found that family representatives were informed of these incidences where appropriate.

The reports also included the measures taken to ensure the safeguarding concern was being managed and addressed. A review of all records informed the inspector that the provider had a zero tolerance to abuse and that any concerns reported were responded to and referred to relevant departments in the organisation to investigate where necessary.

Staff had received training in relevant government guidance for the protection and welfare of children and were aware of the procedures to be followed in the event of an allegation of abuse being reported.

The registered provider also had intimate care plans in place for residents who required support with their personal care needs. However, as stated under regulation 5 of this report some of those viewed by the inspector required more details.

The registered provider had a policy on the management of residents personal possessions. When residents came to stay in respite a record was made of all of their personal possessions and any money that was brought into with them. This was to ensure that residents finances and possessions were safeguarded in the centre.

Overall, the inspector found the provider had robust systems in place to manage, report and investigate any allegations of abuse in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Pinewoods, Ashbourne OSV-0005806

Inspection ID: MON-0038923

Date of inspection: 21/07/2025

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The person in charge will ensure that the rota is completed as per regulation to include staff full names, designation and where applicable contracted agency name. Completed 22/07/2025 The Head of Operations will review rota management in monthly monitoring visits to ensure compliance with regulations. Commenced 01/08/2025 The Registered Provider has an ongoing recruitment campaign. There are currently 1 WTE support worker vacancy in the centre. The vacancy is currently being backfilled by consistent relief staff. Date 31/10/2025	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in charge will continually assess the skill mix within the rota to ensure staff have the required training to meet the children's needs. Commenced 22/07/2025 The Person in Charge has booked epi-pen training. Date 31/10/2025 The Registered Provider will ensure fire precautions are included in the agency induction. The registered provider is reviewing the agency induction programme to include fire safety. To be completed by 31.10.2025.	

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
The Person in Charge has requested a new boiler installation certificate with the correct dates of installation. To be completed by 31/10/2025

The Head of Operations will monitor records in monthly monitoring visits. Commenced 01/08/2025.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Head of Operations will monitor actions from monthly monitoring visits to ensure actions are closed in a timely manner. Commenced 01/08/2025

The Person in Charge will review all intimate care plans and inter-compatibility risk assessments to ensure they have sufficient information to guide practice.
Date 31/10/2025

The Head of Operations will review intimate care plans and inter-compatibility risk assessments in monthly monitoring visits. To commence 01/09/2025

The Registered Provider will ensure that for all complaints raised in the designated centre that there is a record of the outcome to be available for any inspections, which will include the feedback on whether the complainant was satisfied. To be completed by 31/10/2025

The Person in charge has amended daily notes for each resident to include a section for feedback on the service provided and any feedback received will be reflected into the monthly newsletters. To be completed 31/10/2025

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
The Registered Provider has ensured the organisational recruitment and selection policy includes a hyper link to 'The use of agency policy'. Completed 29/08/2025

The Registered Provider has ensured that both the recruitment and selection policy and the use of agency policy, are reviewed and updated to reflect current practices and clear guidance, in the recruitment of agency staff; to include both agencies for recruiting full time staff and short term usage of staff through agencies. To be completed 31/10/2025

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The Person in Charge has updated the risk register to reflect current work practices including that at least one staff member rostered on duty for each shift will have the required training to safely meet resident's needs. Completed 22/08/25

The Person in Charge has requested a new boiler installation certificate with the correct dates of installation. To be completed by 31/10/2025

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:
The Person in Charge will review all intimate care plans and inter-compatibility risk assessments to ensure they have sufficient information to guide practice.
Date 31/10/2025

The Head of Operations will review intimate care plans and inter-compatibility risk assessments in monthly monitoring visits. To commence 01/09/2025

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/10/2025
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	22/07/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	31/12/2025

	as part of a continuous professional development programme.			
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	31/10/2025
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	31/10/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	22/08/2025
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as	Substantially Compliant	Yellow	29/08/2025

	often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/10/2025