



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

Issued by the Chief Inspector

Name of designated centre:	Chapel View
Name of provider:	Chapel View
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	04 March 2026
Centre ID:	OSV-0006448
Fieldwork ID:	MON-0049765

About the designated centre

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

Chapel View consists of a bungalow located in a rural area but within close driving distance to a number of towns. The designated centre provides a full-time residential service for up to three residents of both genders, over the age of 30 with an intellectual disability, acquired brain injury and mental health needs. Each resident has their own en suite bedroom and other facilities in the centre include a kitchen/dining room, a lounge, a sitting room, a sunroom and staff facilities. Staff support is provided by a nurse, social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 4 March 2026	08:20hrs to 18:15hrs	Maureen McMahon	Lead
Wednesday 4 March 2026	08:20hrs to 18:15hrs	Ivan Cormican	Support

What residents told us and what inspectors observed

This inspection was carried out following the receipt of information in relation to residents' personal possessions, food and nutrition and the compatibility of residents living in this centre. This was an unannounced inspection to assess the provider's compliance in relation to specific lines of enquiry based on the information received. The centre was home to three residents on the day of inspection, which was the maximum capacity of registered beds. As part of the inspection process, inspectors met with the centre's person in charge, the shift lead manager and staff on duty. Inspectors had the opportunity to meet all three residents' who lived in the centre and where possible to discuss their experiences of living in the centre. Inspectors also spent a period of time speaking with three staff members in relation to the delivery of care and residents' experiences of living in this centre. From speaking with residents, observing life in the centre, discussing care with staff and reviewing documentation, it was clear residents differing needs were having a fundamental impact on residents' day to day lives. A review of the arrangements for supporting residents with their property and possessions also highlighted that this area of care required a complete review to ensure residents' assets were safeguarded at all times.

The inspection was facilitated by the centre's person in charge, who had a detailed knowledge of the residents' individual needs and the arrangements for the provision of care. It was clear that they promoted the welfare and wellbeing of residents and throughout the inspection they were observed to have a good rapport both with residents and staff on duty.

The centre comprised of a detached single storey house close to a rural village and a busy town. Residents had access to nearby shops, restaurants and churches nearby. The design and layout of the centre provided sufficient space for residents' to spend time privately if they wished. Each resident had their own bedroom and adequate storage available for personal belongings. The centre was welcoming with pictures of residents in the entrance hall and it was pleasantly decorated throughout. The house had a well-equipped kitchen where food could be prepared and stored hygienically. Residents were supported to choose menu items and each week options for the week were discussed and planned.

The provider had undertaken assessments of need for all residents. This indicated that two residents were supported by two staff each day and one resident was support by two staff for eight hours each day. The centre operated on slightly reduced hours at night-time with two waking night staff on duty. One resident in the centre presented with a high level of behaviours and staff spoken with described the impact this had on all residents in the centre. For example, following a recent incident that included property damage, communal areas required deep cleaning before others could access this space. Inspectors observed that when all residents were home, the house was loud, with doors banging and an overall increased level

of noise. Staff described one resident as spending an increased amount of time in their bedroom when not engaged in community activities. This was discussed with staff who felt this choice was based on incidents occurring in communal areas such as the kitchen.

Upon arrival to the centre, the person in charge greeted both inspectors outside, they were supporting a resident outside due to an ongoing behavioural incident. Inside the centre inspectors were greeted by two other residents, one was mobilising using their mobility frame and a second resident was sitting at the kitchen table. A short while later the resident who had been outside entered the kitchen and was smiling and seeking engagement. On the morning of inspection there was four care staff delivering direct care and support and two staff were attending fire training and returned to the centre in the late morning. The person in charge throughout the morning provided direct care and support until staff returned from training.

Inspectors found residents had opportunities to engage in a wide range of activities. These included community based activities such as attending mass, visits to entertainment centres, going for meals and coffee. During the inspection, inspectors observed a resident attended mass locally and had breakfast out afterwards, they also discussed plans to do some shopping in a nearby menswear shop. Another resident was supported to go to a nearby entertainment centre where they enjoyed playing darts and other amusements. This resident returned to the centre for lunch and later dinner, spending time in the community with the support of staff between meals. Inspectors observed this resident was busy and appeared to enjoy spending time in the car and partaking in their preferred activities. From discussions had with staff they describing having access to resources when dining out with residents in the community. Records reviewed demonstrated that residents were supported to stay in contact with their respective families, and the person in charge also described regular visits from family to the centre.

Throughout the day, inspectors had the opportunity to meet staff working in the centre. Some of the staff spoken with had worked in this centre for many years and were very familiar with the support needs of residents. Staff had a good rapport with residents; however, they described that behavioural incidents for a resident in the centre were unpredictable with little known cause and were difficult to manage. Staff did describe having been supported to attend bespoke training in positive behaviour support.

Overall, this inspection found that residents living in this centre had differing needs that were impacting on the care provided. Also, a high level of behavioural incidents were ongoing in the centre and this had a negative impact on all residents. The provider had systems for the management of personal belongings but this required review to ensure residents' personal items and belongings were safeguarded. These issues in relation to personal possessions will be detailed in the subsequent sections of this report.

Capacity and capability

Based on the findings of this inspection considerable action was required to ensure oversight systems protected residents in relation to the management of their personal items and belongings. Prompt action was also required to ensure that the centre was suitable for the assessed needs of each resident.

The provider had various monitoring and oversight systems in place, this included an annual review of residents' care and support and unannounced six-monthly provider audits. These oversight systems did not consistency align with the findings of this inspection. Although the provider had identified through their six monthly audit that improvements were required in regards to the management of personal possessions. The extent of irregularities which were identified on this one day inspection, from reviewing a three month period of financial transactions, indicated that this area of care required closer examination by the provider.

The provider had identified that residents within the centre were impacted by other resident's needs. For example, one resident presented with loud vocalisations and this impacted on residents who required a quiet environment. Although a multidisciplinary meeting had taken place where this issue was discussed, there was no time-bound plan in place to address the issues identified. Furthermore, the provider was not addressing this matter with sufficient urgency. Given the impact on residents' day-to-day experience of living in the centre, this required prompt review.

There was a clear management structure in the centre, and all staff were aware of this structure and of their reporting responsibilities. The person in charge was supported by two shift lead managers who worked across seven days to provide oversight at weekends in the centre. The centre was adequately resourced to ensure the delivery of care and support, this included access to transport, Wi-Fi, television, a large garden space, a wheelchair accessible ramp to the front entrance, and comfortable living arrangements. Rosters reviewed indicated the centre had sufficient staff on duty to meet the needs of residents. Local management detailed a vacancy for a full-time post was planned to be filled in the coming days and this would ensure full staffing in the centre. Staff described feeling supported by management and stated they could easily access a member of management should they need to discuss any matters.

Regulation 15: Staffing

The provider had ensured that the number and skill mix of staff was appropriate to residents assessed needs and in line with the size and layout of the centre.

An inspector reviewed the rota and shift allocation sheets for a sample of two weeks. During this period staffing levels were in line with the assessed needs of residents. On one occasion, the centre operated under the provider's safe staffing protocol with four staff on duty, including local management. The rosters reviewed indicated that the person in charge and shift lead manager regularly provided direct care, rather than working solely in management roles. This review indicated that staff rotated frequently and supported all residents in the centre during this period. Local management confirmed that a vacancy was planned to be filled in the days following inspection, ensuing full staffing in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received mandatory and refresher training appropriate to their role and the assessed needs of residents.

All required training was up to date, and where refresher training was due, this was scheduled. Staff had received mandatory training in areas such as fire safety, positive behaviour support and safeguarding. Additional training in medication management, human rights, and infection prevention and control (IPC) had also been made available to staff.

The person in charge had prepared a schedule of supervision for 2026. Formal supervision meetings were undertaken twice annually, or more frequently if required. Staff spoken with described their participation in formal supervision meetings with their line manager and also described receiving regular informal support within the centre. They described that local management were available to discuss concerns or other matters as they arose.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors followed a specific line of inquiry based on information received regarding personal possessions, food and nutrition, and the suitability of the centre to meet residents' needs. While food and nutrition was held to a good standard, personal possessions were not always appropriately managed, and the centre was not collectively meeting the needs of all residents.

Inspectors found the provider's systems for managing residents' personal possessions required a comprehensive review to ensure residents' personal belongings were appropriately managed, and the provider had effective oversight.

Discrepancies were found in relation to possessions which residents had purchased and the associated asset logs which were completed by the supporting staff member. In addition, an item recently purchased by a resident was not able to be located in the centre, despite being listed on their asset log.

Inspectors reviewed comprehensive needs assessments for residents and discussed their needs with local management and staff on duty. These assessments indicated that residents living in the centre had differing needs. For example, two residents were assessed as requiring a quiet environment and a third resident presented with loud vocalisations and a high level of behaviours of concern. Although, the provider had recognised that safeguarding issues existed in the centre due to noise disruption, and that these were having an impact on care, the extent of the issues identified on this inspection had not been identified by the provider and required immediate review.

The provider had systems of oversight in place, including an annual review of the service and six-monthly unannounced provider audits. The most recent provider audit did identify that improvements were required in relation to residents' personal possessions, specifically the monthly reconciliation of bank statements, and the use of handwritten receipts. However, this audit did not identify the extent of issues found during this inspection, such as inaccurate asset logs and insufficient systems to safeguard residents where larger expenditures had occurred. In addition, a multidisciplinary meeting had taken place in February 2026 in response to an increased level of incidents for a resident. While this meeting identified safeguarding concerns relating to other residents, the resulting plan was not sufficiently comprehensive or effective. Measures implemented from this meeting included positive behavior support input, increased staffing, and weekly reports regarding this resident. These measures were not found to be effective on the day of inspection. Overall, audit findings did not align with the issues observed by inspectors on the day of inspection.

Judgment: Not compliant

Quality and safety

Based on the findings of this inspection, significant improvement was required to ensure the centre is suitable to meet the needs of each resident. Inspectors were unable to verify residents' personal items and belongings were safeguarded.

The provider had systems in place for admissions, transfers and discharges from the centre, this included the development of personal plans and assessments of need to ensure suitability of residents living in a centre. Personal plans had been developed for residents and this clearly identified their support needs in relation to health, personal and social care needs. Inspectors reviewed a sample of two plans and found these plans clearly outlined residents' needs in areas such as emotional well-

being, health care, financial matters, behaviours of concern and personal goals. Where behaviours of concerns were identified, the provider had guidance to staff on reactive and proactive measures to follow. For one resident, the provider was preparing a multi element behaviour support plan in response to a high level of incidents.

Providing residents with financial support was a requirement of care in this centre. Two of the residents required full assistance from staff in this area of care in relation to paying for goods, and managing their finances and possessions. An inspector focused on the provision of financial supports for these two residents and found that considerable improvements were required in regards to the management of their personal possessions.

Inspectors reviewed food and nutrition based on unsolicited information received. Residents' nutritional needs were found to be well met with large amounts of food available in the centre. Records reviewed indicated that residents were supported to eat a varied diet and their preferences were respected. For example, a resident expressed their preferred meal was bacon and cabbage and this was planned as part of the weekly menu.

Overall, this inspection found that significant improvements were required to ensure the centre could effectively meet residents' needs. In particular, improvements were needed in the safeguarding of residents' personal possessions. While personal plans and behavioural supports were in place, the provider had not fully considered how residents with differing assessed needs living together may impact on each other.

Regulation 12: Personal possessions

Residents had their own bedrooms in which they kept their possessions and personal belongings. Two of the residents who used this service required full support in regards to managing their personal finances and personal belongings. There was minimal use of cash in this centre and as residents had their own accounts in financial institutions, cashless payments were the preferred way to support residents when paying for food, services and personal items.

There was good oversight of financial transactions, with transactions accounted for on a monthly basis by the centre's person in charge. Each month the person in charge referred to the residents' bank statements when monitoring receipts and spending which assisted in safeguarding their finances. Although this was a good area of practice, improvements were required in regards to managing resident's personal belongings, which the provider needed to review as a matter of priority. The inspector reviewed a sample of spending for two residents to determine if the items purchased were safeguarded. The person in charge explained to the inspector that property asset logs were maintained for each of the residents for items to the value of 50 Euro and over, but in day-to-day practice, items of lesser value could also be added to a resident's personal asset log. The inspector reviewed a personal asset log for one resident and found that the log was not up to date or completed as

required. Some items which had been purchased had not been included, and a receipt which was compared to an asset log after a significant spend on clothes, were grossly different from each other, which raised concerns. For example, the asset log stated that eight hoodies of the same brand were purchased, but only one of this brand was listed on the associated receipt, with three hoodies in total purchased. A review of the resident's possessions with the person in charge found similar hoodies to those purchased, but there was no way to verify this on the day of inspection. In addition, the resident had purchased two branded T-shirts but only one was listed on the associated asset sheet, and neither item could be located in the resident's wardrobe. The inspector reviewed the asset management for one other resident and found that the provider could account for clothes which they had recently purchased. However, the resident had spent 100 Euro on bottle of aftershave 12 weeks prior to this inspection, this was listed on their personal asset log: however, this item could not be located in their room, or among their possessions.

Inspectors found that residents were well supported to be out in their local community shopping, having meals out, paying for entertainment and that their choice in regards to purchases was respected and promoted. An inspector read four recent receipts in which two residents had spent large sums of money on cloths and personal items; however, there was no system in place for the oversight of this type of spending on their behalf, considering they required full support with their finances.

Overall, inspectors found that a prompt and indepth review of residents' assets was required to ensure that their personal items and belongings were safeguarded at all times.

Judgment: Not compliant

Regulation 18: Food and nutrition

An inspector reviewed the arrangements for food and nutrition in the centre and found that residents were well supported to enjoy a nutritious and varied diet. Residents enjoyed going for meals, snacks and refreshments and there was always a home cooked meal prepared each day. The residents were actively involved in decisions about their meals and they choose their menu for the week ahead though keyworking sessions and a residents' meeting forum.

On the day of inspection, there was a smell of home cooking in the evening time and chicken casserole was on the menu. The menu was varied with a mix of roast dinners, curries and fish and chips for the coming Friday. The inspector reviewed the availability of food in the centre and found that fridges, freezers and cupboards were well stocked with fresh fruit and vegetables, dairy products such as cheese, milk and yogurts, fresh meat, dried goods and canned items.

The storage of food was also held to a good standard, with clear segregation of food items and any left-over meals and items which had been opened and used, clearly labeled with the relevant date.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents who used this service required support in relation the majority of the aspects of daily living including personal and intimate care, managing their finances and possessions, social activities, nutrition and hydration, mobility, communication and maintaining their safety. Two of the residents required a moderate level of support in regards to behaviours of concern, while the remaining resident required intensive supports in regards to this area of care.

All three resident's had an up to date assessment of need which covered the above stated areas of care and also highlighted the recommended staffing requirements to ensure that that residents were safe and enjoyed a good quality of life. An inspector also read an anxiety management plan and proactive behavioural strategies for one resident which clearly stated that they required a quiet and calm environment. An inspector met with three staff members who stated that another resident also preferred a quiet and calm environment.

Although an inspector read, and was also informed that two residents were best suited to a quiet and calm setting, this was not the environment which inspectors read about, were informed of, or observed on inspection. An inspector read 17 incidents over the nine weeks prior to this inspection, where a resident engaged in behaviours of concern which included shouting, screaming, banging doors, breaking items and also throwing items. Of these 17 incidents, five were more serious and involved staff being assaulted, with three of these incidents requiring a physical hold to be used as a last resort. Two staff members met with an inspector and spoke about these incidents. One staff member told the inspector that residents no longer preferred going to the kitchen area due to these behaviours. The other staff member told an inspector that residents are well aware of these incidents and when they occurred staff had to ensure that they were redirected away to an area of safety. One resident who met with the inspector said that incidents ' were the worst he ever saw and that you could get hit with something'. Inspectors also observed that the environment changed when all three residents were in the centre. The atmosphere became noisy and the inspectors heard frequent banging of doors.

Overall, the inspectors found that the designated centre did not meet the needs of two of the residents as they were assessed for. The frequent incidents of aggression, assaults on staff, screaming and shouting, banging doors, breaking property and throwing items was having a negative effect on life in the centre and required a comprehensive and prompt review by the provider.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant

Compliance Plan for Chapel View OSV-0006448

Inspection ID: MON-0049765

Date of inspection: 04/03/2026

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. In collaboration with the Multi-Disciplinary Team (MDT), the Person in Charge will review the assessed needs all individuals residing in the designated Centre to ensure the ongoing suitability of the service. Any changes identified will be promptly documented and actioned to maintain full alignment between the supports provided and each Individual's evolving requirements. 2. The Person in Charge (PIC) will ensure that all daily and weekly finance checks are completed to safeguard and effectively monitor Individuals' finances. This will include the upkeep and monitoring of asset logs and larger expenditures as per the designated Centre's Policy and Procedure on control of customer property PL-F-002. All actions within the centre-specific Continuous Improvement Plan (CIP) will be reviewed by the QA Officer on a fortnightly basis until full completion. 3. Head of Quality and Safety and QA Officer will review existing audit tools and oversight arrangements for Individuals' finances to strengthen management assurance, including defined checks for larger expenditures and the improved monitoring of asset logs. Issues identified will be progressed through the internal audit escalation process to ensure corrective and preventive actions are implemented and monitored through to completion. 4. The Director of Regulation, Health and Safety will complete a review of the report findings to identify learnings and required actions. The resulting action plan will be shared with all relevant departmental functions, and the Quality Department will monitor implementation to ensure all shortcomings are addressed effectively.] 	
Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

1. The Person in Charge (PIC) will ensure that all daily and weekly finance checks are completed to safeguard and effectively monitor individuals' finances. This will include the upkeep and monitoring of asset logs and larger expenditures as per the designated Centre's Policy and Procedure on control of customer property PL-F-002. All actions within the centre-specific Continuous Improvement Plan (CIP) will be reviewed by the QA Officer on a fortnightly basis until full completion.

1. The PIC, in conjunction with the Finance Department, will review, reconcile, and update all individual asset logs, ensuring all records are accurate, complete, and supported by appropriate documentation.

2. The PIC will present and discuss the designated Centre's Policy and Procedure on control of customer property PL-F-002, along with findings from recent monitoring audits, at the next scheduled team meeting. Key lessons learned will be clearly communicated to enhance staff understanding, promote consistent practice, and prevent recurrence of identified issues. Attendance, discussion points, and agreed actions will be formally recorded in the team meeting minutes, and follow-up actions will be reviewed at the subsequent meeting.

3. Head of Quality and Safety and QA Officer will review existing audit tools and oversight arrangements for Individuals' finances to strengthen management assurance, including defined checks for larger expenditures and the improved monitoring of asset logs. Issues identified will be progressed through the existing internal audit escalation process to ensure corrective and preventive actions are implemented and monitored through to completion.]

Regulation 5: Individual assessment and personal plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

1. In collaboration with the Multi-Disciplinary Team (MDT), the Person in Charge shall conduct a needs assessment to determine the Individual's support requirements while minimising impact on their peers.

Note: the review concluded that the Individual would benefit from a standalone environment. Accordingly, the Individual was supported to transition to another designated Centre on 27 March 2026

2. The Person in Charge will ensure that each Individual's assessed needs are formally reviewed at least annually, or sooner if there is a change in needs or circumstances. All reviews will be documented, and any required updates to care plans will be implemented promptly to ensure the service continues to meet each Individual's needs.

3. The Area Chief Operating Officer (ACOO) implemented a mobile sensory unit at the designated Centre to help manage environmental factors and enhance the sensory supports available for the Individuals living there during and up until the individual

transitioned.

4. The Area COO deployed additional Team Member(s) to support Individuals within the Centre and to minimise any potential impact until the Individual transitioned to an alternative designated Centre on 27 March 2026

5. The Person in Charge shall review the assessed needs of all Individuals residing in the designated Centre. Any changes identified will be documented and acted upon promptly to ensure supports remain fully aligned with Individuals' evolving requirements. Progress will be monitored through documented outcomes, including reduced incidents, improved satisfaction, and timely adjustments to care plans.]

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	30/04/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/04/2026
Regulation 05(3)	The person in charge shall ensure that the	Not Compliant	Orange	30/04/2026

	designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).			
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