



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

Issued by the Chief Inspector

Name of designated centre:	Beach Lodge
Name of provider:	Terra Glen Residential Care Services Limited
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	02 September 2025
Centre ID:	OSV-0007933
Fieldwork ID:	MON-0046735

About the designated centre

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

This centre provides full time residential care for a maximum of four young people between the ages of six and 18 years of age. This centre is a large detached house set in private grounds on the outskirts of Enniscorthy. All of the young people who live here have their own bedroom and access to communal areas such as kitchen-diner, conservatory and two living rooms. Staff within Beach Lodge support the young people who present with intellectual disabilities, autism, epilepsy, mental health and other complex needs. The staff team promote and encourage social inclusion and integration within the community. Young people are supported by a staff team comprising of social care workers and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 2 September 2025	10:00hrs to 18:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what the inspector was told, observed, and reviewed in documentation, this was a well-run centre where children were well supported and cared for. This unannounced inspection was completed by one inspector of social services over one day. It was carried out to assess the provider's regulatory compliance. Overall, this inspection had positive findings. However, areas where further improvements were identified, particularly relating to residents' assessments of need and the provider's oversight of some documentation relating to residents' admissions and assessments. These areas will be discussed further later in the report.

The designated centre consists of a large two storey building on its own grounds on the outskirts of a large town in County Wexford. According to the provider's statement of purpose, care and support can be provided for up to four children who have a diagnosis of complex needs, intellectual disability, mental health and autism. There were four children living in the centre at the time of the inspection.

As part of the inspection process the inspector completed a walk around of the designated centre with the person in charge. The house was warm, clean and homely. There were a number of large well maintained outdoor spaces and play equipment for children to use. Children's bedrooms were decorated in line with their preferences and communal areas were colourful and contained plenty of toys and books for children's use. There were three vehicles available to support them to attend school and activities in their local community.

During the inspection, the inspector had the opportunity to meet and speak with a number of people about the quality and safety of care and support in the centre. This included meeting the four children living in the centre, four staff, the team leader, the person in charge and two persons participating in the management of the designated centre (PPIM). Documentation was also reviewed throughout the inspection about how care and support is provided for children, and relating to how the provider ensures oversight and monitors the quality of care and support in this centre. Children had a variety of communication support needs and used speech, sign language, vocalisations, facial expressions, and body language to communicate. Their communication support needs and preferences were detailed in their personal plans.

The inspector had an opportunity to meet each child briefly when they got home from school and to later observe them as they engaged in their afternoon and evening routines. They were observed choosing which activities they wished to take part in such as spending time playing in the house and in the garden. For example, one child was in the garden playing football with staff. The inspector joined them and as they played, they spoke about their love of soccer, their favourite team and their favorite players. They also spoke about looking forward to soccer training with a local club later in the evening.

During the inspection a child showed the inspector their communication device. Staff asked them questions and they showed the answers to the inspector and staff, using their communication device. They smiled and gave high fives to the staff member after answering the questions. Another child showed the inspector their tablet computer. They spoke about their upcoming birthday and showed the inspector pictures of some of the items they would like to get as presents. They spoke about their love of books and about their favourite author.

Based on a review of documentation and through discussions with children and staff, the inspector found that children were regularly engaging in activities they found meaningful at home and in their community. Examples of some of the community based activities children were regularly engaging in included, soccer training and playing matches for a local team, horse riding, gymnastics and swimming. They had each taken part in summer camps over the summer months such as, gymnastics camp, soccer camp, yoga camp and an adventure camp.

Over the course of the inspection, children were observed to choose when to have snacks and drink and were later observed having their evening meal. The inspector observed a calm and relaxed atmosphere during this evening meal. Each child had a warm home-cooked meal, in line with their preferences.

Throughout the inspection warm, kind, and caring interactions were observed between staff and children. Each child appeared happy and comfortable in the presence of staff. They were observed sitting chatting with them, smiling and laughing with them and playing indoor and outdoor games with them.

Staff who spoke with the inspector were very familiar with children's care and support needs. They used person-first language and focused on children's strengths and talents. They spoke about encouraging children to dictate the pace of the day and to choose what activities they wished to take part in. They spoke about children's communication preferences and about how important it was to them to ensure that each child was happy and engaging in activities they enjoyed on a regular basis. They also spoke about supporting children to acquire new skills and to become more independent in aspects of their day-to-day lives.

There were a number of easy-to-read documents available for children, should they require them. For example, the complaints procedures and pictures of complaints officers were on display, staff photos were on display, and social stories were developed and reviewed, as required.

Children's and their representatives' opinions on the quality of care and support in the centre were sought by the provider in a number of ways. These were captured in the provider's annual and six-monthly reviews. Children had an opportunity to have a weekly young persons meeting. They also had an opportunity to sit with their keyworkers monthly, and to meet them on a six monthly to complete a service user consultation to discuss their preferred activities, goals, likes and dislikes and any concerns or worries they may have.

In summary, children appeared happy and content throughout the inspection. They were being supported to attend school and to engage in a variety of activities at

home and in their local community on a regular basis.

The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of children's care and support.

Capacity and capability

The inspector found that this was a well-run service where the management systems in place were effective at ensuring that children were in receipt of a good quality and safe service. The provider was aware of areas where improvements were required, particularly relating to the oversight of some documentation relating to admissions and children's assessments.

There were clearly defined management structures and staff were aware of the lines of authority and accountability. The person in charge receives support and supervision from a PPIM. They were supported with the day-to-day management of the centre by a team leader and there was an on-call manager available to staff out of hours.

The provider had employed staff who had the necessary skills and experience to support the children living in this centre. Staff were accessing training and refresher training in line with the organisation's policy, and children's assessed needs. Information was shared with the staff team through guidance documents, at staff handover and at staff meetings to ensure that all staff were kept informed of children's current care and support needs, their wishes and goals, and any control measures in place to keep them safe.

Regulation 14: Persons in charge

In advance of the inspection, the inspector reviewed the Schedule 3 information for the person in charge and found that they had the qualifications and experience to fulfill the requirements of the regulations. They were present in the centre on a regular basis and formed part of the provider's on-call arrangements. They were supported in their role by a team leader.

Children were very familiar with them and appeared very comfortable and content in their presence. Staff were very complimentary towards the support they provided to them.

The inspector found that the person in charge was self-identifying areas for improvement in line with the findings of this inspection and had plans to implement the required actions to bring about these improvements. They had a clear focus on

quality improvement initiatives, on ensuring that children's rights were upheld. They were focused on ensuring that children were attending school and regular engaging in activities they find meaningful.

Judgment: Compliant

Regulation 15: Staffing

The provider had recruitment policies and procedures to ensure that staff had the required skills and experience to fulfill the job specifications for each role. The centre was fully staffed in line with the statement of purpose at the time of the inspection.

Staffing numbers on duty and the start time of shifts were found to be based on children's assessed needs and on their plans for the day. For example, some shifts started earlier on school days, or were later in the evening to support children to attend activities.

Planned and actual rosters were in place and they were well maintained. Based on a review of a sample of three months of rosters, continuity of care and support was being maintained for children. For example, for the most part two regular relief staff were covering planned and unplanned leave. Where possible the same agency staff were covering a small amount of shifts. For example, over a four week period reviewed, five shifts were covered by the same agency staff.

A review of a sample of three staff files was completed and they contained the information required under Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix in the centre and a sample of 24 certificates of training. These demonstrated that staff had completed training listed as mandatory in the provider's policy such as safeguarding and Children's First, fire safety, the safe administration of medicines, manual handling, food safety and risk. In addition, staff had completed training in line with children's assessed needs and they had completed training on applying a human rights based approach to health and social care and a number relating to infection prevention and control (IPC).

The person in charge and team leader were also completing check and challenge reviews with staff to ensure they were competent in areas such as, IPC, safeguarding and medicines management.

The inspector reviewed a sample of supervision records for three staff. The agenda was focused on children's care and support needs and on staff roles and responsibilities.

Each staff who spoke with the inspector stated they were well supported and aware of who to raise any concerns they may have in relation to the children's care and support, or the day-to-day running of the centre. They spoke about the provider's out-of-hours on-call system and the availability of the person in charge, team leader and PPIM should they require support.

The inspector reviewed a sample of the minutes of three staff meeting minutes for 2025 and 10 handover reports. The daily handover records demonstrated the number of staff, their hours they were on duty, their roles and responsibilities and children's planned appointments and activities. The agenda at staff meetings was detailed and focused on ensuring staff were supporting children to have their care and support needs met and to achieve their goals.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure which was detailed in the provider's statement of purpose. Staff who spoke with the inspector were aware of the reporting structures, and of their roles and responsibilities. As previously mentioned, some improvements were required, particularly relating to the provider's oversight of the implementation of their policies and procedures relating to admissions.

The provider's systems for oversight and monitoring including a number of audits. From a review of audits completed in the centre in 2025 and the latest six-monthly unannounced visit by the provider, there was evidence of follow-up to show that the required actions had been complete. However, the inspector found that the systems for oversight and monitoring were not proving fully effective as a number of months prior to the inspection, a child's admission had been completed contrary to the provider's admission policy and statement of purpose. Some of the required documentation was not in place, prior to this child's admission. For example, documentation to demonstrate this child's diagnosis had not been available to them by the commissioner of the service at the pre-admission or admission stages and despite this, the provider had proceeded with child's admission. Once they became aware of this, the provider had taken a number of responsive steps such as, reviewing their admissions policies and procedures, supporting the child to have a number of formal assessments and updating their documentation to ensure this did not occur again.

In addition to the provider's annual and six monthly reviews, there were a number of other audits and meetings occurring to ensure oversight and monitoring and to

share learning. For example, the inspector reviewed a sample of monthly incidents reviews, a sample of two peer audits which were being completed every 3 months, two senior spot inspection reports completed by a PPIM, a sample of monthly manager meetings attended by persons in charge and PPIM's across the service, two local managers meetings, and a sample of four weekly governance reports sent from the person in charge to the PPIM. These audits and reviews were detailed in nature and actions plans were developed. These documents demonstrated that the required actions were implemented and that improvements were brought about as a result. For example, improvements had been made to documentation, the premises and the garden.

There was a clearly defined management structure which was detailed in the provider's statement of purpose. Staff who spoke with the inspector were aware of the reporting structures, and of their roles and responsibilities.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector completed a walk around the premises and reviewed a sample of 2025 incidents reports and found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre in line with the requirement of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that children appeared comfortable and content in this centre. They were busy and had things to look forward to. They had opportunities to part in activities in the centre and in their local community. The house was warm, clean and comfortable and there was plenty of equipment for them to play with in the house and the garden. However, improvements were required to ensure that one child had the required assessments in place.

The inspector reviewed each of children's assessments and plans. These documents were found to positively describe their needs, likes, dislikes and preferences. They had positive behaviour support plans in place and were being supported to access health and social care professionals in line with their assessed needs. However, as previously mentioned one child's assessment at the time of admission was not found to fully detail their care and support needs, including their diagnosis. This will be discussed further under Regulation 5: Individualised Assessment and Personal Plan.

Through a review of training records, documentation and discussions with staff, it was evident that children were protected by the safeguarding and protection policies, procedures and practices in the centre. Staff had completed safeguarding and Children's First training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

Regulation 10: Communication

The provider was ensuring that each child was assisted and supported to communicate in line with their needs and wishes.

Each child had an all about me document which detailed their communication support needs. In addition, they had a communication passport which detailed their needs and preferences and how best to support them to make choices and decisions in their lives.

As required, children were accessing the support of a speech and language therapist. For example, one child had attended an AAC (augmentative and alternative communication) clinic and was supported to access a AAC device. As previously mentioned, this child was observed using this device during the inspection.

There were posters on display with Lámh signs (sign system developed in Ireland for people with intellectual and communication needs) on display in the centre. The inspector observed children and staff using Lámh signs over the course of the inspection. Children were also supported to use PECS (picture exchange communication systems) and 'first and then' charts to communicate their wishes and choices.

Judgment: Compliant

Regulation 13: General welfare and development

As previously mentioned, the inspector found that children could choose to take part in activities they found meaningful in the house and in their local community. There were musical instruments, board games, books, music systems, televisions and tablet computers available for children.

There was a sensory room with lights, equipment and sensory toys. In addition, the person in charge had applied for a grant to further develop this area. There was an area in this room called the a wall of interests where each child could display posters and pictures of their favorite activities, movies and toys.

To the sides, front and back of the house there was large garden areas with areas

of grass and play equipment such, a trampoline, swings, a football net, a climbing frame, a paddle pool and a palette with sensory equipment.

During term time, children were supported to attend school. There were three vehicles available to support them to attend school and their after school/weekend activities. As previously mentioned, during the inspection children were observed playing in both the house and garden. In addition, one child went to soccer training just as the inspector was leaving the centre.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk around the house and garden with the person in charge. The entrance hall of the house was a colourful and inviting space. There were colourful posters and pictures, including those with words of affirmation.

Overall, the premises was designed and laid out to meet the number and needs of the children living there. There were good indoor and outdoor recreational facilities. There were a number of communal spaces and private spaces available to ensure that children could receive visitors in private. There was a large sitting room, a sun room, a bathroom, a large kitchen come dining room, a snug and an office downstairs. Upstairs each child had their own bedroom and there was also a main bathroom and a staff sleepover room.

Children's bedrooms were colourful and decorated to reflect their passions, personalities and interests. For example, one child had a football duvet cover and they had football posters on display, while another child had a large selection of books and a bean bag where staff reported they liked to sit while reading.

The provider had ensured that the premises was well maintained. There were systems to report and ensure that maintenance and repairs were completed as required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had failed to ensure that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs had been completed for one of the children prior to their admission.

An assessment of need had been completed prior to their admission; however, as previously mentioned, the provider had failed to ensure the required documentation

was in place to demonstrate or confirm their diagnosis. As a result, the child's personal plan did not fully reflect their needs and abilities. The child had been admitted in 2024, and the inspector was shown documentary evidence to support this child to now have the required assessment(s) completed by the relevant health and social care professionals. This should have occurred prior to admission to this centre.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The inspector reviewed each of the children's positive behaviour support plans. These were up-to-date and regularly reviewed. They were using a function based approach to assessing behaviours of concern. They contained proactive and reactive strategies and were sufficiently detailed to guide staff to provide a consistent and safe service.

Based on a review of incidents in 2024 and 2025 there was a marked decrease in incidents relating to behaviours of concern for the children which demonstrated the effectiveness of the strategies detailed in positive behaviour support plans and the consistent implementation of these by the staff team. For example, one child had 11 incidents reported over a one month period just after their admission in 2024, and on average in 2025 they had 0-1 incident reports per month. For another child the number of incidents had reduced from an average of six per month in 2024, to 0-1 per month in 2025. Three staff spoke with the inspector about the strategies in children's positive behaviour support plans and the importance of consistently implementing them.

There were a number of restrictions in the centre. For example, there were window restrictors, a number of internal doors were locked, the front gate was closed when children were home and there was restricted access to social media and online content. For these restrictions, there was documentary evidence to show that they were reviewed regularly to ensure they were the least restrictive for the shortest duration. Residents' support plans demonstrated a clear rationale for any restrictions which were in place. There was a clear focus on ensuring that a least restrictive approach to care and supported was used within the centre. For example, a restriction relating to transport was just removed in line with a restrictive practice reduction plan.

Judgment: Compliant

Regulation 8: Protection

From a review of the staff training matrix, 100% of staff had completed safeguarding and Children's First training. The inspector also reviewed a sample of certificates of this training for staff.

Staff who spoke with the inspector were each aware of their roles and responsibilities should there be an allegation or suspicion of abuse. There had been a number of safeguarding concerns since the last inspection and the documentation relating to these was reviewed by the inspector. This documentation demonstrated that the provider's and national policy were followed. Risk assessments and safeguarding plans had been developed and the required controls implemented to ensure children's safety.

The provider had a safeguarding policy which was available for review in the centre. There was also an intimate care policy and the inspectors reviewed each child's intimate care. These clearly detailed their support needs and preferences.

There were systems in place to ensure that children's finances were safeguarded. Receipts and ledgers were maintained and balances were checked regularly. Statements from financial institutions were retained and regularly reviewed. An inventory of their belongings was also maintained.

The child safeguarding statement for the centre was available for review. It had been recently reviewed and eight risks areas and it detailed the controls in place. This included risks and controls relating to children's access to online content on electronic devices with Internet access in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that there was a clear focus on embedding a human rights-based approach to care and support in this centre. Children's rights to make decisions and choices were respected. They were supported to understand their healthcare conditions, risks, and the steps they need to take to keep themselves safe and healthy.

Children's' right to access information was promoted and upheld. For example, there was information available for residents in their home in the form of pictures, posters, social stories or easy-to-read documents. Examples of topics covered included complaints, healthy habits, calming strategies, safeguarding, indicators of abuse, information on accessing independent advocacy services, fire safety and the evacuation plan in the event of an emergency.

The inspector reviewed a sample of young people's weekly meetings minutes and discussions were held in relation to activities, menu planning, keyworking and house issues. In addition, each child had the opportunity to meet with their keyworker during 2025 to discuss human rights. They had also covered areas such as, oral

care, healthy eating, finances and restrictive practices.

The provider had a human rights committee and there was a folder on human rights available in the centre. As previously mentioned, staff had completed training in areas such as complaints and applying a human rights based approach to health and social care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beach Lodge OSV-0007933

Inspection ID: MON-0046735

Date of inspection: 02/09/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	
The provided will update the SOP for the complex needs definition in order to prevent misconceptions from occurring. In the disability sector, "complex needs" describe a person with a disability who also faces a combination of health, social, and environmental challenges that require support from a multidisciplinary team of professionals. Moreover, the admission policy will be amended to include a request for a disability diagnosis assessment prior to admission and to include this information in the admission procedure. A copy of the diagnosis documentation will be kept in the admission file. A senior manager will oversee the admission process and ensure that all relevant documentation, such as confirmation of disability diagnosis, needs assessment, compatibility assessment, transition plan, and minutes of the transition plan meeting, are available in the facility.	
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:	
Provider and TUSLA have reached an agreement that the Comprehensive Trauma informed Psychological Child Assessment with a full ASD assessment for the client will be completed in October. The assessment process will include the following: Intellectual, attainment and adaptive functioning assessment Emotional/ adaptive functioning/ personality measures, Clinical interview with Relevant others, Telephone Contact with other professionals, Autism specific developmental interview based on the National Autism Plan (UK) with Parents or carers, Play based assessment using the Autism Diagnostic Observation Schedule 2(ADOS-2). Cofacilitated and scored by a second clinician, Review of previous reports, Integration of reports and measures, formulation,	

report writing and correspondence

Despite the fact that a needs assessment had been completed prior to admission, complex needs were not clearly defined in the SOP, resulting in misperceptions by the Social Work Department and the provider regarding this term. The definition of complex needs will be included in the SOP in order to prevent misunderstandings. In response to the Comprehensive Trauma informed Psychological Child Assessment with a full ASD assessment, the client's personal plan will be amended to reflect the diagnosis, as well as the resident's needs and abilities.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2025
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Not Compliant	Orange	30/11/2025