Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Laurel Lodge
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	26 May 2026
Centre ID:	OSV-0008169
Fieldwork ID:	MON-0046560

About the designated centre

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

Laurel Lodge is a designated centre operated by Talbot Care Unlimited Company. The centre provides a full-time residential service for adults both male and female over the age of 18 years with intellectual disabilities, autistic spectrum and or acquired brain injuries who may also have mental health difficulties and behaviours of concern. The designated centre is a two-storey community house in a rural setting in close proximity to the nearest small town, which accommodates six residents, each having their own bedroom, four of which have en-suite bathrooms. There are two reception rooms and a kitchen-cum-dining room. There is also a communal bathroom and separate toilet and a utility room. The centre is managed by a person in charge and staffed by daytime staff and waking night staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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 26 May 2026	08:50hrs to 15:45hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

The purpose of this unannounced inspection was to monitor the care, welfare and support arrangements for residents living in the designated centre and assess compliance with the regulations. This inspection determined that all residents were provided with quality care and support, were kept safe and enjoyed a good quality of life. However, some improvements were required regarding documentation of residents' medicines and individual medical equipment. This is discussed further under Regulation 29: Medicines and pharmaceutical services.

The inspection was conducted over a single day by one inspector. The person in charge facilitated the inspection by speaking with the inspector and promptly providing all requested documentation. The designated centre was registered to accommodate six residents and the inspector had the opportunity to meet and speak with five residents. One resident advised staff members that they did not wish to meet with the inspector, and their preference was respected.

The designated centre was a two-storey home located in a rural setting in County Louth. It provided residential care and support to six adults with intellectual disabilities, autism spectrum conditions and acquired brain injuries (ABI). The premises was set on well-maintained grounds, was wheelchair accessible and had accessible outdoor spaces that included large garden areas for residents to use at their own leisure. The designated centre was located within a short driving distance of local amenities including a pharmacy, pubs, takeaway, grocery shop and hairdresser.

The inspector completed a walkthrough of the designated centre accompanied by the person in charge. The designated centre was comprised of six resident bedrooms, three of which had en-suite facilities, a large open plan kitchen/ dining room, a living room, a sitting room, a utility room, a large accessible bathroom and a staff office. The inspector noted that the designated centre was clean and homely. Residents' personal photographs, artwork and possessions were displayed throughout the home and residents had access to equipment that was well maintained and in good working order. Residents had their own bedrooms, which allowed for personal space and privacy, while communal areas were found to be thoughtfully arranged to encourage social interaction and relaxation. The overall interior decor and furnishings were tasteful and well maintained, contributing to a warm and inviting environment.

Care and support to residents was provided by a team of nursing staff, senior social care workers and direct support workers. At the time of this inspection there were no staff vacancies. Staffing levels included four staff members on duty during the day and two staff members provided waking night time supports. The designated centre was managed by a full-time person in charge who also had responsibility for one other designated centre operated by the registered provider. Over the course of

this inspection, the inspector had the opportunity to meet and talk to the person in charge and four staff members on duty.

The inspector observed good fire safety systems. For instance, there was fire detection and fire fighting equipment in the designated centre, and individualised personal emergency evacuation plans were available to guide staff on the supports required by residents. A small amount of restrictive practices were used in the designated centre, and the inspector found that they were applied in line with the registered provider's established policy and residents' consent.

The inspector was unable to meet or speak with the relatives of any residents during the inspection. However, a review of the registered provider's annual review of the quality and safety of care for 2025 evidenced that relatives were satisfied with the care and support provided to the residents. Positive feedback from family members included "I believe that the house does an amazing job", "staff are friendly and professional", and "communication with staff is clear and timely". Additionally, consultation had taken place with residents and all residents were supported to complete individual questionnaires. Feedback returned was positive, and residents reported high levels of satisfaction with food and mealtimes, activities, care and support and staff.

Residents in the designated centre presented with a variety of communication support needs and were supported by staff to communicate and interact with the inspector throughout the inspection as required. Where required, staff supporting residents acted as communication partners and were observed by the inspector to be familiar with residents' communication support plans. Some residents indicated that they were happy and content, while others verbally communicated with the inspector. Residents told the inspector they felt safe, were happy with the staff team and had no concerns. One resident spoke to the inspector about how the staff team helped and supported them to look after and manage their finances.

Throughout the duration of this inspection, the inspector observed residents to be relaxed and comfortable in the designated centre, staff engaged with them in a very kind and friendly manner, and it was clear that they had a good working relationship. The staff team were attentive to residents' needs and responded quickly and professionally to residents' requests and support needs. At the time of this inspection there were no open complaints and residents spoken with informed the inspector they did not wish to change anything about their home.

All residents were supported to participate and engage in activities of their own choosing, and at their own pace and time. Residents enjoyed a variety of activities and outings including cinema trips, bingo, car drives, watching television, listening to music, visiting family and shopping trips. Residents were supported in deciding what meals they ate, what they wanted to wear and what activities they wanted to do.

The person in charge emphasised the high standard of care provided to all residents, expressing no concerns regarding their wellbeing. Residents were

supported by a familiar staff team who knew them well and understood their communication styles and individual support needs.

Staff spoke with the inspector regarding the residents' assessed needs and described training that they had received to be able to support such needs, including safeguarding, safe administration of medication and managing behaviour that is challenging. The inspector found that staff members on duty were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of residents' likes and dislikes and told the inspector they enjoyed working in the designated centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the designated centre, and how these arrangements impacted on the quality and safety of the service being delivered to each resident.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service and how effective it was in ensuring that a good quality and safe service was being provided. Overall, the inspector found that the designated centre was well governed and that there were systems in place to ensure that residents were safe and received a high-quality service.

The person in charge was full-time and found to be suitably skilled, experienced, and qualified for their role. They had responsibility for two designated centres operated by the registered provider. The inspector found that the person in charge responded well to regulation, and they demonstrated they could meet their regulatory responsibilities. There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the designated centre. There was a regular core staff team in place and they were knowledgeable of the needs of the residents. The staffing levels in place in the designated centre were suitable to meet the assessed needs and number of residents living in the designated centre.

The staff team were in receipt of regular support and supervision. They also had access to regular refresher training and there was a high level of compliance with mandatory training. Staff had received additional training in order to meet residents' assessed needs. The inspector spoke with a number of staff over the course of this inspection and found that staff were well-informed regarding residents' individual needs and preferences in respect of their care.

The provider ensured that the directory of residents was readily available in the centre, in full compliance with regulatory requirements. It contained accurate and up-to-date information for each resident.

The registered provider ensured that the designated centre and its contents, including residents' personal property, was fully insured. The insurance coverage also included protection against risks within the designated centre, such as potential injury to residents.

The registered provider had established robust management systems to monitor the quality and safety of the service provided to residents. The governance and management frameworks in place were found to be operating at a high standard within the designated centre. The registered provider had prepared an annual report for 2025 on the quality and safety of care and support, which included consultations with all residents, their families and representatives. Additionally, the registered provider had conducted an unannounced visit in accordance with regulatory requirements and a comprehensive suite of audits was implemented covering key areas such as medicines, resident finances, maintenance and infection prevention and control (IPC).

The registered provider had developed a comprehensive written statement of purpose which included all the information required under Schedule 1.

The person in charge was aware of their regulatory responsibility to ensure all notifications were submitted to the Chief Inspector of Social Services, in line with the regulations.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

The designated centre was managed by a full-time person in charge. They were also responsible for another designated centre operated by the registered provider. On the day of this inspection the registered provider ensured there were sufficient staffing levels with the appropriate skills, qualifications and experience to meet the assessed needs of the residents at all times, in accordance with the statement of purpose, and the size and layout of the designated centre.

The staff team was comprised of the person in charge, nurses, senior social care workers and direct support workers. The inspector examined the planned and actual staff rosters for March, April and May 2026. It was found that regular staff were employed ensuring continuity of care for all residents. Additionally, the rosters accurately represented the staffing arrangements, including the full names of staff on duty during both day and night shifts.

During the inspection, the inspector spoke with four staff members on duty and found that they were knowledgeable about the residents' support needs and their responsibilities in providing care. Residents were familiar with the staff and appeared very comfortable interacting and receiving care. It was clear that staff had developed and maintained therapeutic relationships with residents, helping them feel safe, secure and protected from all forms of abuse.

Schedule 2 files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received appropriate training and education, ensuring they had the necessary knowledge and skills to effectively meet the residents' assessed and changing needs.

The inspector reviewed the staff training records, which were maintained on an online system, and found that systems in place were effective in regularly monitoring staff training. All staff had completed a variety of training courses, ensuring they had the necessary knowledge and skills to support residents effectively. This included mandatory training in areas such as fire safety, managing behaviour that challenge and safeguarding vulnerable adults. The inspector also noted that refresher training had been booked for staff members, where required.

In addition and to enhance quality of care provided to residents, further training was completed, covering essential areas such as safe administration of medication, epilepsy, acquired brain injury (ABI), manual and people handling and food safety.

The registered provider and person in charge had appropriate supervision arrangements in place for all staff. All staff received support and supervision relevant to their roles from appropriately qualified and experienced personnel in line with the registered provider's established policy. The person in charge maintained supervision records and schedules. The inspector reviewed six staff members' supervision records, which included a review of each staff members' personal development, and provided an opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider and person in charge ensured that a directory of residents was available in the designated centre which met the requirements of the

regulations. The directory of residents was made available for the inspector to complete a thorough review.

The inspector reviewed the directory of residents and found that it included accurate and up-to-date information in respect of each resident living in the designated centre. For example, information pertaining to the name, address and telephone number of each resident's general practitioner (GP), the date in which the resident first moved into the designated centre and the name, address and telephone number of each resident's next of kin were all recorded.

Judgment: Compliant

Regulation 22: Insurance

The designated centre was sufficiently insured to cover accidents or incidents. The necessary insurance documentation was previously submitted as part of the application to renew the designated centre's registration.

Upon review, the inspector confirmed that the insurance policy covered the building, its contents and residents' personal property.

Additionally, the insurance also provided coverage for risks within the designated centre, including potential injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had effective systems in place to ensure the delivery of a safe, high-quality service to residents, fully aligned with national standards and guidance. Clear lines of accountability were established at individual, team and organisational levels, ensuring that all staff were aware of their roles, responsibilities and the appropriate reporting procedures.

To ensure residents received effective, person-centred care and enjoyed a high quality of life, the registered provider maintained appropriate resources. This included staffing levels aligned with residents' assessed and changing needs and active multidisciplinary team participation in care planning.

A comprehensive suite of audits covering medicine management, residents' personal plans, residents' finances, infection prevention and control (IPC), fire safety and health and safety, was conducted by the local management team. A review of these audits confirmed the audits' thoroughness and their role in identifying opportunities for continuous service improvement. An annual review of the quality and safety of

care had been completed for 2025. The inspector completed a review of this and found that all residents, staff and family members were consulted in the annual review.

The inspector reviewed the action plan developed following the registered provider's most recent six-monthly unannounced visit, conducted in February 2026. This visit resulted in a detailed report that identified key areas for service improvement, from which a comprehensive action plan was formulated. Upon review, the inspector found that the majority of actions had been successfully completed and were being effectively utilised to support and sustain continuous service improvement.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had previously submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose on the day of inspection and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was also available to residents and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walkaround of the premises confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their regulatory responsibility to ensure notifications were submitted to the Chief Inspector of Social Services, in line with the regulations.

Prior to and during the course of this inspection, the inspector completed a review of notifications submitted to the Chief Inspector and found that the person in charge ensured that all relevant adverse incidents were notified in the recommended formats and within the specified time frames.

Judgment: Compliant

Quality and safety

This section of the report provides an overview of the quality and safety of the service provided to the residents living in the designated centre. The findings of this inspection indicated that the registered provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was safe and person centred. However, improvements were necessary regarding Regulation 29: Medicines and pharmaceutical services.

The inspector observed a warm and relaxed atmosphere throughout the designated centre, with residents appearing content and comfortable with both their living environment and the support they received. After walking through the designated centre, the inspector found that the design and layout of the premises effectively ensured residents could enjoy an accessible, comfortable and homely setting. There was a good balance of private and communal spaces, and each resident had their own bedroom which was thoughtfully decorated to reflect their personal tastes and preferences.

The inspector found evidence that the registered provider was ensuring the delivery of safe care while balancing the right of residents to take appropriate risks to maintain their autonomy and fulfill the registered provider’s requirement to be responsive to risk. The organisation's risk management policy met the requirements as set out in Regulation 26. There were systems in place to manage and mitigate risks and keep residents safe. Individualised specific risk assessments were also in place for all residents. It was noted that these risk assessments were regularly reviewed and gave clear guidance to staff on how best to manage identified risks.

The registered provider had effectively mitigated the risk of fire by implementing robust fire prevention and oversight measures. Appropriate systems were in place to detect, contain and extinguish fires within the designated centre. Documentation reviewed confirmed that equipment was regularly serviced in compliance with regulatory requirements. Additionally, residents' personal emergency evacuation plans were reviewed on a continuous basis to ensure that specific support needs were fully met.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medicine audits and ongoing oversight by the person in charge. Residents' needs and abilities to self-administer their medicines had been assessed, and associated care plans were prepared on the supports they required. However, improvements were necessary regarding the documentation of residents' medicines and individual medical equipment.

Where required, positive behaviour support plans were developed for residents and staff were required to complete training to effectively assist residents in managing

behaviours that challenge. The registered provider and person in charge ensured that the service consistently upheld residents' rights to independence and a restraint-free environment. For instance, any restrictive practices in use were thoroughly documented and regularly reviewed by the appropriate professionals.

The registered provider and person in charge were endeavouring to ensure that residents living in the designated centre were safe at all times. Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. The inspector found that appropriate procedures were in place, which included safeguarding training for staff, the development of personal and intimate care plans to guide staff and the support of a designated safeguarding officer within the organisation.

Overall, residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual and collective needs.

Regulation 17: Premises

The registered provider ensured that the premises was designed and arranged to align with the service's aims and objectives, as well as the number and needs of residents. The designated centre was well maintained, clean and appropriately decorated.

The inspector observed a warm and calm atmosphere within the designated centre. Residents indicated high levels of satisfaction with their living environment and the support they received. The living environment was stimulating and provided opportunities for rest and recreation.

Each resident had their own bedroom, which was decorated according to their personal style and preferences. For example, bedrooms featured family photos, artwork, soft furnishings and memorabilia that reflected their individual tastes and interests. This approach supported the residents' independence and dignity, while acknowledging their uniqueness. Additionally, every bedroom was provided with ample and secure storage for residents' personal belongings.

The equipment used by residents was both easily accessible and stored securely. Records reviewed by the inspector evidenced that the equipment was regularly serviced, with items such as high-low beds and overhead hoists undergoing annual servicing.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the designated centre's risk management policy and found that the registered provider had ensured that the established policy met the requirements as set out in the regulations. For example, it included critical information pertaining to the unexpected absence of a resident, accidental injury to residents, visitors, or staff, aggression and violence and self-harm. The policy was due for next review in July 2028.

In line with the risk management policy, there was a risk register in place which detailed potential risks in the designated centre, as well as the measures in place to reduce or eliminate them. The inspector reviewed the designated centre's risk register, which outlined a total of 11 risks, as well as a sample of the residents' individual risk assessments. The individual risk assessments were wide in scope and included matters, such as safeguarding, risk of choking, environmental risks and falls. In addition, the inspector reviewed a sample of the control measures and found that they were in place. For example, staff supervision, specific staff training and care interventions. These control measures were considered proportionate to the level of risk and were not overly restrictive.

There were good arrangements for the reporting, management and review of incidents. The inspector reviewed the reported incidents from February to May 2026, and found that the incidents had been escalated to the relevant parties, and had been reviewed to identify potential learning to reduce the likelihood of the incidents recurring. The person in charge maintained a log of the incidents and they were discussed at staff team meetings each month, and noted in the registered provider-led unannounced reports every six months.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. Portable fire fighting equipment was strategically located throughout the designated centre to cover the risk of fire.

The inspector noted that escape routes through the designated centre were clearly indicated. Following a review of servicing records maintained in the designated centre, it was found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector observed that fire panels were addressable and easily accessed and all fire doors, including bedroom doors, closed properly when the fire alarm was activated. All fire exits were equipped with thumb-lock mechanisms, which ensured prompt evacuation in the event of an emergency.

The registered provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector

reviewed all residents' personal emergency evacuation plans. Each plan detailed the supports each resident required when evacuating in the event of an emergency. Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation.

Additionally, the inspector examined the fire safety records, including fire drill documentation, and confirmed that regular fire drills were conducted in accordance with the registered provider's established policy. The registered provider demonstrated that they were capable of safely evacuating residents under both day time and night time conditions.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Improvements were necessary regarding the documentation of residents' medicines and individual medical equipment.

There were practices and arrangements in place for the management of residents' medicines, including for the ordering, storage and administration of medicines. The practices were underpinned by the registered provider’s established medication management policy.

Residents were in receipt of a comprehensive individualised service from their pharmacist, who facilitated the safe and timely supply of medicines, as well as information and pharmaceutical care to ensure the best possible outcome for each resident living in the designated centre.

The inspector found evidence to support that each resident’s medicines were administered and monitored in line with best practice as individually and clinically indicated. For instance, the inspector reviewed the practices and arrangements for three residents and spent time talking through residents' medicines with the senior staff nurse on duty. Following the conversation, it was evident to the inspector that staff were very knowledgeable of the professional guidelines and professional code of practice that governed medicines management, and continually adhered to these requirements.

Medicines management was audited regularly and this included practices in areas such as medicine stock control, administration, storage and disposal. However, improvements were required regarding the required double staff sign-off, as outlined in the registered provider's medication management policy. For example, the inspector noted that two staff members had not signed off on the administration of a controlled drug for one resident on four occasions between 18 May and 24 May 2026. Furthermore, the inspector noted that required daily PEG (Percutaneous Endoscopic Gastrostomy) rotation checks were not being consistently documented. For instance, according to documentation reviewed by the inspector, the last

recorded PEG rotation check took place four days prior to this inspection. This required review and improvement by the registered provider and person in charge.

The inspector observed that all residents' medicines were securely stored, and clearly labelled with relevant information such as expiry dates. The inspector observed that residents' prescription sheets and medicine administration records contained all necessary information, and noted that residents received their medicines as prescribed.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector found that effective arrangements were in place to provide positive behaviour support for residents with assessed needs in this area. For example, one resident had a positive behaviour support plan on file. Upon reviewing the plan, the inspector noted that it was detailed, comprehensive and developed by qualified professionals. Additionally, the plan identified potential triggers and antecedent events, alongside proactive and preventative strategies designed to minimise the risk of behaviours that challenge from occurring.

The registered provider ensured that staff received thorough training, equipping them with the necessary knowledge and skills to effectively support residents. Staff demonstrated a strong understanding of the support plan in place, and the inspector observed positive communication and interactions between residents and staff throughout the duration of the inspection.

Six restrictive practices were implemented within the designated centre. The inspector reviewed all of these and found that they were the least restrictive and used for the shortest duration possible. The inspector found that restrictive practises in use were regularly reviewed, and were discussed during formal staff meetings.

The inspector found that the registered provider and person in charge actively promoted residents' right to independence and a restraint-free environment. For instance, the inspector confirmed that restrictive practises in use had been appropriately risk assessed, in accordance with the registered provider's established policy and were subject to regular review.

Judgment: Compliant

Regulation 8: Protection

Safeguarding is a critical responsibility for registered providers in designated centres. The registered provider had effective arrangements to safeguard residents

from abuse in place, such as staff training, appropriate staffing levels and reporting systems.

Safeguarding concerns had been reported, responded to and managed in line with the registered provider's established policy. Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations. The inspector found that when concerns arose, measures were implemented to protect residents from further abuse.

At the time of this inspection, there was one open safeguarding concern. The inspector noted that this had been reported and responded to as required. For example, an interim safeguarding plan had been prepared with appropriate actions in place to mitigate safeguarding risks. The inspector reviewed two previous preliminary screening forms and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice. Information included in preliminary screening forms was comprehensive and accurate.

Following a review of six residents' care and support plans, the inspector observed that safeguarding measures were in place to ensure that staff provided personal and intimate care to residents who required such assistance in line with their personal plans, and in a dignified manner.

Residents living in this designated centre experienced a service where they were protected and kept safe.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Laurel Lodge OSV-0008169

Inspection ID: MON-0046560

Date of inspection: 26/05/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The findings identified in relation to the documentation of residents medications and individual medical equipment have been acknowledged, with immediate actions implemented to support improvements in practice. The Person in Charge has addressed medication management practices and relevant policies through team meetings and individual supervision sessions with staff members.

While monthly audits have been completed and areas for improvement identified, the Person in Charge and Nursing staff will continue to strengthen oversight and ensure increased vigilance in these areas. The Person in Charge, supported by the Assistant Director, will maintain ongoing monitoring through regular audits, continued review of Medication Administration Records, controlled drug documentation checks, and oversight of residents' individual medical equipment records. Any identified gaps or areas requiring improvement will continue to be addressed promptly through supervision, guidance, and appropriate follow-up actions.

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 29(4)(d)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date. unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988 (S.I. No. 328 of 1988), as amended.	Substantially Compliant	Yellow	30/06/2026