



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

Issued by the Chief Inspector

Name of designated centre:	Rose Lodge Residential Care Service
Name of provider:	Communicare Agency Ltd
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	10 June 2026
Centre ID:	OSV-0008627
Fieldwork ID:	MON-0041602

About the designated centre

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

Rose Lodge is a residential care service providing residential care for adults with mild to moderate intellectual disability, an acquired brain injury, physical and sensory needs. A maximum of four residents over the age of 18 years are accommodated. The premises is a spacious four bedroom bungalow on its own generous site located midway between two well-serviced towns. Transport suited to the needs of the residents is provided. Each resident is provided with their own bedroom three of which have ensuite sanitary facilities. An additional bathroom is provided and the residents share communal areas that include an open plan kitchen and dining area and two living rooms. The design and layout of the house supports accessibility. Day-to-day management and oversight of the service is delegated to the person in charge with support from a team leader and the wider management team. The house is staffed at all times and there are a minimum of two staff members on duty by day and by night. The night time staffing arrangement is a staff member on waking duty and a staff member on sleepover duty.

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
Wednesday 10 June 2026	09:00hrs to 17:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted following the provider's application to renew the registration of this centre. As part of the inspection process, the inspector met with the four residents who used this service, two family members, two staff, the person in charge and a senior manager. The inspector also observed work practices throughout the day, including how residents interacted with staff, each other and management of the centre. Documentation in relation to medications, risks, incidents, personal planning, staffing and oversight were also examined. The inspector reviewed questionnaires which residents had completed as part of the announced inspection process which indicated a high level of satisfaction; however, one resident was unhappy with shouting in their home. The inspector found that there were marked improvements in the delivery and oversight of care since the centre's last inspection with regulations such as safeguarding and behavioural support deemed as compliant. Resident's who met with the inspector also stated that they were generally happy with the service they received, but one resident raised concerns about the language used by one of their peers. Although the provider had resolved some significant issues which were previously identified, further improvements were required in regards to residents' rights. Further adjustments were needed in relation to personal planning, medication management, fire safety and an element of healthcare, and these issues will be discussed in the subsequent sections of this report.

The centre was a large detached, single storey building located in the countryside, but within a short drive of nearby towns and a large city. The centre was modern, spacious and well maintained both internally and externally. Each resident had their own large bedroom, three of which had an ensuite facility. The centre had two bright open plan sitting areas and also an open plan kitchen/dining area. The residents had decorated their bedrooms in line with their preferences and residents who met with the inspector stated that they liked their home and were happy with the facilities.

The inspector observed that the centre had a very calm and pleasant atmosphere. As the inspection commenced, one resident had already left to attend their day service and one resident was sitting having their breakfast. The two remaining residents were having a lie on in bed and they got up later in the morning. There were two staff on duty and they had a warm and kind approach when interacting with residents. They were observed chatting freely and asking residents about their plans for the day ahead and also facilitating a resident's independence as they went about making their own tea and light snacks. The inspector spoke at length with three of the residents and they each stated that staff were very nice and were always there to lend a hand and provide assistance if needed. The residents spoke about how staff were always in a good mood and how they enjoyed their company.

One resident had moved to the centre two weeks prior to this inspection and following an extended stay in a large care home. Two of their siblings were visiting them on the day of the inspection and they spoke with the inspector for a period of time. They explained that the move to the centre had been very positive and their sibling had the opportunity to see their proposed new home prior to moving in. They had also spent a number of nights staying in the centre before they made the final decision to move here on a permanent basis. They explained that the move had been a new lease of life for their sibling who was now engaging more, in better form and also enjoying going out and about each day shopping and going for coffee. The inspector also met with the resident who was very relaxed and chatted freely with the inspector. They had just drawn a picture and was proudly showing it to a staff member. They told the inspector that they loved art and drawing and they were thinking about signing up to some art classes in the near future.

The inspector met a second resident as they got up in the late morning and were having a cup of tea. They spoke openly about their life in the centre and they were very positive about the care they received and the staff who supported them. They spoke about their past sporting achievements and the friends which they had made down through the years who they still keep in contact with. They had a love of sport and they talked about a recent hurling final which they had gone to see in a local pub. They explained to the inspector that they generally go out each day in the afternoon and they liked to have meals out and sometimes grab a coffee. This resident used a wheelchair to navigate their home and community and they told the inspector that an occupational therapist was currently seeing them to assess if they would be more suited a motorised chair, which would further promote their independence. In general, this resident was very positive about the service provided and the care they received. They also indicated that they liked their home and got on well with everyone who lived there.

The third resident returned home from the day service in the late afternoon and they sat with the inspector in the kitchen and chatted about their day, and life in the centre. They had lived in the centre for a number of years and they indicated that they were happy with the service and also the design and layout of their home. They stated that staff were very nice and they greeted staff warmly when they had returned. Although they were generally happy, they had some concerns which they raised with the inspector. The resident stated that they got on very well with staff and fellow residents but there was an ongoing issue in the centre which was annoying them. They said that a fellow resident sometimes used unpleasant language towards staff, which wasn't nice and this language could also sometimes be heard at night. They stated that they liked this resident and they didn't feel afraid or upset, but the continued use of this language was something they didn't like in their home. They also went on to say that sometimes trips couldn't go ahead because of a lack of drivers and they generally didn't go out in the evenings.

The inspector reviewed documentation which indicated that residents enjoyed a good level of social access and they were regularly out and about shopping, going to restaurants and hotels and also to local pubs. On the surface, residents appeared to be having a good social life, however, there were issues with the arrangements for residents to have social access. The centre was located in a rural setting and

although it was relatively close to local amenities, a car was required to access these. Management of the centre explained that the majority of the staff did not hold driving licence suitable for Ireland but there was an arrangement with three drivers who were employed by the organisation to provide transport for the residents. As a result, most activities had to be planned in advance and drivers were not always available after five o'clock on weekdays and at weekends. The inspector found that this arrangement, in it's current format was not suitable in the long term, and did impact on the resident's access to their local community and their right to choice.

The previous inspection of this centre found that positive behavioural support, safeguarding, rights and governance were not of a good standard which impacted on the lived experience of residents. This inspection found that the provider had improved the overall quality of the service, with behavioural support and safeguarding actively promoted in the centre. The governance and oversight arrangements were also strengthened and residents' lives had improved as a result. Although there were many positive changes, issues remained in regards to fully supporting residents with all aspects of their rights.

Capacity and capability

The provider had strengthened the governance and oversight arrangements since the centre's last inspection which had improved the overall delivery of care. This inspection was facilitated by the centre's person in charge and also a senior manager, with both employees having a good knowledge of the residents' collective needs and service delivery. This inspection highlighted that the provider had made sufficient progress in bringing regulations such as behavioural support and safeguarding back into compliance with the regulations; however, issues remained in regards to fully supporting residents with their rights and the provider failed to fully demonstrate that the centre was adequately resourced to meet resident's social needs.

The provider's ability to identify issues before they impacted on the delivery of care was a positive change since the centre's last inspection. The person in charge had their own internal audits which they completed to provide assurances that the centre was offering a good level of care and support. The provider had appointed senior personnel to provide additional oversight of care with both a comprehensive medication audit and unannounced six monthly audit having occurred prior to this inspection. The medication audit was extremely thorough and clearly spelled out where a number of improvements and changes in practice were required. Without this audit, the likelihood of medication errors would have increased, but the actions generated by the auditor had been addressed by the person in charge, including the implementation of additional learning for staff, which promoted quality improvement. The provider's six monthly audit was also very thorough and was

guided by the care needs of the residents. The audit took place over three days, with the auditor spending time discussing care with staff, chatting with residents and observing practices in the centre. The audit identified where improvements were required in regards to supporting resident's with their goals and also issues with the resident's assessment's of need.

The staff team on duty were pleasant in their approach to care and they had a good rapport with the residents. The inspector spoke with one of the staff on duty for a period of time and they had a good understanding of the resident's preferences in relation to care. They discussed how each resident likes to spend their time and they outlined the social preferences and where they might need support with personal care, and how this was provided for. They also spoke confidently about the behavioural needs of one resident and that recent behavioural interventions were working well.

The provision of care in this centre had improved since the centre's last inspection: however, rights remained an issue and the provider needed to review the resources and arrangements for facilitating residents' community access.

Regulation 15: Staffing

The person in charge maintained an accurate rota which clearly identified the staff on duty during the day and also nighttime hours. The residents were supported by two staff at all times, and a review of the staffing arrangements indicated that residents received continuity of care from a staff team who were familiar to them.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had both a mandatory and refresher training programme in place which assisted in ensuring that staff could provide appropriate care and support for residents' assessed needs. Staff had completed training in areas such as safeguarding, the safe administration of medications and safeguarding. Staff had also recently undertaken an in-house bespoke training session on acquired brain injury and its impact upon behaviours of concern.

The staff team attended scheduled team meetings and individual supervision sessions which promoted an open and transparent culture within the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider was aware of the requirement to complete both unannounced audits of care and an annual review of the service. The centre's six monthly audit gave a good account of life in the centre and areas for improvement were addressed by the person in charge. The centre's annual review gave an overview of the past year and outlined where improvements had been made, trends in relation to incidents, activities residents engaged in and also some areas for improvement. During the inspection, the inspector observed that residents were actively involved in decisions about their care and the running of their home; however, the regulations set out that residents should be consulted as part of this review, and this consultation was not evident in the centre's review document.

The provider clearly demonstrated that the centre was well resourced to meet the residents' personal, behavioural and intimate care needs. The inspector observed that staff was also available to stop and chat with residents and to also assist them with their nutrition and meals. However, the provider failed to demonstrate that the centre was suitable resourced with staff who were eligible to drive the provider's transport. As a result, residents could not always freely access their local community at a time of their choosing.

The previous inspection of this centre highlighted that disturbances at nighttime, including noise and negative language used by one resident, was impacting upon others. Although, the nighttime disturbances had been for the most part resolved, one resident remained unhappy by the language used by one of their peers and required further review by the provider.

Judgment: Substantially compliant

Quality and safety

There were improvements in the overall delivery of care to residents since the centre's last inspection, with significant changes noted in regards to the provision of behavioural support for one resident. Although residents reported that they were generally happy with the service, issues were identified in relation to supporting residents with community access. In addition, one resident was also unhappy with the language used by one of their peers.

The previous inspection of this centre found that resident's voices were not always listened to and as a result the provider was unable to demonstrate that their rights were actively promoted. This inspection found that progress had been made in regards to involving residents in decisions about their care and also the running and operation of their home. Residents attended scheduled individual key working

sessions and also house meetings in which goals, safeguarding and activities were discussed. Although this was a positive aspect of care, further issues in regards to rights were identified as part of this inspection. A resident spoke at length with the inspector and they explained that they were generally happy in the home; however, they were unhappy with the language used by one of their peers. This had been an issue for them since the centre's last inspection and although this language was not directed at them, they did not like to hear it in their home. The inspector also read daily notes for this resident which did not demonstrate that their wishes to purchase some personal items were met in a prompt manner.

From chatting to residents and reviewing personal plans and daily notes it appeared that residents had good access to their local area and nearby towns to engage in activities which they enjoyed. However, one resident informed the inspector of issues in regards to going getting out and about. They told the inspector that all community access had to be planned and that sometimes a trip could be cancelled due to a lack of drivers. When asked, the person in charge explained that there was difficulties in hiring staff with the required licence to drive in Ireland. Due to this issue, specific staff with the sole duty of driving had been hired to facilitate community access. As a result all activities had to be planned and these drivers might not be available after five o'clock each day, and also the weekends. The inspector found that this arrangement did impact upon residents' rights and required further review.

This inspection found that supporting residents with their rights required closer examination; however, the provider had addressed many of the issues found on the centre's previous inspection. The actions taken in regards to behavioural support had improved the quality of care and promoted a consistent approach from staff when supporting one resident. There was also a better approach to safeguarding which further promoted safety within the centre.

Regulation 11: Visits

There were no restrictions in regards to visitors in this centre and overall it had a pleasant and welcoming atmosphere. There was a sufficient number of reception rooms for residents to receive visitors in private, if they so wished and residents indicated that they were well supported to meet up with, and stay in contact with their family and friends. The inspector met with two family members on the day of inspection and they indicated that they always felt welcome in the centre and they would have no reservations in popping in to visit their sibling.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had their own bedrooms that had suitable storage for their personal belongings. Residents were also fully independent in terms of managing their finances and belongings.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place for recording and responding to incidents and accidents which occurred in the centre. There had been a decline in incidents of behaviours of concern since the centre's last inspection, following comprehensive interventions by the provider. The person in charge held responsibility for reviewing incidents and the provider monitored for trends of concern through their unannounced internal audits which ensured there was good oversight of safety in this centre.

There was good oversight of risks in the centre with detailed risk assessments in place for issues which had the potential to impact upon residents and also the delivery of care. The person in charge also held responsibility for the oversight of risks and they had assessed concerns such as falls, medical issues, visual impairment, skin integrity and behaviours of concern.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken fire safety seriously and fire doors, emergency lighting, fire extinguishers and alarm panel had been installed. An up-to-date service schedule was in place for all fire equipment and staff completed scheduled fire safety checks to ensure that everything was in good working order.

Staff who met with the inspector had a good understanding of evacuating residents in the event of an emergency and they were guided by individual evacuation plans for each resident. Fire drills were also a regular occurrence and fire evacuation records indicated that both residents and staff could leave the centre, in a prompt manner in the event of a fire. Although fire safety was generally promoted, the centre's emergency evacuation plan required further review to ensure it clearly outlined practice in the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The centre had appropriate storage in place for medicinal products and staff had received training to administer medications. Residents preferred for the provider to manage their medications and each resident had a prescription sheet that had been signed by their general practitioner (GP), and contained the required information for the safe administration of medicinal products. A review of prescription sheets and the associated medication administration records indicated that residents received their regular medications as prescribed. However, there were discrepancies noted between some of the required medication stock take records and their administration records, which could indicate that medication errors may have occurred. In addition, there was also an issue with the duplication of two medication stock takes, each with differing stock totals, that required further examination.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which gave a good account of their individual care needs and where they required support. The plans gave an outline of each resident's relevant background and also included likes and dislikes, family involvement and areas of personal interest. Each plan was individualised and if required, supplemented with additional guidance in areas such as behavioural support, maintaining good health, mobility and support with personal goals.

In general, personal plans were held to a good standard; however, the assessments of need, which is the basis of these plans, required review and amendments. An assessment of need examined by the inspector, did not fully capture or describe the resident's complete individual needs and where they may require additional supports. For example, the assessment of need for one resident did not account for a significant care need following their acquired brain injury, and it also required amendments to include the supports and assistance they needed in order to access their local community.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to their GP in times of illness and also for regular blood monitoring and general health check ups. Some residents required additional supports in maintaining good health and individualised health care plans had been devised to guide staff in meeting their long term health issues. There was also good

follow up with, and referral to allied health professions with a recent review by an occupational therapist for one resident and who also had been referred to recommence seeing a physiotherapist.

Some residents had also taken part in an aspect of the national health screening programme; however, exploration with one resident and their GP, in accessing the national screening programme for women's health was required.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were no restrictive practices in use in this centre and one resident required support in relation to their behaviours. A behavioural support plan had been introduced since the centre's inspection which gave detailed guidance in how best to support this care need. The plan accounted for the behaviours which may occur and also for the situations and circumstances which could lead to an escalation in incidents.

A staff member who spoke with the inspector had a good understanding of supporting this resident and their conversation with the inspector clearly reflected the information which was available to staff. Staff had also attended bespoke positive behavioural support training which focused on the impact that acquired brain injury can have on a person's behaviours.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding plans in place on the day of inspection and the provider was aware of potential compatibility issues which had the potential to impact the quality and safety of care provided. The provider had appointed a person to manage safeguarding concerns and information in regards to this person and safeguarding procedures were readily available in the centre.

Residents who met with the inspector stated that they felt safe and they got on well with each other and staff. Residents also attended scheduled house meetings where topics such as safeguarding were discussed.

Judgment: Compliant

Regulation 9: Residents' rights

The arrangements for residents to access their local community, at a time of their choosing, required closer examination. Activities and outings from the centre had to be planned, and the arrangements to support community outings in the evenings and weekends did not promote freedom of choice.

The inspector found that the overall flexibility and freedom of residents to access their local community, throughout the week, required closer examination.

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	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Rose Lodge Residential Care Service OSV-0008627

Inspection ID: MON-0041602

Date of inspection: 10/06/2026

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider will ensure that the centre's annual review formally evidences consultation with residents in relation to it. A standardised resident & family consultation template is currently being developed to facilitate this. Changes aimed at ensuring better distribution of staff drivers across the roster have been implemented following the inspection. A new team lead with a full driving licence commenced working at the centre very shortly thereafter. In addition, a staff member from one of the Provider's other designated centres who holds a full driving licence has relocated to the Southwest region and joined the Rose Lodge roster to enhance residents' access to transport specifically at evenings and weekends. The Provider is cognisant of the persistent nighttime disturbances and has arranged numerous meetings with the resident in question, their family and the HSE in relation to this issue since 2024. The most recent such meeting took place 2 weeks after the inspection, and an alternative placement which will better suit their needs and presentation is to be identified for this resident in the coming months. In the meantime, we will maintain the extensive behavioural support inputs already being provided to this resident and respond promptly to any concerns raised by their peers regarding noise and inappropriate language.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: On the day after the inspection, Rose Lodge's Centre Emergency Evacuation Plan (CEEP) was reviewed and updated to clearly outline the evacuation procedures for all residents,	

including individual staff responsibilities, evacuation sequence, contingency arrangements and evacuation equipment required during an emergency.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Medication stocktake procedures have been strengthened to ensure that all stock totals accurately correspond with medication administration records. Duplicate medication stock sheets have been eliminated, and a unified recording system has been implemented. Centre management (PIC / Team Lead) will complete weekly and monthly audits to identify any discrepancies between stock take and administration records. Learnings from the Provider's recent medication audit have been implemented.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All residents' Assessments of Need have been comprehensively reviewed to ensure they accurately reflect current individual health, personal and social care needs. Specific attention has been given to ensuring acquired brain injury-related care needs, mobility requirements, behavioural supports and community access needs are fully captured within the assessment process and clearly reflected within residents' person-centred plans.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The resident in question was invited to engage with the national screening programme for women's health via correspondence from their GP on multiple occasions, both prior to and following admission to Rose Lodge; however, the resident declined to engage on each occasion, citing a previous negative experience with screening. The resident's family is aware of these refusals. The resident's right to decline screening is respected in line with their autonomy and informed choice. The resident's comprehensive needs assessment will be updated to reflect her current status in relation to health screening, and her wishes will continue to be reviewed periodically, with re-engagement with the GP facilitated should she indicate she is open to same in the future.	

Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Provider recognises the importance of ensuring residents have genuine choice and control over their daily lives. Since the inspection, transport arrangements have been reviewed and roster changes implemented to increase flexibility for spontaneous outings, including in the evenings and at weekends. This has been and will be enhanced by the recent introduction of a new team lead and the addition to the roster of an experienced staff member from one of the Provider's other centres, both of whom hold full driving licences.	

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)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/07/2026
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.	Substantially Compliant	Yellow	31/07/2026
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide	Substantially Compliant	Yellow	31/07/2026

	for consultation with residents and their representatives.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	11/06/2026
Regulation 29(4)(b)	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 medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	10/07/2026
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional,	Substantially Compliant	Yellow	10/07/2026

	of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	15/07/2026
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	31/07/2026