



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

Issued by the Chief Inspector

Name of designated centre:	Apple Hill
Name of provider:	Lotus Care Limited
Address of centre:	Roscommon
Type of inspection:	Unannounced
Date of inspection:	19 February 2026
Centre ID:	OSV-0008901
Fieldwork ID:	MON-0049654

About the designated centre

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

Apple Hill provides residential services to children with a mild to moderate intellectual disability and Autism, Attention Deficit Hyperactivity Disorder (ADHD) and, Oppositional Defiant Disorder (ODD), Sensory processing disorder, Global development delay and other neurodevelopmental disorders, and who may present with additional needs. Apple Hill is a four bedroom house with a large open plan kitchen and dining areas, looking out on a large garden. All residents have access to sizeable bedrooms, which are personalised to their taste and preference. The service users are supported 24/7 by a minimum of two staff members day and night, and as per their assessed needs at present. Transport is provided for the centre to enable residents to access their local community and services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

I

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
Thursday 19 February 2026	07:45hrs to 16:40hrs	Maureen McMahon	Lead
Thursday 19 February 2026	07:45hrs to 16:40hrs	Carmel Glynn	Support

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor the provider's compliance with the regulations. During this inspection, inspectors met with three young people who lived in the centre and observed how they lived. The centre had one vacancy on the day of inspection. Inspectors also met with the person in charge, the person participating in management, a team leader, a shift leader and staff members on duty.

Based on the findings of this inspection, inspectors found that young people who lived in this centre had choices in their daily lives, were supported to achieve personal goals, and were facilitated to participate in preferred activities. Some improvement was required in relation to aspects of complaints management and the provider needed to significantly review aspects of how it protected and promoted the rights of young people living in the designated centre.. Outdoor recreational space was not adequate to meet young people's needs on the day of inspection. However, local management informed inspectors that renovation works were nearing completion. During this period of disruption, young people were supported to access community-based outdoor and recreational facilities.

The centre comprised a dormer-style house with a large open-plan kitchen and dining area. The design and layout of the centre provided sufficient communal and private space. The service was pleasantly decorated and well maintained. During a walk around of the centre, inspectors observed that bedrooms were personalised with items reflecting individual interests, such as cartoon characters and football teams. All bedrooms were spacious, and two bedrooms had ensuite facilities. The centre had a well-equipped kitchen where food could be prepared and stored hygienically.

Comprehensive assessments of need had been completed for all young people. Two young people were assessed as requiring the support of two staff each during daytime hours, while the third was supported on a one-to-one basis. Staffing levels reduced at night to three waking night staff. When a young person spent time at home with family, staffing arrangements were adjusted accordingly. All young people attend school full time and are supported to travel to school with staff support.

All of the young people living in the centre were on their mid-term break from school on the day of the inspection. Inspectors met one child in the morning shortly after arriving in the centre. They had their breakfast which was prepared by staff and were relaxing in the sitting room in their pyjamas, listening to music on a speaker. They used a chewy tube, appeared content and made eye contact with the inspectors and initiated a touch to an inspector's hand. Although they could not

communicate verbally with inspectors, they appeared comfortable in their environment, and were being supported by two staff known to them.

Inspectors met another young person who got up after having a lie in – they were in the other sitting room that they use predominantly, watching cartoons on the television and eating their breakfast of pancakes and apples. This young person used a picture exchange communication system (PECS), and inspectors observed their folder with visuals that they use near to them. They appeared content, and although they did not communicate verbally with inspectors they made eye contact and shook hands with one of the inspectors.

Inspectors met the third young person who got up later in the morning. The young person spoke to inspectors at length about their experiences of living in the centre. They expressed dissatisfaction with some aspects of the centre, such as noise levels at night-time and during staff handovers in the morning. They expressed a preference to live independently, but acknowledged this was not currently possible. The young person showed inspectors their bedroom, which was tidy and decorated with the young person's belongings, such as with music posters and their favourite soccer team. They showed inspectors their large jersey collection, and played the ukulele for inspectors. In addition, they spoke about their relationships and celebrating recent occasions such as valentine's day. The young person told inspectors about their school and said they were happy there, noting that recent exams had gone well. They also described developing skills such as cooking and staff described the young person had recently cooked independently in the centre.

Inspectors found that the young people living in the centre had opportunities to engage in a wide range of activities. These included community-based activities such as local football teams, social groups, playgrounds, cinema trips, swimming and going to the gym. Staff also described a variety of home-based activities that young people enjoyed, including water-based play, television and music. All of the young people went out with their support staff on the day of inspection, taking part in activities such as attending local social groups and going for a drive.

Throughout the day, inspectors met staff working in the centre. Staff who spoke to inspectors demonstrated a good understanding of the needs and preferences of young people. Overall, this was a positive inspection that found many good examples of care and support. Areas for improvement, specifically in relation to complaints management and young people's rights, were discussed with local management during verbal feedback.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affect the quality and safety of the service provided.

Capacity and capability

The outcome of this inspection found that the provider had arrangements in place for the management and monitoring of the centre. However, improvement was required to ensure that complaints were responded to and managed appropriately, and that concerns raised by staff in team meetings were properly actioned and overseen by the provider.

There was a clearly defined management structure in place, and lines of accountability were clear. The person in charge was appointed to the centre in January 2026 and previously held the role of team leader in this centre. They were regularly present and were well known to staff and the young people living there. The person in charge was supported in their role by a team leader in managing and maintaining oversight of the service. A shift leader was also appointed to each shift and was responsible for coordinating the day-to-day care and support in the centre. Inspectors spoke with a shift leader during the inspection, who demonstrated a good understanding of young people's needs and wishes. The provider had an on-call arrangement in place for out-of-hours periods. These arrangements were clearly displayed in the centre, and staff were aware of how to access this support.

The centre was adequately resourced to meet the assessed needs of the young people. These resources included transport, Wi-Fi, comfortable accommodation and appropriate staff numbers and skill mixes. Inspectors found that there was adequate staff on duty to support young people and a review of staff rosters showed that these levels were consistently maintained.

There were various oversight systems in place, which were found to be mostly effective. The provider had undertaken an annual review of the centre for 2025 and an unannounced six-monthly provider audit in November 2025. In addition, the local management team had completed daily, weekly and monthly audits to review areas such as health and safety, staff training, and fire safety. These audits indicated a good level of compliance and evidence of continuous improvement. For example, where a training need had been identified by local management, records showed that this had been subsequently been completed. Team meetings took place regularly in the centre. However, inspectors found where a concern was raised in relation to a young person's sleep disturbance, these were not appropriately investigated or escalated. This resulted in the young person having a poor experience in relation to sleep for a prolonged period.

Inspectors found internal communication systems were in place regarding day-to-day care and support needs, including the use of a communication book and handover logs. The centre had a complaints procedure that was accessible and available in a format that young people could understand. Inspectors reviewed the complaints log and found that complaints received were recorded and outcomes documented. However, records reviewed found where a young person raised several complaints during key worker sessions, these were not appropriately managed by the provider, resulting in their complaints not being adequately addressed.

Regulation 14: Persons in charge

The provider had appointed a suitably qualified person in charge to manage the centre. They were employed on a full-time basis in the centre and had the necessary qualifications, skills, and experience for the role.

The person in charge demonstrated their understanding of their regulatory responsibilities and their knowledge of the young people and the centre throughout the inspection.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found that staffing arrangements were appropriate to the assessed needs of the young people living in the centre.

Inspectors reviewed rosters from January and February 2026, with planned and actual rosters in place. There was a consistent staff team in place, and the required number and skill mix of staff was appropriate to the assessed needs of the young people in the centre. Staffing levels were reviewed as required, for example staffing levels for one young person had reduced from 2:1 to 1:1 staffing in November 2025. The other two young people had 2:1 staffing. Where a young person spends time with family a number of nights per week, this was reflected in reduced staffing levels on those days. From the sample of rosters reviewed, there was no use of agency staff in the centre, with staffing cover maintained by a pool of relief staff who worked regularly in the centre.

Inspectors also reviewed two staff files, and found that they contained the information and documents specified in Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors found that the provider had ensured that staff had received the appropriate training required.

Inspectors reviewed the training matrix for the centre, which showed that staff had received training including fire safety, safety intervention (positive behavior support training), Children's First and safeguarding. The person in charge regularly reviewed training requirements, and liaised with the training department to organise training

for staff. Any staff who required refresher training were identified by the person in charge, and refresher training was booked and planned. Records reviewed indicated all staff had completed training in human rights.

Inspectors also found that there was a supervision schedule for 2026 in place for staff. Inspectors reviewed a sample of two staff supervision records, and found that these records were comprehensive.

Judgment: Compliant

Regulation 23: Governance and management

The provider had governance and managements arrangements in place to govern and manage all aspects of the service. The centre had a clearly defined management structure, with identified lines of accountability and specific roles and responsibilities outlined. Staff spoken with were clear on governance arrangements in the centre and were aware who was assigned as the shift lead on the day of inspection. Arrangements were in place to ensure effective management of the centre in the absence of the person in charge.

The centre had various monitoring and oversight systems in place, including an annual review and six-monthly unannounced provider audits. The provider had prepared an annual review for 2025 and this was available in the centre. A provider unannounced audit had taken place in November 2025. The provider had identified that the compatibility and social and emotional needs of young people were not always reflected in their personal planning or risk assessments. This was identified as an area for improvement, and a timeframe was set. Although this action was documented as complete in January 2026, the findings of this inspection indicated that the compatibility of the young people living in the centre required further review by the provider.

There was a schedule of weekly and monthly audits undertaken and overseen by the person in charge. These included audits of hygiene, vehicles, first aid, health and safety, training, fire safety, personal protective equipment and medicines. Regular team meetings were held, and minutes were maintained for each meeting. An agenda was prepared prior to each meeting, and items for discussion included the care and support needs of the young people, restrictive practices, planned activities, risk assessments and record management. Minutes from a team meeting in November 2025 referenced staff concerns regarding sleep disruption within the centre and the concerns raised by a young person. The agreed action was to discuss the matter weekly with the young person who had voiced the concerns. However, records of the subsequent two team meetings did not reference any follow-up, feedback or review of the situation.

Individual key working meetings took place weekly with each young person to discuss activities, meal planning, to plan activities and an opportunity for young

people to raise any other matters they wished to discuss. Inspectors reviewed these records and found where a young person raised a concern regarding their care and support, this was not appropriately escalated or managed by the provider. This will be further discussed under regulation 9.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had prepared written contracts for the provision of services, which included all the required information, such as the legal status of the young person. Inspectors reviewed three contracts and found all were signed by the young person's representatives. The provider had recently updated a contract to reflect changes in areas such as the allocation of pocket money, and this updated contract had been issued to the young person's representative for signing on the day of inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable processes for the management of complaints in the centre. The procedure had been made available in an easy-read format and was clearly displayed in the centre.

A complaints log was maintained by the person in charge, in which complaints were recorded including details of any actions taken to address the complaint. At the time of inspection, there were no open complaints in the centre.

Weekly key working sessions included discussion regarding the complaints procedure and provided young people with an opportunity to raise any concerns. Records of key working sessions reviewed identified a young person had raised complaints that were not appropriately addressed by the provider. It was unclear whether the provider had effective oversight arrangements of this forum to ensure concerns raised by young people were appropriately recorded, escalated and addressed.

Judgment: Substantially compliant

Quality and safety

The centre had a good level of compliance with regulations relating to the quality and safety of care delivered to young people in the centre. However, improvement was required to ensure that young people's rights were fully supported and protected, this will be discussed under regulation 9. Improvement was also required to ensure that young people had access to outdoor recreational space in line with their assessed needs and preferences.

The centre was located in a rural location near Athlone town. Transport was provided, and each young person had full access to a vehicle to attend school and preferred activities. Young people had access to a small garden at the front of the house. Access to the rear garden was temporarily restricted due to ongoing renovations to convert the garage into an apartment. From discussions with staff, they described young people as enjoying soccer and the use of a swing. However, this space was not currently available to provide these opportunities. In the interim, staff described using local parks and playgrounds to ensure young people had opportunities to access outdoor space.

Inspectors found the centre was visibly clean, bright and comfortably furnished. Where young people had specific assessed needs relating to furniture, the provider had ensured that suitable and more durable furniture was ordered to meet those needs. There was a well-equipped kitchen where food could be stored and prepared in hygienic conditions. Young people were involved in menu planning, and suitable foods were provided to cater for their preferences and needs.

Planned supports were found to be in place where young people transferred between centres. Inspectors found that the provider had comprehensively assessed each young person's needs prior to admission, and relevant and appropriate information was shared between centres to support continuity of care. The most recent admission process was reviewed by inspectors and it was found that this young person's needs had been comprehensively assessed prior to their admission.

The provider had systems in place for the identification, assessment, management and review of risk. These were found to be effective in the management of identified risks in the centre. The centre had contingency arrangements in place in the event of emergencies and staff were aware of these plans.

Assessments of health, personal and social care needs were in place for each young person. Personal plans had been developed for each person based on their assessed needs and individual personal goals had been agreed. Records reviewed demonstrated that these goals were subject to monthly review. Where required, positive behaviour support plans were in place to guide staff practice and ensure young people were supported appropriately.

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose. Upon arrival, inspectors observed the garage area was undergoing renovations and the large back garden was not currently accessible to the young people living in the centre, impacting their ability to access outdoor recreational space.

The centre comprised of one house located in a rural area on a busy road and located a short distance from a large town. This house could accommodate four children for residential care. During a walk around of the centre, inspectors observed that the house was visibly clean, comfortably furnished, and safe.

Construction work was ongoing externally to convert the garage into an apartment. Local management told inspectors that the renovations had been ongoing since August 2025 and were expected to be completed in the coming month. From discussions had with local management, the intended purpose and function of the apartment was not yet known. The impact of the construction work meant that young people did not have access to the rear garden and only had access to a small grass area to the front of the house for outdoor play. Prior to the renovations, young people had access to a swing in the rear garden and a large garden. However, this was currently not available due to the construction works. Inspectors observed a small trampoline located on a narrow strip of grass to the side of the house. Young people had access to a patio area where a sink was available to engage in water play, and there was a sandpit available for use.

The provider had identified maintenance work was required to some wooden floors within the centre, and a plan was in place to address this. Inspectors also noted that couches in one sitting room were damaged. The provider had identified that one young person required durable seating, and appropriate furniture had been ordered and was awaiting delivery to the centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Inspectors found that the nutritional needs of the young people living in the centre were being supported.

Food logs were maintained for young people of their nutritional intake. It was evident that young people were offered choice regarding their food. Weekly key working meetings included meal planning with young people to plan their meals for the week and to choose any items they would like as part of the weekly grocery shopping.

Food was stored and labelled appropriately, with an adequate amount of food available. One of the children had a limited diet, with minimal variety due to their own preferences. The provider promoted healthy alternatives of food items where

possible. For example, wholemeal bread instead of white bread was available, and staff described trying to introduce new foods where possible.

For one young person, the person in charge spoke about an increase in their weight recently, and that a referral was being made to a dietician. Weight records were maintained for this young person to monitor any changes.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Inspectors reviewed the systems in place for the admission, transfer and discharge of children and found these to be appropriate.

Records relating to the most recent admission to the centre were reviewed and found that the young person was well supported during their transition between services. This was an internal transfer within the provider's organisation. The provider had undertaken both an initial needs assessment and a comprehensive assessment of need. These assessments identified the young person's care and support needs in areas such as healthcare, social development, and behavioural support. The young person and their representative were involved in the discharge and admission process, and it was evident that appropriate information about the young person was shared between the centres to support continuity of care. The provider had completed an impact assessment prior to this young person's admission, which identified areas that could potentially affect other young people, such as disturbed sleep.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had suitable arrangements in place for identifying, recording, investigating and learning from incidents and accidents. Inspectors found that the control measures in place were appropriate to the risks identified. For example, where a young person had unsupervised time away from the centre, there was a clear agreement regarding the use of a mobile phone and planned meeting times. These control measures were recorded in the young person's individual risk management plan and were well known to both staff and the young person.

A risk register had been prepared by the provider, and this listed 22 risks identified for the centre. The highest-rated risk related to the staff car park, and control measures were in place to mitigate this risk, including staff awareness and a plan to resurface this area. Inspectors reviewed two young people's individual risk

management plans and found these reflected their care and support needs on the day of inspection. For example, where a young person was identified as engaging in self-injurious behaviour, the provider had control measures in place to reduce this risk, including behaviour support plans and communication supports such as a picture exchange communication system.

There was evidence of regular review of risk assessments, with risks coloured-coded to ensure the highest risks were easily identifiable. Staff had also completed training in relation to risk assessment processes.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Inspectors reviewed two of the young people's personal plans. Inspectors found that the provider had ensured adequate information was in place for staff to support the young people in the centre.

Inspectors reviewed key working meetings held with young people. Monthly goals were identified for each young person, and from reviewing key working notes, it was evident that staff were supporting the young people to work on these goals. There were person-centred action plans in place which broke down the goals into smaller actions to be completed, and there were ongoing updates provided on how these actions were progressing. For example, a goal for one young person was to attend a social club, and an action to support this was the use of a social story to introduce the idea of the group to them. Another goal a young people was working on was increased community access. Inspectors saw evidence that this was being worked on weekly with staff supporting the young person to visit different cafes and restaurants, with progress documented on how this person was tolerating these environments.

There were intimate care plans in place, which outlined the young people's support requirements for personal and intimate care.

Judgment: Compliant

Regulation 7: Positive behavioural support

Inspectors found that the provider had procedures in place to respond to behaviour that is challenging.

Staff had received training in positive behaviour support. Two of the young people had positive behaviour support plans in place, which outlined guidance for staff in managing behaviour that is challenging. The positive behaviour support plans

reviewed outlined the behaviour of concern, potential triggers, proactive strategies, reactive strategies and post incident support strategies.

For one young person, their positive behaviour support plan was dated July 2025 and was due for review due to changing needs. The person in charge was aware that it required an update and informed inspectors that a meeting was planned with the behaviour therapist, and actions also included observation in the young person's school. The behaviour support plan would be updated following this observation.

There were a number of restrictive practices in place to ensure young people's safety in the centre. A number of restrictions had recently been removed in the centre, including a reduction on window restrictors and locked doors. It was evident that the provider kept restrictions under regular review, and that they were discontinued when no longer deemed necessary.

Judgment: Compliant

Regulation 9: Residents' rights

Young people's views were sought in the centre and discussed. However, there was no evidence that appropriate or effective action was taken in response.

Inspectors found that one young person had repeatedly raised concerns during key worker meetings regarding their sleep being disturbed by a peer. The young person also expressed concerns for their personal safety. Notwithstanding these concerns being made, there was insufficient evidence that the provider had taken appropriate action to safeguard the young person's rights or address the ongoing disruption. Daily notes from November 2025 were reviewed and evidenced a period of sleep disturbance where a young person was exposed to noise overnight. During this same period, this young person experienced a significant adverse incident in school, which resulted in their removal from the school setting for a short period. Records during this period referred to this young person refusing to get up in the morning and appearing visibly tired. The provider did not consider the impact of disturbed sleep on this young person's school engagement or overall wellbeing.

The provider had not appropriately consulted with the young people in the centre regarding the purpose and function of ongoing renovations within the centre. Discussions with local management indicated a lack of clarity regarding the intent and proposed use of the garage renovations. This absence of clear information and consultation was not in keeping with young people's rights to be informed, consulted and supported to participate in decisions affecting how the centre is planned and operated. Inspectors received feedback from a young person who reported seeking information from staff about the renovations but was told staff themselves did not know the intended plans. As a result, this young person formed their own assumptions including concerns the centre would increase in size and accommodate more children.

Overall the provider did not respond appropriately to the concerns raised by a young person regarding their disturbed sleep and its impact on their wellbeing and rights. Improvement is also required to ensure that young people are meaningfully consulted and supported to participate in how the centre is planned, developed, and run.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Apple Hill OSV-0008901

Inspection ID: MON-0049654

Date of inspection: 19/02/2026

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider will review the young people's impact risk assessments to ensure that they accurately represent the young people's current needs. The provider has identified the compatibility issues within the center. For one young person an alternative placement has been identified. This young person has expressed their own concerns in relation to another young person having an impact on their sleep. The provider has spoken to the young person representative in relation to this identified placement, the young person will also be consulted. The provider will continue to support the young person in their current placement until they transition to a more appropriate and suitable living arrangement. This decision is to be discussed with the young person and also their representative. A decision to be made in relation to the young persons placement by 30/06/2026</p> <p>Local management to complete comprehensive reviews of the impact risk assessments for each young person and note any changes in presentation. Personal plans and risk assessments will be reviewed quarterly or when required and note any changes. As changes arise, these plans will be updated to demonstrate a more accurate presentation for the young people within the center. When completing assessments for new young people to the center, the provider will accurately assess the needs and identify impacts that will be addressed prior to admission. Local management to complete a review of all young persons impact risk assessments. These are to be updated and to be reflective of current presentation within the service. This is to be completed by 30/04/2026.</p> <p>Monthly team meetings are conducted within the centre. When actions/concerns arise from team meetings, the provider will ensure that there is a clear plan in place on how management are going to address these actions. The staff team will be informed where action trackers are to be completed to keep track of same. In each team meeting, the actions from previous month's team meeting will be discussed to ensure that progress is being made. Team meetings occur on a monthly basis. When actions arise from these</p>	

team meetings, management to ensure that trackers are in place. The next team meeting in the centre will occur on 24/03/2026

Local management to have clear oversight in relation to key working sessions that are being completed with the young people along with weekly resident meetings. Should any concerns arise within these meetings, local management will address these and follow complaints process accordingly. In monthly team meetings, local management will discuss with the staff team concerns addressed by young people or their representative and the complaints process will be followed.

Local management will complete reviews of daily log notes to capture any concerns that may arise. This is to ensure safe practice and ensure that all concerns are being addressed accordingly.

]

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

Where a concern or complaint is identified during a key-working session, it is recorded and progressed through the formal complaints process, with actions and outcomes clearly documented. Management oversight ensures that concerns raised by young people are monitored and responded to in a timely manner. A review of key-working records identified that a concern raised by a young person had not been progressed through the complaints process.. This was addressed by the provider and staff were reminded of the requirement to record and escalate concerns in line with the complaints policy. The complaints policy will be discussed in the next monthly team meeting on 24/03/2026. Management oversight arrangements have since been strengthened to ensure all concerns raised during key-working sessions are documented, reviewed and appropriately addressed, this was completed on 06/03/2026.

]

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Construction work to convert the garage into an apartment is due for completion on the 31/03/2026. The recreational outdoor amenities will be reinstalled in the garden area, and the young people will be consulted in the plans for the creation of the outdoor space. A larger trampoline and swing set will be chosen by the young people and purchased by the provider. The young people we support will have full access to the

large garden area again. To be completed by the 30/04/2026.
 The wooden floors in the house will be replaced throughout; this will be completed by the 29/05/2026

The new furniture for the front sitting room will be delivered by the 30/04/2026.

]

Regulation 9: Residents' rights	Not Compliant
---------------------------------	---------------

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 The provider will ensure improved oversight in the management and response to complaints raised by young people, ensuring that all concerns are appropriately recorded, escalated and followed through to resolution. The provider has acknowledged the impact of sleep disturbance within the centre and is currently implementing supports for the young person whose behavior is contributing to disruption of the sleep cycle of others. Local management have consulted with the young persons psychiatrist in relation to reviewing their sleep medication to support them in having an effective sleep pattern. In addition, local management will consult with internal multidisciplinary professionals in addressing the impact of sleep disruption within the centre. A comprehensive assessment will be undertaken to identify underlying factors contributing to the young person's sleep patterns and to develop proportionate, least restrictive, and person-centred strategies, while also ensuring appropriate supports are in place to promote the emotional wellbeing of both the young person and those impacted.

All interventions will aim to uphold the rights, dignity, and wellbeing of all young people, including their right to rest and a comfortable living environment, and will be clearly documented and regularly reviewed by centre management for effectiveness.

The provider had previously identified compatibility concerns regarding the placement of one young person. This is currently being reviewed and addressed through the Providers Admissions, Discharges & Transitions committee in consultation with the young person and their commissioner of services. Due to be completed: 30/06/2026.

The provider will respond promptly to any concerns and or complaints made by the young people supported in the designated centre. In team meetings, local management will discuss with the staff team any concern and ensure that a complaints form is provided. The staff team will continue to support young people in the center and with particular emphasis on their Human Rights. A monthly schedule has been implemented to ensure that young people are aware of their rights in a person centered manner. Lotus Care have a Human Rights Committee where the concern raised by the young person of a disrupted night sleep will be referred to this committee. This will be completed by 30/04/2026.

The provider acknowledged renovations are currently taking place. Conversations were completed with young people, however on day of inspection these conversations were not documented. Local management will complete key working sessions with young people to inform them of the identified purpose of the conversion. Following this

inspection, the intended purpose of the conversion is for a single occupancy unit. This single occupancy will be managed by local management that are currently in the centre. Young people and their representatives will be informed when a young person has been identified for this occupancy. The occupancy of the centre will remain at four. Should young people express concerns in relation to this, any issues will be addressed appropriately by the provider and management.

]

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 17(3)	The registered provider shall ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities.	Substantially Compliant	Yellow	29/05/2026
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	30/06/2026
Regulation 34(3)(a)	The registered provider shall nominate a person, other than	Substantially Compliant	Yellow	24/03/2026

	the person nominated in paragraph 2(a), to be available to residents to ensure that: all complaints are appropriately responded to.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	30/06/2026