



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

Issued by the Chief Inspector

Name of designated centre:	Bóthar Glas
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	23 July 2025
Centre ID:	OSV-0008925
Fieldwork ID:	MON-0045741

About the designated centre

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

This designated centre provides full-time 24 hours nurse led residential care for up to six adults over the age of eighteen years, both male and female with intellectual disabilities, autistic spectrum and/or acquired brain injuries who may also have mental health difficulties and behaviours of concern. The centre is based in a village close to a larger town in county Louth. There is a spacious kitchen/dining /living room in each house, and a separate sitting room. Each resident has their own bedroom, and there are accessible garden areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 23 July 2025	10:15hrs to 19:45hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted in order to monitor on-going compliance with the regulations, and was the first inspection of this designated centre since its registration.

The designated centre is made up of two house next door to each other, and there were five residents on the day of the inspection, two living in one house and three in the other. The inspector met all five residents during the day, and had a chat with those who communicated verbally.

Both houses were nicely decorated and well maintained, and laid out to meet the needs of residents, all of whom were wheelchair users, and where storage requirement for mobility aids had increased, there were plans to construct an external staff office so that the offices in the houses could be freed up for storage purposes.

Residents told the inspector that they were happy in their home, and one resident in particular said that they were much happier in this house than they had been previously, and that it had been entirely their own choice to move into this designated centre.

They said that they had plenty of outings, and one resident spoke about some of the outings, including shopping trips which were a favourite.

Another resident said that the house had a homely feel, and a family atmosphere. They said that there were plenty of opportunities for outings, but that they often preferred to spend time at home and felt very content with this.

Residents said that they knew who to approach if they had any concerns or requests. When asked if they had any other requests, one resident said they would like a call bell. The inspector passed this request on to the person in charge and the person participating in management, and received confirmation in the days following the inspection that this request had been fulfilled immediately, and that call bells had been installed.

It was evident from the records that residents had access to various outings in the community, including visits home, trips to the beach and park, shopping trips and visits to a local sensory space for some residents. Improvements were required in recording activities at home to ensure that oversight was effective in ensuring that residents all had a meaningful day, as further discussed under Regulation 9: Residents' rights.

The inspector met some relatives of residents during the course of the inspection. Family members said that they felt that their relative was very happy living in their

house, that other residents were nearer to their age than they had been in their previous placement, and that this was a more appropriate house.

The person in charge recorded compliments as well as complaints received by the designated centre. Any complaints had either been resolved, or the person in charge was working through a plan to ensure that any issues were resolved, as further discussed under Regulation 34: Complaints procedure.

Compliments received included a relative saying that staff had taken on board their suggestions, another said that their family member was looking the best they ever had, and another relative complimented the staff on their knowledge.

Residents and their families had been offered the opportunity to complete questionnaires sent out by the Office of the Chief Inspector in advance of the inspection. The responses were all positive, with only a couple of small suggestions. Residents said that they had a place to receive visitors, that the staff helped them where they had difficulties and that they were being supported in their day service and weekend hobbies.

Families said that the house was bright and clean, that they felt fully involved, and that staff knew how to communicate with their relative.

Overall residents were supported to have a comfortable and meaningful life, and there was a good standard of care and support in this designated centre, although some improvements were required in the admissions process as further discussed under regulations 9 and 24 of this report.

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 centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents.

Improvements were required in the admission process to ensure the rights of the current residents were upheld.

There was a clear and transparent complaints procedure available to residents.

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents, including any relief staff. If additional staff were required, they came from a regular relief panel of the organisation. There was a bank of relief nurses who had completed shifts in the designated centre to ensure that they were known to residents.

The staff operated as two teams, one in each house, although they each provided support to the other. The daily requirement was that a registered nurse be on duty in each house every day. However, prior to the inspection, there was not always a relief nurse available to meet the requirements of the designated centre if a registered nurse became unavailable. In this case the nurse was replaced by a direct support worker. Given the high level of nursing support needs in this centre, this was not an appropriate arrangement. This issue was rectified by the person participating in management prior to the close of the inspection. Assurances were given that there would be a registered nurse on duty in each house every day, and the statement of purpose and function was updated to reflect this.

A sample of three staff files was reviewed by the inspector, and all the information required by the regulations was in place, including garda vetting.

The inspector spoke to two staff members on duty, the person in charge and the person participating in management during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

It was evident that the staffing arrangements were in accordance with the needs and preferences of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received training in fire safety, safeguarding and positive behaviour support. Training in relation to the specific needs of residents had been undertaken

by some members of staff, for example training in percutaneous endoscopic gastrostomy feeding (PEG). An audit of staff training had been undertaken to ensure oversight.

Staff could describe their learning from their training, and relate it to their role in supporting residents, for example in relation to the safe evacuation of residents in the event of an emergency, and the role of staff in safeguarding residents.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date. The record maintained of these conversations indicated a meaningful discussion at which any required actions were agreed.

It was evident that staff development and training was supported, and that staff were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The person in charge (PIC) was supported by a registered nurse who took a supervisory role in the absence of the PIC.

Various monitoring and oversight systems were in place. The first six monthly unannounced visit on behalf of the provider had taken place in early July, and areas for improvement had been identified as part of this process. All those actions reviewed by the inspector had been completed, for example a complaints log had been developed, the goals of one particular resident had been reviewed, and each of the bedrooms had been personalised in accordance with the preferences of the residents.

Staff team meetings were held monthly, and the inspector reviewed the minutes of the last two of these meetings. The items for discussion included learning from other designated centres operated by the provider, keyworking, any newly identified risks, safeguarding and rights, and updates on each resident.

A sign-in sheet had been introduced which all staff members were required to sign to confirm that they had read the minutes.

Daily communication with the staff team was well managed via a written handover at the change of shift which gave an update on each resident and included reminders for any tasks.

Overall, staff were appropriately supervised, and the person in charge had good oversight of the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Those residents who spoke to the inspector said that they were happy with the people they shared a house with, and both residents who could speak verbally said that their admission to the house was their own choice. However, the inspector was concerned that the current admission practices did not fully respect the rights of current residents to be consulted on new admissions.

There was a policy in place to guide staff in relation to admissions to the designated centre, however, the inspector found that not all of the process was in accordance with best practice.

The policy required current residents to be informed that a new resident was to be admitted, however, being 'informed' is not adequate to ensure that the rights of residents were upheld. The policy also required the completion of a compatibility assessment, however, the inspector reviewed the completed forms for residents and found that the questions on compatibility had not been answered appropriately.

While a detailed 'assessment for admission' form and a detailed referral form had been completed for each resident, they did not adequately address the issue of compatibility. The form asked for both the positive and negative impact of the proposed transition for new and current residents, but the exact same response was used for each resident. This response made no mention of the impact on the current residents. This is further discussed under Regulation 9: Residents' rights.

During the course of the inspection, the person participating in management presented a draft of a new compatibility assessment form, however, this draft fell short of ensuring that the views of current residents were sought.

While it was evident that there was a focus on ensuring that current residents were protected from all forms of abuse, as required by the regulations, further improvements were required to ensure that their rights to consultation were upheld.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to the Office of the Chief Inspector, including notifications of any incidents of concern.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations.

There was a process whereby any complaints were recorded, including any actions taken to address the complaint, and information as to whether the complainant was satisfied with the outcome. Those residents who spoke to the inspector said that they knew who to approach if they had any concerns.

There had been two complaints, one from a resident and one from a relative of another resident. The first of these which related to a preference in personal care had been responded to immediately and was resolved.

The second was more detailed, and the person in charge and staff team were taking action to resolve all the issues. Action had been taken in relation to an error in the choice of an outing, and in relation to a change in presentation requiring a seating review and improvements in the seating arrangements.

It was evident that residents and their families and friends were supported to raise any concerns, and the inspector was assured that all complaints were responded to in a transparent manner.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities, although the recording of these activities required some improvement.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

There were risk management strategies in place, and each identified risk had a detailed risk assessment and management plan.

The rights of the residents were well supported for the most part, although improvements were required in the assessment of compatibility of residents prior to admission to the designated centre. Residents indicated that they were happy in their home. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

Regulation 10: Communication

Each resident had a communication care plan and communication passport. The documents were very detailed and described exactly how each resident communicates. For example, an entry in one of the passports described the resident looking towards their choice when offered options.

The communication passport for another resident described two distinct types of vocalisation, and for another there were descriptions of several gestures such as a thumbs up, and various head movements.

Residents had been referred to the occupational therapist who visited the designated centre on a weekly basis, and also to the speech and language therapist (SALT). Some residents were waiting for their first appointments with the SALT, but one resident who was under their care had an electronic communications aid and was in a trial to ascertain the appropriateness of the aid.

Residents had a weekly meeting to discuss areas such as menu planning and outings. Staff had various pictorial aids to communication, including actual photographs of activities or venues to assist choice making.

It was evident that significant efforts were being made to ensure that communication with residents was effective.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were offered support in the management of their finances in accordance with their needs, and various levels of staff support were offered.

One resident had recently been supported by an advocate in relation to having their own bank account, and another resident was going through this process with the support of the person in charge.

Some residents managed their own finances independently, and others were supported by staff. A recent audit of finances had been undertaken, and it was evident that receipts were maintained of all transactions, and that where staff supported residents, two staff signatures were required for each transaction.

It was evident that the systems were robust, and that residents were supported to be independent in this area, while being protected from the risk of financial abuse.

Judgment: Compliant

Regulation 17: Premises

The premises were well maintained, and appropriate to meet the assessed needs of residents. Each resident had their own room which they arranged and decorated as they chose. The houses were both clean, and there was a detailed cleaning checklist in place.

There were various communal areas including the spacious gardens, and renovations were underway to provide additional storage to residents. The access to the outside areas had been modified and improved following a visit from the local fire station personnel.

There were adequate bathroom and laundry facilities and all communal areas had been arranged so as to allow for wheelchair use. The door frames in the houses had been protected from wheelchair damage by plastic covers which were unobtrusive and fitted in with the decor of the houses.

It was evident that the designated centre was laid out in a person centred way, and that the rights of resident to have an appropriate and well maintained home were upheld.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy in place which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks.

General risks were identified, and each of these also had detailed management plans, including staffing levels and infection prevention and control.

Individual risk assessments included the risks relating to specific infection prevention and control issues, mental health and the risks associated with aspiration. There were detailed management plans in place for all the identified risks, for example the requirement for staff to be familiar with the guidance in a resident's feeding, eating and drinking care plan.

There was evidence that any new risks identified were responded to in a timely manner. For example, where a resident developed an issue with skin integrity a risk assessment and management plan had been developed, together with an appropriate care plan.

The inspector was assured that control measures were in place to mitigate any identified risks relating to residents in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained.

Personnel from the local fire station had visited the designated centre, and had met the residents and checked the layout of the houses. They had given advice about the access to the garden areas and assembly point, and about the opening of the garden gated, and improvements had been made in accordance with this advice.

Regular fire drills had been undertaken, including drills under night time circumstances. There was an up-to-date personal evacuation plan in place for each resident, giving clear guidance to staff as to how to support each resident to evacuate.

Staff were all in receipt of fire safety training, including on-site training in the use of emergency equipment, and staff could describe the actions they would take in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident which were based on a detailed assessment of need. Thorough assessments had been conducted prior to the admission of residents to the centre which included detailed histories and information about the care and support each resident required.

The inspector reviewed sections of the care plans for each resident. Care plans were in place in relation to all aspects of healthcare and personal care needs, and the information was supplemented by risk management plans where risks to residents had been identified.

Sections in the care plans included eating, mobility, sleeping and also looked at coping mechanisms and mental health care needs. There was a section on senses for some residents, for example; there was guidance in one of the care plans for staff that indicated that they should approach the resident from the left hand side due to their presenting condition.

Each resident also had a person-centred plan which included a weekly schedule of activities for those residents who wished to have one, and for some residents included goals that they were working towards. Some of these goals were long term, in which case they were broken down into smaller steps, and others related to increasing opportunities. For example one residents had a goal of finding wheelchair accessible venues in the community that they would enjoy visiting. The staff team were supporting residents towards achieving these goals.

Some improvements were required in the recording of activities for residents, particularly for those who did not communicate verbally, so as to ensure effective oversight. Day trips were recorded in a specific section of the care plan, but activities in the home were only documented if staff included them in the daily notes. It was therefore not possible to ascertain the activities residents had engaged in over a period of time other than going through all the written entries. There was no overview of these notes, and this did not allow for effective oversight of activities.

Judgment: Substantially compliant

Regulation 6: Health care

Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. For example, where a resident was observed to have a change in skin integrity this was responded to immediately, and the appropriate referrals made. A detailed care plan was now in place, and staff had received updated training in skin integrity and wound care.

Where residents had modified diets, or required interventions in relation to eating and drinking, there were detailed plans of care, and staff were knowledgeable about the guidance in these plans.

There were also detailed care plans in relation to epilepsy, catheter care and diabetes, and these conditions were continually monitored and the implementation recorded daily.

Residents had access to various members of the multi-disciplinary team, including their general practitioners, physiotherapist, speech and language therapist, occupational therapist and mental health support.

Overall the inspector was assured that the healthcare needs of each resident were monitored and addressed.

Judgment: Compliant

Regulation 9: Residents' rights

Some staff had received training in human rights, and all staff spoke about the importance of supporting the rights of residents, and in ensuring that they made their choices and preferences known.

One resident has an advocate, and this advocate had supported them with their finances, including setting up a bank account, and with making healthcare decisions.

The inspector was not assured that the rights of residents were supported in relation to the compatibility of residents, particularly in relation to the admission of new residents. Some residents had moved into the designated centre without having visited it, or without having met the residents who already lived there. This did not support the rights of residents to be consulted and to participate in the organisation of the designated centre.

However, there were regular residents' meetings and regular individual key-working meetings, and residents were supported to raise any concerns and to make any requests.

Residents were supported to engage in multiple activities, and despite the gaps in recording previously mentioned, residents and staff reported that various opportunities were available to them, both in the community and at home.

The inspector observed that the interactions between staff and residents were respectful and caring, and that there was an emphasis on supporting the rights of residents to privacy and dignity, and to effective communication.

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	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Bóthar Glas OSV-0008925

Inspection ID: MON-0045741

Date of inspection: 23/07/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>A full review of the Admissions process has been completed. This review resulted in the following changes, which will increase the transparency of decision making around any future prospective admissions.</p> <ol style="list-style-type: none">1. The assessment recommendation forms used will clearly indicate what support a resident requires, including the specific accommodation needs of the prospective resident.2. A new compatibility assessment has been devised and is being trialed, to ensure that the needs of the prospective residents can be met and to protect all current residents from being adversely impacted by a new admission. Additionally these revised documents are specifically designed to ensure that the rights, preferences, and individual views of all residents being admitted into the service are clearly captured and fully documented as part of the compatibility assessment. This compatibility assessment will be completed by the identified Centre's Person in Charge and Assistant Director of Service. The compatibility assessment will be shared with the assigned Director of service, for their review.3. The outcome of all compatibility assessments will be brought to the weekly referrals meeting and presented by the assigned Director of Service, to the referrals committee. This will ensure all referral team members are clear on any potential compatibility issues. Final decisions on any admission to the centre will rest with the referrals committee.4. The referrals and transitions meetings will clearly record what step in the process the prospective admission is at and when a final decision is made on whether Admission to the centre is appropriate. These notes will also note any discussion regarding compatibility.	

This new process is being piloted and will be reviewed, where the effectiveness of the system will be reviewed. All modifications to the process will be reflected in the Admissions policies and procedures.

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:

The Person in Charge has completed a full review of all residents' activities within the centre and how all activities are recorded daily. All residents' activities are now being recorded on Epicare and on hardcopies in the centre to ensure that all information on planned activities for residents is available for future review. Residents' engagement in activities will also be monitored by the Person in Charge through EpicCare and through key worker meetings.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Provider has completed a review of compatibility assessment process and new forms have been developed to ensure that the rights and the views of all residents who are admitted into the services are fully documented on all compatibility assessments.

There is a structured process for all admissions into the centre, ensuring that they are fully aligned with the established admission policy and procedures. As part of this process, prospective residents will be invited to visit the centre prior to admission. This visit provides an opportunity for them to become familiar with the environment, staff, and daily routines, while also allowing the current residents to meet and interact with the potential new resident. This approach is designed to promote residents' rights, safeguard the wellbeing of existing residents, and ensure that everyone feels comfortable, happy, and content with the integration of any new resident into the centre. Where it is not possible for a resident to visit the centre, the resident's representative will be invited to visit. Additionally, should a resident not want to visit, every effort will be made to keep current residents informed of future admissions.

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 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/09/2025
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's	Substantially Compliant	Yellow	01/09/2025

	wishes, age and the nature of his or her disability.			
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Not Compliant	Orange	01/09/2025