Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	My Life-Chara
Name of provider:	MyLife by Estrela Hall Limited
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	17 June 2025
Centre ID:	OSV-0003481
Fieldwork ID:	MON-0047180

About the designated centre

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

My Life Chara consists of four community houses located close to each other in a large town in Co. Louth. The houses are within walking distance of community amenities such as shops, cafes and restaurants. Three houses are full-time residential services, and the fourth house is a respite service. My Life-Chara can accommodate up to 19 residents over 18 years of age. My Life-Chara can provide care for people with minimum, low, moderate and high support needs. The range of needs is Physical Disability, Intellectual Disability, Respite and Palliative Care, Dementia Specific Care & Older Persons Care and challenging behaviour. Residents are supported by a mix of health care assistants and nurses 24hours a day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 17 June 2025	15:00hrs to 19:30hrs	Eoin O'Byrne	Lead
Wednesday 18 June 2025	08:45hrs to 15:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was unannounced and focused on monitoring the provider's arrangements regarding safeguarding. The inspector reviewed eight regulations to assess whether residents were receiving a service that empowered them, respected and promoted their rights, and ensured that governance and management arrangements provided a safe and high-quality service.

During the two-day inspection, a large volume of information was reviewed, leading to the identification of three areas needing improvement. Firstly, the inspector found limited oversight in certain areas, including residents' engagement in activities outside their homes. Additionally, for two residents who communicated through non-verbal means, there was a lack of evidence demonstrating that their communication skills and needs had been assessed. It was also noted that the staff members supporting these residents had not been provided with adequate information on how best to promote and support their communication.

The inspection did find that the provider had appropriate systems in place regarding safeguarding, as well as effective systems in other areas, which will be discussed in more detail under the relevant headings. Out of the eight regulations reviewed, five were found to be compliant, one non-compliant and two were deemed substantially compliant.

Over the course of the inspection, the inspector interacted with the person in charge, house leads, deputy house leads, staff teams, and members of the provider's management team. They also had the opportunity to meet with ten residents, some of whom were receiving full-time residential care while others were on respite breaks. Some residents engaged actively with the inspector, while others chose to simply greet the inspector.

One resident discussed their care and support plans, sharing their experiences related to medication, social goals, and activities. This resident spoke highly of the support received from staff and the multidisciplinary team, expressing overall satisfaction with their living situation. Another resident, who had recently been admitted, appeared comfortable in their surroundings and spoke positively about the service they were receiving.

The inspector spent time in four houses over two days. All houses were well-presented, clean, and provided a welcoming and homely environment. Some houses were busier than others due to the residents' needs, while others were more relaxed. The inspector observed residents relaxing, watching television, or listening to music at various times during the inspection, all appearing at ease in their surroundings. Some residents preferred time alone, enjoying their time in their rooms or outside in the garden.

Throughout the inspection, adequate staffing levels were noted to support the residents, with some residents receiving one-on-one support. Staff members demonstrated appropriate knowledge of the care and support needs of the residents. They were observed interacting respectfully and jovially with the residents, and all were observed to enjoy these interactions.

However, the inspector found inconsistencies in residents being offered opportunities to engage in activities they enjoyed. While some residents were supported in pursuing activities or achieving personal goals, there was a lack of evidence of others being offered or participating in activities outside their homes or doing things they enjoyed. Consequently, there was insufficient evidence to demonstrate that all residents were provided the same opportunities for choice and control over their daily activities. This will be discussed in more detail under regulations 23 and 9 later in this report.

The review of records and discussions with residents indicated that efforts were made to help residents maintain relationships with friends, and many residents had regular contact with their families.

In conclusion, the inspection highlighted both strengths and areas for improvement in the service provided to residents. While the provider demonstrated appropriate safeguarding systems and received positive feedback from a number of residents, there were notable inconsistencies in engagement opportunities and communication support., there were notable inconsistencies in engagement opportunities and communication support. Addressing these issues is required if all residents are to have the same access to activities and fully empowered support in their daily lives.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

In advance of this inspection, the Office of the Chief Inspector received unsolicited information that raised concerns in areas related to poor management practices, residents' finances, residents' rights, and restricted activities for some residents. This information guided some of the lines of inquiry during the inspection. Aspects of the concerns raised were confirmed, including a lack of activities for residents, which impacted their rights, and inadequate oversight and management practices in certain areas.

The inspector also reviewed the provider's staffing arrangements and staff training, finding them compliant with the regulations. A review of a sample of staff rosters indicated that the provider maintained safe staffing levels. The person in charge

ensured that the staff team had access to and had completed the necessary training programs to support them in caring for the residents.

In summary, the review revealed that the provider needed to make improvements in specific areas to comply with the regulations.

Regulation 15: Staffing

The inspector aimed to ensure that both the provider and the person in charge had sufficiently staffed the service to meet the needs of the residents.

To evaluate this, the inspector reviewed the staffing arrangements for two of the four houses. This included examining a sample of rosters for both houses: the current roster, as well as those from the first two weeks of May and the first two weeks of April.

The inspector found that there were adequate staffing levels to support the residents. Systems were in place to address any shortages, with relief staff available to fill in when needed. In one of the houses, there had been a period of change that resulted in an increase in the use of relief staff. However, the person in charge and the provider responded by adding two additional staff members to work in the centre.

In summary, the roster review indicated that each house had a core group of staff dedicated to supporting the residents, which ensured appropriate continuity of care.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector sought reassurance that the staff team had access to and had completed the necessary training. They reviewed the training records for thirty four staff members, which demonstrated that training needs were regularly assessed and that staff members attended training as required.

Staff members had completed training in the following areas:

- Fire safety, firefighting, and evacuation
- Safeguarding vulnerable adults
- Infection prevention and control
- Human rights-based approaches
- First aid
- Child protection
- Manual handling

- Medication management
- Positive behaviour support
- Epilepsy.

There were also examples of additional training, such as stoma care and PEG feed training (which is a method of delivering liquid nutrition, fluids and medication directly into the stomach through a tube inserted into the abdominal wall) being completed by staff members to ensure that they had the adequate knowledge to best support the residents.

In summary, the inspector found that the staff team had received training designed to ensure they possessed the knowledge needed to effectively support each resident.

Judgment: Compliant

Regulation 23: Governance and management

The review of the provider's governance and management arrangements found that management teams were established for each of the four houses, with house leads and deputy house leads overseeing daily operations. The person in charge was responsible for overseeing all four houses.

Part of the inspection process included gathering information to determine whether residents were receiving a safe and quality service. While there were instances where residents received such services, there were also areas that required improvement.

The inspector found that for two residents who communicated through non-verbal forms of communication, their communication needs had not been assessed, nor had the staff team been provided with appropriate guidance on how to best communicate with them. Furthermore, the communication needs of two residents had not been assessed before the inspection, indicating a need for improved oversight in this area. This matter is being actioned under Regulation 10 : communication

Additionally, in one of the houses, there was limited written evidence to suggest that residents were being offered opportunities to engage in activities, raising concerns that they were not participating in meaningful activities outside of their homes.

The inspector determined that local management monitoring of these two areas needed to improve to ensure that residents received the best possible service. In May, a recent audit conducted by the person in charge revealed concerns about the lack of documented activities for some residents. During the inspection, the person in charge informed the inspector that a further review was scheduled for the week of the inspection. However, the inspection process discovered that very few activities were being recorded for the residents, even though this issue had been

identified in the May review. This indicates that, despite the review and identification of the problem, an adequate response had not been implemented.

During the two-day inspection, the inspector reviewed samples of audits conducted in two houses, along with reports and reviews generated by the provider. The sampled audits revealed that assessments were being conducted in various areas, including residents' finances, health and safety, reviews of complaints, and hygiene audits. Additionally, the provider had a system where audit findings were reviewed monthly in meetings with the person in charge, house leads, and deputy house leads. The person in charge explained that the purpose of these meetings was to share lessons learned and promote a consistent approach to managing all houses. However, the findings from this inspection did identify inconsistencies in oversight practices between the houses that made up the designated service.

The inspector reviewed the two previous unannounced audits conducted by the provider, as well as the annual review completed for 2024. These audits and reports focused on the safety and quality of care and support provided to residents. The inspector found that the audits and reports identified actions and action plans that were in place to address these issues.

The inspector also reviewed team meetings conducted in three of the four houses, focusing on the three most recent meetings in each house. Inconsistencies were identified; in two of the three house team meetings, detailed information was shared with staff teams, and a focus on learning was evident. In contrast, one house held fewer meetings and lacked information sharing. This was another area that the person in charge had identified before the inspection, but it remained a concern at the time of the inspection.

In summary, inadequate local management monitoring of both communication needs and activity engagement signifies a gap in oversight that negatively impacted the quality of service provided to residents.

Judgment: Substantially compliant

Quality and safety

Through the review of a large volume of information, the inspector sought to find evidence that demonstrated residents were receiving a quality service that respected their rights.

As noted in earlier sections of the report, the inspection findings identified inconsistencies in the care and support being provided to some residents regarding their communication needs. Additionally, the review of information provided to the inspector found that some residents were not being supported to engage in

meaningful activities. These findings identified that improvements were required to ensure that all residents received the best possible service.

The inspector found that effective systems were in place regarding safeguarding, positive behavioural support, and the assessment of residents' needs.

In summary, the inspection identified areas for improvement in the care provided to residents, particularly in communication and activities that facilitate meaningful engagement. While there were good safety measures in place, the provider needs to take adequate steps to ensure that all residents receive care and support that meet their needs.

Regulation 10: Communication

During a visit to one of the houses, the inspector observed that two residents communicated using non-verbal forms of communication. The inspector sought to review the residents' communication care plans, which the staff team had developed. While the plans included information about the residents, they provided limited details on how the residents communicated or how staff members could interact with them to promote positive communication outcomes. The inadequate assessment of residents' communication needs revealed a gap in care planning and attention to the specific needs of individual residents.

The inspector observed staff members speaking with the residents and, in some cases, using objects of reference to help residents make decisions, such as choosing a drink to accompany their dinner. A deputy house lead also showed the inspector a visual planner that was being used to encourage a resident's engagement in activities. While staff members were seeking to communicate with the residents, the lack of appropriate assessment was impacting the staff members' efforts

In summary, the review of the information identified a need for an appropriate individual to assess the residents' communication skills and needs. This assessment would ensure that residents were assisted and supported in communicating according to their abilities, and that the staff team had appropriate guidance on how to best communicate with them.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed samples of residents' information across two of the four houses that make up the designated centre. In total, the inspector reviewed the care and support plans of four residents. The review of information demonstrated that the provider and the person in charge had completed assessments of the

resident's health and social care needs. Care and support plans had been developed following the evaluations.

The inspector found that, in general, the care and support plans contained appropriate information and provided the reader with adequate guidance on how to support the resident. For example, the needs of one resident had changed following a deterioration in their respiratory health. The guidelines on how to care for the resident were clear, and there were also steps on how to respond to the resident if their health were to deteriorate.

Other aspects of residents' information were also found to be appropriate, such as supporting some residents with their mental health needs and promoting positive experiences and outcomes for them. One of the residents sat with the inspector, discussing aspects of their care plan, demonstrating that they had a good understanding of the care and support being offered to them.

In general, the inspector found that the provider had ensured comprehensive assessments of the resident's needs; however, as noted throughout the report, there were improvements required regarding the assessment of residents' communication needs as addressed under Regulation 10.

Judgment: Compliant

Regulation 7: Positive behavioural support

As part of the inspection, the inspector reviewed the provider's arrangements for positive behavioral support. The inspector found that if residents required assistance in this area, members of the provider's multidisciplinary team were involved in their care.

The inspector reviewed two residents' positive behavioral support plans, which had been developed by qualified individuals in collaboration with staff teams who had a detailed understanding of the residents. The inspector noted that the plans were well-written and focused on guiding the reader in promoting positive outcomes for the residents. They helped to explain why residents might engage in behaviors of concern and provided strategies on how best to react and respond.

Additionally, the inspector examined the restrictive practices that were in place at the time of the inspection. It was found that these practices had been established to maintain residents' safety. The inspector determined that the practices were proportionate to the potential risks and noted that the restrictive practices were under regular review.

In conclusion, the inspection highlighted the effective implementation of positive behavioral support by the provider, demonstrating a commitment to resident care through the involvement of a qualified multidisciplinary team. The well-developed support plans reflected a strong understanding of the residents' needs, promoting

positive interactions and outcomes. Additionally, the restrictive practices in place were found to be necessary for safety and were regularly reviewed, ensuring they remained appropriate and proportionate to the risks involved.

Overall, the findings indicate a positive approach to supporting residents and addressing their behavioral challenges.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed the provider's safeguarding arrangements, assessing various aspects, including active safeguarding plans, some closed safeguarding plans, investigations into safeguarding concerns, systems for protecting residents' finances, and the training provided to staff in this area.

The inspector also sought assurance that the provider had confirmed that all staff members working with residents had completed Garda vetting before beginning their duties. On the first day of the inspection, the inspector requested to review the Garda vetting documentation for a sample of three staff members. The provider supplied the necessary documents.

The inspector found that the provider had initiated investigations when necessary and had developed appropriate safeguarding plans to ensure the safety of the residents. Furthermore, the inspector noted that the provider had notified the relevant authorities about concerns in accordance with best practices.

Additionally, the inspector saw that staff members had completed online training in adult safeguarding and child protection. The provider had also developed an in-person safeguarding training programme.

During the review of information, the inspector examined the systems in place to protect residents from financial abuse in one of the residences, focusing on two residents' financial information. The inspector found that these residents stored a certain sum of money on the premises. Staff checked this money during both day and night shifts, and local management also conducted checks, with further audits also being completed. Money management plans had been created for the residents, outlining the support they required concerning their finances.

Residents had been supported in opening bank accounts, while others had opened post office accounts. These arrangements were reviewed by the staff team or by the families of the residents, according to the residents' preferences. The inspector, accompanied by the staff on duty, checked the financial records to ensure the correct amount of money was accounted for and reviewed a sample of receipts to verify they matched the spending records.

In conclusion, the inspector determined that the provider had appropriate safeguarding arrangements in place. This was evidenced by the implementation of active safeguarding plans, staff training, the completion of Garda vetting and the finance management systems in place.

The provider's responsive actions to concerns and notifications to relevant bodies demonstrated adherence to best practices, contributing to the safety and well-being of residents.

Judgment: Compliant

Regulation 9: Residents' rights

As noted earlier in the report, the review of information identified inconsistencies in the opportunities provided to residents for engaging in activities outside of their homes. While some residents were actively involved in their community, the records for others indicated that they participated in minimal activities outside of their home.

For example, in one of the houses that made up the designated centre, the inspector reviewed the daily activities recorded for three residents during the period from June 1st to June 17th. The records showed that one resident went out for a walk only once during this period, another resident went for two walks, and the third resident attended an appointment and met with family. This review raised concerns that the residents were not being adequately supported to engage in meaningful activities outside their homes.

The inspector also reviewed the key working sessions held with residents in the same house to clarify whether they were being supported in identifying goals they would like to achieve. The review of three residents' key working sessions found discrepancies in the amount of support being provided. For instance, one resident had completed five key working sessions with staff, the second had completed three, and the third had only met with their key worker once this year. For two residents, there was evidence of meaningful goals being identified; however, one resident's goal was merely to be encouraged to go for regular walks, and as noted earlier, there was very little evidence that this was occurring.

The inspector also reviewed key working sessions and activity records in two other houses within the designated centre and found more evidence of residents being supported to identify and engage in activities they enjoyed. For example one resident was planning to go on holidays, and another was with the support of staff organising a fund raising event.

The inspector noted that resident meetings were being held in the houses. They reviewed a sample of meetings from three houses, reviewing the previous three meetings. Again, there were inconsistencies noted, for example; in two of the houses, there was evidence of residents discussing activities and receiving information on various topics, including their goals, infection prevention and control,

personal plans, and financial matters. In the other house, however, the recorded information was limited and did not show that the meetings focused on supporting residents towards positive outcomes. This indicated while residents in three of the four were being engaged and consulted with, this was not the case for residents living in the fourth house.

Throughout the two-day inspection, the inspector observed staff members interacting with residents in a manner that respected their rights and dignity. There were also examples of the provider seeking insights from residents regarding the services they received, including the establishment of a residents' committee where residents met with senior management to discuss various topics. Residents then shared the outcomes of these meetings with their peers.

In conclusion, while the inspector found residents in three of the houses comprising the centre were provided with the opportunity to pursue meaningful activities and goals, there was a lack of evidence to show that residents in the fourth house were afforded the same opportunities. Therefore there was a need for improvement in ensuring all residents have equal opportunities.

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 10: Communication	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for My Life-Chara OSV-0003481

Inspection ID: MON-0047180

Date of inspection: 17/06/2025

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

1. The Person in Charge is seeking assessment regarding communication for the two individuals identified in the report. The Person in Charge will seek recommendations based on this assessment that will lead to appropriate communication strategies. These strategies will enable the team to be able to communicate with the residents in a better way. The Audit Team will create a monitoring audit and include this to the audit cycle across this centre and the service to improve the Resident's communication experience. This audit will be reviewed at both Senior Management and Board of Directors level.

2. The Person in Charge will seek assurances at house management level to ensure proper reporting and recording of person-centered activity opportunities offered to Residents. This will be conducted in a proactive manner with regular opportunities for meaningful activities being offered to the Residents and recorded in the designated center, and in particular the specific house identified in the regulators' report. The Person in Charge will seek feedback from the Residents about their personal wishes for activities. The matters will be addressed at the Residents' weekly meetings and at an individual level at keyworker meetings. Furthermore, following a review of our key performance indicators (KPIs) we are adding additional KPIs to cover the areas mentioned above. Those additional KPI's relating to activities will form part of the monthly performance report received and reviewed by the Senior Management Team and the Board of Directors.

Regulation 10: Communication	Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication:
1. As discussed under Regulation 23, the Person in Charge is seeking assessment regarding communication for the two individuals identified in the report. The Person in Charge will seek recommendations based on this assessment that will lead to appropriate communication strategies. These strategies will enable the team to communicate with the Residents in a better way. The Audit Team will create a monitoring audit and include this to the audit cycle across this centre and the service to improve the Resident's communication experience. This audit will be reviewed at both Senior Management and Board of Directors level.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
1. As discussed under Regulation 23 and Regulation 10, the Person in Charge will seek assurances at house management level in relation to the reporting and recording of person-centered activity opportunities offered to Residents. This will be conducted in a proactive manner with regular opportunities for meaningful activities being offered to the residents and recorded in the designated center, and in particular, in the specific house identified in the regulators' report.

The Person in Charge will seek feedback from the Residents about their personal wishes for activities. The matters will be addressed at the Residents' weekly meetings and at an individual level at keyworker meetings.

Following a review of our key performance indicators (KPIs) we are adding additional KPIs to cover the areas referred to above which will be included in the monthly performance report received and reviewed by the Senior Management Team and the Board of Directors.

Resident keyworker meetings will be carried out on a monthly basis and will be meaningful and led by the Residents. The House Lead and Deputy House Lead in conjunction with the Person in Charge will discuss these at house meetings and review the quality of these records and the effectiveness of the keyworker roles. Following a review of our key performance indicators (KPIs) we are adding additional KPIs to cover this area which will be included in the monthly performance report received and reviewed by the Senior Management Team and the Board of Directors.

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	01/10/2025
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	22/07/2025
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes,	Not Compliant	Orange	22/07/2025

	age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			