

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

Issued by the Chief Inspector

Name of designated centre:	Rosslodge Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	08 September 2025
Centre ID:	OSV-0004945
Fieldwork ID:	MON-0039448

About the designated centre

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

Rosslodge services provides residential respite service to up to five residents at a time, who are over the age of 18 years. Rosslodge can accommodate residents who may have a moderate to severe intellectual disability. Residents who use this service may also require additional supports relating to behaviours of concern and mental health needs. Residents receive respite on a planned and recurrent basis, with each resident having their own bedroom for the duration of their stay. Residents are supported by a combination of social care workers, support workers and a nursing staff. The provider also has a waking staff in place at night-time to meet residents' needs, as and when required. The centre is located within a short drive of a local village and also in close proximity to a large city. There is transport available for residents to access their local community if they so wish, and public transport links are also readily available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 8 September 2025	09:40hrs to 16:40hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out following an application to the Chief Inspector to renew registration of the centre, to monitor compliance with the regulations and to follow up on issues that were required to be addressed following the last inspection in January 2025.

Rosslodge Services consists of one detached house located in a rural residential area and close to a number of towns and villages. It provides a respite service for up to five male service users per night. The inspection was facilitated by the person in charge and a member of the staff team. The inspector also met with the area manager and with four respite service users during the afternoon. Some service users were unable to express their views of the service due to their communication needs, however, they did appear happy and content in the company of staff and in their environment. The inspector spoke with two service users who advised that they liked availing of the respite service and enjoyed a range of activities during their stays. The findings from this inspection indicated that issues identified from the previous inspection had generally been addressed or were in progress. There was good compliance with many of the regulations reviewed, however, improvements and further oversight were still required to personal planning documentation, to staff rosters, to storage of confidential personal files, to repairs and upgrading of parts of premises and to storage for personal belongings in bedrooms.

The person in charge advised that 11 individuals availed of the respite service on a rotational basis and the length of stays varied between one to three nights per week. One service user was currently being accommodated on a full-time residential emergency basis. The local management team informed the inspector that this resident was being given priority for placement in an appropriate and suitable residential service. Service users were supported to attend their day services programmes during the weekdays while availing of respite. The person in charge outlined that consideration was given to the compatibility of service users when planning respite stays to ensure that they all enjoyed their break.

The person in charge outlined that service users varied in age, ranging from mid twenties to early fifties. They advised that service users were generally in good physical health, some required supports with managing behaviours, communication and in managing specific health care conditions. Staff spoken with were very knowledgeable regarding the individual needs, preferences, dislikes and interests of service users. Some staff had worked with and supported the respite users over many years. Staff were observed to interact with residents in a friendly and respectful manner.

On the morning of inspection, all five service users who had availed of respite the previous night had already left to attend their respective day services. There were normally two to three staff on duty during the morning and evening-time depending on the number and support needs of service users and one staff normally remained

on duty throughout the day in the centre. This staff member took care of household tasks, cleaning and make over of bedrooms for incoming respite users. Each service user had their own bedroom during respite breaks and these rooms were prepared and personalised with each person's own individual bedding and other personal items before each break. While there was shared personal storage space provided in each bedroom, these spaces required review to ensure the privacy and dignity of each respite users personal belongings. Additionally, the inspector noted a number of cardboard boxes containing personal files being stored inappropriately and insecurely behind the door in one of the bedrooms. This was brought to the attention of the person in charge who advised that these files were due for archiving and undertook to have them removed and securely stored following the inspection.

The house had five large bedrooms with en suite shower and toilet facilities. Additional toilets, bath and assisted shower room were provided. There was a variety of communal day spaces provided including a large sitting room, dining room, kitchen and smaller sitting room. The layout and design of the house allowed service users to enjoy a variety of spaces including their own space if they wished. The house was found to be visibly clean, comfortable, suitably furnished and decorated in a homely manner. The person in charge outlined that some repairs, and repainting of wooden surfaces, including doors was scheduled to take place. The person in charge advised that there were plans in place to upgrade and refurbish the en suite shower rooms once funding had been approved. A separate well equipped laundry room was also provided. There were lots of framed photographs of service users enjoying a variety of activities displayed throughout the communal areas of the house. Residents had access to a large well maintained garden and patio area at the rear of the house. There were lawns, colourful and sensory flower beds, outdoor furniture, BBQ and basket-ball hoop provided. At one end of the garden there was a steep drop to a hard surface below. This had been risk assessed following the last inspection and a new fence was scheduled to be erected as an additional safety measure on the day following the inspection. The large poly tunnel which had been extensively damaged during a winter storm was also scheduled to be repaired. Staff reported that some service users enjoyed spending time outside, helping out with gardening activities and watering plants. The inspector observed a service user enjoying time outside playing basketball, practising his shooting techniques and skills.

The inspector met with four respite users when they arrived to the centre during the afternoon. All service users were in good form, content and comfortable in the company of staff. They were observed to be familiar with and comfortable in their surroundings. When they arrived, they were greeted warmly by the staff on duty, they were observed to go about their own routines, moving freely throughout the house and relaxing in their preferred ways. One service user relaxed on the sofa and was supported to have a drink and snack while watching their preferred cartoon programme on TV. Another service user preferred to spend time relaxing in their bedroom and later greeted the inspector and relaxed in the sitting room with their mobile telephone. One service user who was very interested in sporting activities spent time outside playing basketball. Service users were observed interacting and enjoying the company of staff as they chatted in a familiar way about their day,

upcoming events and family members.

Staff spoken with along with photographs and documentation reviewed confirmed that service users were supported to keep active and partake in activities that they enjoyed both in the house and out in the community. During the evenings and at weekends, service users continued to enjoy activities such as going for drives and walks, visiting the local shops, attending sporting events and matches, eating out, going to the pub, and getting takeaway meals. Some residents had recently attended the Galway races, Able Fest (an inclusive music and arts festival) held at Fairyhouse, Tullamore Agricultural Show, local sheep exhibition, music concerts and other day trips to places of interest including Knock religious shrine. Residents also enjoyed spending time relaxing in the house, watching television or their preferred DVD's, listening to music, using the computer and spending time outside in the garden. The inspector saw photographs of the residents enjoying outings in the community, attending music events, mountain walks, summer picnics, festivals, and shows. Two service users were planning to attend a disco at a venue in the nearby city on the evening of inspection. The centre had its own transport and also the use of a second vehicle at weekends to support service users get out and about and attend events.

In summary, the inspector observed that service users were treated with dignity and respect by staff. It was evident that they lived active and meaningful lives, had choices in their daily lives and that their individual rights and independence was very much promoted.

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

The findings from this inspection indicated good compliance with many of the regulations reviewed and there was evidence of good practice in many areas. However, improvements were required to ensuring that the person in charge had adequate resources to maintain effective oversight of the service, to personal planning documentation, to staff rosters, to storage of confidential personal files, to repairs and upgrading of parts of premises and to the review of personal storage in bedrooms.

There was a clear organisational structure in place to manage the service. The management arrangements within the centre were in line with the statement of purpose.

The person in charge worked full-time, however, they were also responsible for two other designated centres comprising of five houses in total, as well as having other managerial responsibilities in the organisation. They advised that this was a

temporary arrangement and that recruitment was taking place for an additional person in charge. The current arrangements had resulted in reduced resources being available to the person in charge to oversee and manage the service. They were supported in their role by the team leader, staff team who included nursing staff and area manager. There were on-call management arrangements in place for out-of-hours.

The inspector found that the staffing levels on the day of inspection met the support needs of respite users, however, improvements were required to ensure clarity on the staff rosters. The core team of staff had worked in the centre for several years. The staffing roster reviewed for September 2025 indicated that a team of consistent staff was in place to ensure continuity of care. Photographs of staff on duty were displayed so that respite users could be reminded or check as to which staff were on duty. The person in charge advised that recruitment was ongoing for one vacant nursing post. Some staff worked in both the designated centre and at day services. The roster was not clear as to what specific hours staff worked in the designated centre on the days when they were rostered to work in both services.

Staff training records reviewed indicated that all staff had completed mandatory training. Additional training had also been provided to staff to support them in their roles and meet the specific support needs of some service users.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The provider had continued to complete six monthly and annual reviews of the service. The latest review took place in June 2025. The person in charge advised that actions as a result of this review were in progress, including seeking a suitable permanent residential house for one of the service users currently residing in the centre on an emergency basis and seeking of funding for upgrading of wooden floors throughout the house. The annual review of the service for 2024 had identified planned improvements that included having regular team meetings. However, the inspector noted that only two team meetings had taken place to date during 2025 and the person in charge had been unavailable to attend either. This limited the staff team in raising concerns, in sharing of information on the quality and safety of care and support provided to respite users.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector, however, updates were required to the floor plans to reflect the current use of rooms and room descriptions as outlined in the statement of purpose submitted.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The provider needed to review the arrangements to ensure that the person in charge had adequate resources to maintain effective governance, operational management and administration of the designated centre. The person in charge worked full-time, had the required experience and qualifications for the role, however, they were also responsible for two other designated centres comprising of five houses in total, as well as, having other managerial responsibilities in the organisation.

Judgment: Substantially compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix was appropriate to the number and assessed needs of the service users in the centre. The staffing levels at the time of inspection met the support needs of residents. The inspector found that the staffing levels were in line with levels set out in the statement of purpose. There were stable staffing arrangements and a team of consistent staff in place.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that all staff who worked in the centre had received mandatory training in areas such as fire safety, positive behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them to safely meet the support needs of residents including various aspects of infection prevention and control, administration of medications, communication, diabetes and epilepsy care. There were systems in place to ensure all staff were provided with refresher training as required.

Judgment: Compliant

Regulation 23: Governance and management

While there was clear governance and management arrangements in place, the provider needed to assess these arrangements to ensure that the person in charge

had the necessary resources to enable effective governance, operational management, and administration of the centre.

The provider had largely addressed the issues as outlined in the compliance plan submitted following the last inspection, however, improvements were still required to personal planning documentation. Further oversight was required to personal planning documentation to ensure consistency, accuracy, and adequate information to safely guide care and support of service users.

The provider needed to put systems in place for the secure appropriate storage of files that were required to be archived. At the time of inspection, several boxes of old files containing confidential and personal information were stored inappropriately and insecurely in a bedroom used by respite users.

Some improvements were required to ensure that the staff roster was reflective of the hours worked by all staff in the centre. Some staff worked split shifts in both the centre and in day services. The roster was not clear as to the specific hours worked by staff in the designated centre on the days when they were also rostered to work both services.

Improvements and further oversight was required to ensuring that improvements identified as part of the annual review of the service were implemented, including the holding of regular team meetings and the approval of funding for the completion of planned upgrades to the premises.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies required by schedule 5 of the regulations were available in the centre on an online system, to which all staff had access. Issues identified at the previous inspection had been addressed and all policies requiring review had been updated.

Judgment: Compliant

Quality and safety

The inspector found that the local management team and staff were committed to promoting the rights and independence of service users and ensured that they received an individualised safe service. The provider had adequate resources in place to ensure that service users had opportunity and engaged in activities that they enjoyed on a regular basis. Respite users spoken with indicated that they liked the house, enjoyed availing of the service and partaking in a wide range of outings

and activities during their stays.

However, the current arrangements whereby a service user was residing full-time on an emergency basis in the centre were unsuitable and impacted negatively on the quality of the service for all respite users. This resident did not have their own dedicated bedroom which meant that they had to regularly move bedrooms depending on the needs of other respite users availing of the service. All wardrobe doors were required to be locked due to risk of property damage which impacted on other service users rights to access to their own personal belongings. The local management team advised that they were actively engaging with the funding provider and seeking appropriate and suitable residential accommodation in order to meet the needs of the resident as a priority. At the time of inspection, the local management team advised that funding had not yet been approved and suitable accommodation had not yet been identified. Further improvement works were required to repairs and upgrading of parts of premises, to the review of personal storage in bedrooms and to personal planning documentation.

Residents files were being maintained on a computerised documentation system. The inspector reviewed the files of three service users. Improvements and further oversight was required to personal planning documentation to ensure consistency, accuracy, and adequate information to safely guide care and support of service users. Staff spoken with were familiar with, and knowledgeable regarding service users' up-to-date support needs including service users with specific healthcare conditions but this was not always reflected in the documentation reviewed. This is discussed further under Regulation 5: Individual assessment and personal plan.

Service users were supported to identify and achieve meaningful personal goals while availing of the respite service. Service users, their families, staff from the designated centre, and day service staff were involved in this process. Personal goals were agreed at these meetings and these were made available to service users in a user-friendly format. As respite users were based in the centre at limited times their personal plans and goals were being supported by families, day service staff, and staff in the designated centre. There was photographs available to view in the personal plans which showed achievement of some goals; such as attending various agricultural and sporting events, attending a music festival, setting up of power washing business and various types of physical exercise activities.

Due to the intermittent nature of residents' respite breaks in the centre, their healthcare arrangements were mainly supported by their families. Service users had access to general practitioners (GPs), out of hours GP service and a range of allied health services while availing of the respite service as required.

The centre was spacious, comfortable, visibly clean, furnished and decorated in a homely style. The person in charge confirmed that planned redecoration works including repainting of internal wood work and doors, repairs to the poly tunnel and the erection of a fence in the rear garden area were due to be commence on the week of inspection. The inspector identified further repairs and maintenance works required including a defective cracked shower tray, leaking shower unit, broken shower doors, defective threshold between an en suite shower room and bedroom,

broken drawer in bedside locker and gaps in flooring to the corridor. During the inspection, the person in charge arranged for these repair works to be completed. The local management team also spoke of plans in place to upgrade wooden flooring and en suite shower rooms when funding was approved.

The local management team had systems in place for the regular review of risk in the centre including regular reviews of health and safety, infection prevention and control and medication management. Risk identified at the previous inspection in relation to a steep drop onto a concrete surface in the rear garden area had since been assessed and a new fence was due to be erected to mitigate this risk.

Regulation 10: Communication

The provider had ensured that service users were supported and assisted to communicate in accordance with their needs and wishes. During the inspection, the inspector observed staff communicating with service users in line with their capacity. All service users had their communication needs set out in their communication passports. Staff had completed communication training and the speech and language therapist had facilitated further recent training in communication including the use of Lámh, a manual sign language system. Television, radio, the internet and user-friendly pictorial aids were provided for residents in the designated centre.

Judgment: Compliant

Regulation 17: Premises

The provider had identified some improvements works which were due to be completed. Planned redecoration works including repainting of internal wood work and doors, repairs to the poly tunnel and the erection of a fence in the rear garden area were due to be commence on the week of inspection. The person in charge undertook to have further repair works which were identified on the day of inspection carried out. They including a defective cracked shower tray, leaking shower unit, broken shower doors, defective threshold between an en suite shower room and bedroom, broken drawer in a bedside locker and gaps in flooring on the corridor. The local management team also spoke of plans in place to upgrade wooden flooring and en suite shower rooms when funding was approved.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

<p>There were systems in place for the identification, assessment, management and on-going review of risk. The centre had an emergency plan and all respite users had a recently updated personal emergency evacuation plan in place. There were regular reviews of health and safety, incidents, medication management as well as infection prevention and control. The risk register reviewed was reflective of risk in the centre.</p>
<p>Judgment: Compliant</p>
<p>Regulation 28: Fire precautions</p>
<p>The provider had fire safety management systems in place. Daily and weekly fire safety checks were taking place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training. Regular fire drills were taking place involving all staff and residents and had included day-time and night-time scenarios. The records of recent fire drills reviewed indicated that residents could be evacuated in a timely manner in the event of fire or other emergency, however, the records lacked detail other than the time taken to evacuate residents. The person in charge undertook to oversee fire drill records to ensure that greater detail including any issues encountered were recorded going forward.</p>
<p>Judgment: Compliant</p>
<p>Regulation 5: Individual assessment and personal plan</p>
<p>Some improvements and further oversight was required to personal planning documentation. The inspector reviewed the files of three service users which were maintained on a computerised documentation system. While there was a range of risk assessments and care and support plans in place, there were some inconsistencies and inaccuracies in some documentation reviewed. The care and support plan for a specific health care condition was inadequate and lacked appropriate guidance for staff. Some care and support plans were completed on generic templates, lacked person centered details such as preferences specific to individuals.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 6: Health care</p>

The local management and staff team continued to ensure that service users had access to the health care that they needed.

Service users access to healthcare professionals was usually arranged and supported by their families, although support from day service and designated centre staff was available as required. Service users continued to have access to their family general practitioners while availing of the respite service.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had received training in supporting respite users manage their behaviour. Those who required support had access to regular psychology review and had updated psychology and behaviour support plans in place. Staff spoken with were knowledgeable and familiar with identified triggers and supportive strategies. The house was spacious and the staff team outlined how it allowed for service users to have their own space when they wished,. For example, some service users preferred to spend time on the computer in the small sitting room, some preferred to watch television in the main sitting room while others liked listening to music in their bedroom.

The staff team continued to promote a restraint free environment and some restrictions were no longer in use. Restrictions in use were being managed in line with national policy and had been approved by the organisations human rights committee. As discussed during the report, due to the current living arrangements in the house, some required restrictions were negatively impacting on other service users.

Judgment: Compliant

Regulation 8: Protection

The management team had taken measures to safeguard service users from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. The support of a designated safeguarding officer was also available if required. Staff had received training in managing behaviours of concern. There were individualised positive behaviour support plans in place for service users which were informative, identified triggers and supportive strategies. The person in charge outlined how consideration was given to the compatibility of service users when planning respite

breaks to ensure all respite users were safe and enjoyed their stays. There were no active safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The local management and staff teams were committed to promoting the rights of service users, however, arrangements for the storage of personal possessions required review. Some staff had completed training on promoting human rights in health and social care. There was evidence of ongoing consultation with service users with regards to choices while availing of respite services. The service users had access to information in a suitable accessible format, as well as access to the Internet and televisions. Some service users had their own mobile telephones. Service users rights, including the new human rights strategy and advocacy had recently been discussed with service users. Service users religious rights were facilitated and supported. Staff advised how some service users attended mass in the local church while others liked to visit local churches for quiet reflective time or light a candle. The provider had ensured that personal storage space was provided in each bedroom, however, because of the respite nature of the service these arrangements required review. The inspector noted that up to four respite users shared some wardrobe spaces and personal items such as bed linen, clothing and toiletries were stored between respite stays. Therefore, the current arrangements did not ensure the privacy of each service users personal belongings.

Judgment: Substantially 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	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially 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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Rossledge Services OSV-0004945

Inspection ID: MON-0039448

Date of inspection: 08/09/2025

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The Facilities Department have updated the designated centre's floor plan to correctly reflect the current use and naming of all rooms, ensuring full alignment with the most recently submitted statement of purpose. The updated floor plan has been submitted to the Chief Inspector to complete the registration renewal process.	
Regulation 14: Persons in charge	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: Interviews will be completed for the temporary Service Coordinator role currently vacant. The current PIC is covering the Area manager role. Following a successful appointment, the new Service Coordinator will take over day-to-day operational responsibilities in one of the other designated centres currently overseen by the PIC, and some of the managerial responsibilities. This will allow the PIC to reduce their scope of responsibility and focus more effectively on the governance, operational management, and administration of this designated centre. Interviews will take place in October.	

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>Interviews will be conducted to fill the vacant Service Coordinator post in October, which will reduce the number of centres currently under the PIC's remit and managerial responsibilities.</p> <p>The Team Leader and PIC will complete an audit of all personal planning documentation within the new digital care system, identifying and correcting any gaps, inaccuracies, or generic content by 17th of November. The PIC has liaise with the system administrator to support staff in using the system effectively and ensure records reflect person-centred, evidence-based practice.</p> <p>All archived files currently stored inappropriately in the respite bedroom have been relocated to a secure, cabinet in the PIC's office building.</p> <p>The provider is in the process of identifying a permanent storage solution.</p> <p>The PIC and team leader will review and update the roster template to clearly reflect only the actual hours worked in the designated centre, distinguishing them from hours worked in day services or elsewhere, the new template will be available by November 2025.</p> <p>A schedule of team meetings has been developed for the remainder of this year with an aim to hold a team meeting every 8 weeks, the PIC will attend the team meetings when possible.</p> <p>Outstanding items from the annual review will be tracked by including these on the agenda for planning meetings with the sector manager.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The renovations and repair work including the erection of fencing commenced the week of the inspection and are ongoing with most external work nearing completion.</p> <p>The buildings and facilities team have visited the property and are currently working on identified repairs, they are also developing upgrade plans for the en-suites and other areas. When final quotes are received the provider will commence works with an aim to have a series of upgrades completed by August 2026, the upgrades will be phased to reduce the impact on persons attending for respite.</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The PIC and the Team Leader will complete a full review of all digital care and support plans for current respite users. This review will identify and document any inaccuracies, gaps, or generic content lacking person-centred detail or clear guidance for staff. By the 17th of November all identified plans will be updated in collaboration with relevant staff and key workers to include accurate, person-specific information, particularly in areas relating to healthcare needs and individual preferences.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>To ensure the privacy of each persons supported belongings storage boxes will be purchased for all person's supported to ensure that personal belongings such as toiletries, clothing, and bed linen are stored separately. Each box will be clearly identified and securely stored so they are not accessible to other respite users, ensuring only the relevant users and staff can access it. These boxes will be in place by 10th November 2025 and this will be discuss at the next team meetings. Further to this a carpenter is currently completing a quote to alter the wardrobes to have individual access doors for each person.</p>	

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	09/10/2025
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	30/11/2025
Regulation	The registered	Substantially	Yellow	30/08/2026

17(1)(b)	provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Compliant		
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	17/11/2025
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	17/11/2025
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre,	Substantially Compliant	Yellow	17/11/2025

	prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
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.	Substantially Compliant	Yellow	10/11/2025