



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

Issued by the Chief Inspector

Name of designated centre:	Lee View
Name of provider:	Corlann
Address of centre:	Clare
Type of inspection:	Short Notice Announced
Date of inspection:	29 January 2026
Centre ID:	OSV-0005517
Fieldwork ID:	MON-0040454

About the designated centre

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

Lee View can provide a full-time residential service to three adult residents. There are two houses in the designated centre, one of which consists of two self contained apartments, and these are located in residential areas on the outskirts of a busy town. These locations offers access to a broad range of suitable amenities. The provider aims to provide an environment that is viewed as home where each resident's individuality and choices are respected and promoted. Residents are supported to be active participants in the running of their homes and to lead purposeful lives integrated into their local community. The support provided is informed by the process of individualised assessment and planning. The model of support is social and the staff team is comprised of social care workers and support staff, led and directed by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 29 January 2026	10:00hrs to 17:25hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported with personal development, and were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to these residents. However, some minor improvement to personal planning and to residents' service agreements was required, although these issues did not impact on the quality of life enjoyed by residents.

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities and following receipt of an application to renew the registration of the centre. As part of this inspection, the inspector met with one of the resident who lived in the centre and observed how they lived. The inspector also met with the person in charge, and a staff on duty, and viewed a range of documentation and processes. On arrival at the centre, the inspector found that the resident knew about the inspection and why it was taking place.

The inspection was mainly carried in one house in the centre and the inspector met with the resident who lived there. As this was a home based service, residents had flexibility around how they spent their days, and had options of spending time in the centre or doing activities in the community. Each resident had an individualised service in separate houses and had their own staff team and transport. This enabled each resident to live their lives as they wished with the required level of staff support. Although one resident was out and about at various times during the day, the inspector had the opportunity to meet with them during the course of the inspection. The resident who lived in the second house in the centre was not present when the inspector called there.

A resident was happy to talk to the inspector about their lifestyle. This resident said that they were very happy living in the centre and enjoyed their daily life. They told the inspector about their community involvement and talked about some of the social and leisure activities that they enjoyed. They said that they enjoyed going out for meals, outings to various activities and places of interest, bowling, shopping, swimming and going for walks. They also said that they enjoyed relaxing in the house. The inspector witnessed staff discussing with the resident what they would do for the day and what they would like for lunch. The resident said that they loved zumba dancing, and was going to this class on the day of inspection. On their return from the class they said that they had really enjoyed it. They had lunch in the centre and were heading out again in the afternoon to attend some therapies in the community. Later in the afternoon, the inspector saw the resident relaxing using their personal tablet. They also talked about having gone out bowling and for

personal shopping the previous day. This resident liked a routine and had a weekly activity plan to support their knowledge of daily options.

The resident took part in everyday community activities such as grocery shopping, going to the pharmacy to collect medication, going to the general practitioner as required, and personal banking. Activities that the resident enjoyed in the centre were both leisure and developmental in nature, and included computer skills, baking, handwriting, following the exercise programme recommended by the occupational therapist, laundry, listening to music and having hand massage and foot spa treatments.

Staff who spoke with the inspector were very knowledgeable of the resident's care and support needs and discussed the resident's preferences and interests, and how their specific support needs were being met. Throughout the inspection the inspector could see that residents' wishes were respected and that individualised care was being provided.

Residents had suitable accommodation with gardens. The centre was laid out, furnished and equipped to provide residents with a safe and comfortable living environment. The locations, close to a busy rural town, gave residents access to shops, coffee shops, sporting facilities, restaurants, and community activities. The centre provided three individualised living units in two houses and the inspector visited all three dwellings. All accommodation was clean, nicely furnished, warm, and well maintained. Resident's bedrooms were decorated to each person's taste and were personalised with photos, pictures and personal belongings. One apartment was equipped with assistive equipment, for the comfort and safety of a resident.

In summary, based on what the inspector read, observed and discussed, this service was person-centered, with staff ensuring that the individuality and rights of each resident were respected and promoted. The provider ensured that it had the necessary arrangements in place to ensure that the service was planned, delivered, managed and overseen to ensure a good quality service suited to each resident's specific needs.

The next two sections of this report will discuss the governance and management arrangements of the designated centre and how these ensured and assured the quality and safety of the service provided.

Capacity and capability

The provider had measures in place to ensure that this centre was well managed, and that residents' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to the

residents who lived in the centre. However, improvement was required to residents' service agreements.

There was a clear organisational structure in place to manage the service. The provider had appointed a suitably qualified and experienced person in charge who was very involved in the day-to-day running of the service, and was knowledgeable regarding the individual needs of each resident. Arrangements were also in place to support staff when the person in charge was not on duty. There was an up-to-date statement of purpose that defined the function of the centre.

The centre was well-resourced to ensure the effective delivery of care and support for residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, televisions, games and equipment. The provider had also ensured that the centre was suitably insured. Sufficient staff were allocated to support residents' preferences and assessed needs and on the day of inspection this ensured individualised support for each resident. The staff who met with the inspector were very knowledgeable of residents' support needs.

It was clear that the provider was focused on quality improvement in the centre, and any issues that had been identified for improvement at the previous inspection of the centre had been addressed. For example, since the last inspection, the provider had strengthened the arrangements for assessing risks in the centre. Systems had been developed for the ongoing review of the service, to ensure that a high standard of care, support and safety was being provided. These systems included unannounced audits that were carried out twice each year on behalf of the provider. An annual review of the quality and safety of care in the centre had also been carried out as required. The last available annual review did not include the outcomes of the consultation that had taken place with residents and their families, although this had been gathered. However, the current annual review was being prepared at the time of inspection, questionnaires had been distributed, and the person in charge was mindful that this information would be included in the report.

Documents required during the inspection were kept in the centre and were available to view. The records viewed by the inspector, such as personal planning documentation, healthcare records, and risk management systems, were clear, informative and well organised, although improvement was required to some aspects of personal planning to ensure that clear guidance was available to staff. The individual service agreement also required review to ensure that it provided sufficient, clear information to residents.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation and information required for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social

Services. The inspector reviewed this documentation and found that it had been suitably submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a suitable person in charge to manage the centre. The role of person in charge was full time and the person who filled this role had the required qualifications and experience.

The inspector reviewed the information supplied to the Chief Inspector in respect of the person in charge. This information demonstrated that the person in charge was suitably qualified for this role and had experience in management of disability services. Due to other management responsibilities, the person in charge allocated 40% of the time to the management of this service and was present throughout the inspection. The inspector found that they were very knowledgeable of their regulatory responsibilities and regarding the individual needs of each resident.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that the centre was suitably insured against risk of loss or damage to property and or injury to residents.

The inspector viewed the centre's insurance arrangements which was submitted to the Chief Inspector as part of the centre's registration renewal process and found that it was suitable. This ensured that residents and their property were suitably insured.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

An organisational structure with clear lines of authority had been established to manage the centre, and this was stated in the statement of purpose. This included

arrangements to support staff and to manage the service when the person in charge was not on duty.

The centre was suitably resourced to support residents' needs. During the inspection, the inspector observed that these resources included the provision of comfortable accommodation and furnishing, transport vehicles, Wi-Fi, televisions and assistive equipment to meet residents' needs. The provider had systems in place for the ongoing auditing of the service to ensure that a safe and suitable service was being provided and maintained. The inspector viewed the the last two unannounced audits carried out on behalf of the provider and the last annual review of the service. The person in charge was also carrying out weekly reviews of accidents, incidents and risks in the service and staff carried out ongoing safety checks. The inspector viewed these audits, and found that they were thorough and that any actions identified through the auditing processes had been addressed. However, it was found that format for the previous annual review of the service required improvement and this was in the process of being addressed. Although satisfaction surveys had been circulated to residents and their families to establish their views about the service, the outcomes of these surveys had not been included in the annual review of 2024, although the infprctor saw that this information had been recorded elsewhere. The person in charge was working on the annual review of 2025 at the time of inspection, and confirmed that the views of the residents and or their representatives would be included in this review. At the time of inspection this did not have a negative impact on the residents who lived in the centre as it was clear that their views were known to the person in charge, were taken seriously, and were respected.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements in place for the provision of service for residents, although improvement was required to an aspect of the agreements.

The inspector read a resident's service agreement, and found that it included most of the required information about the service to be provided, including the fees and payments to be charged, and it had been signed by the resident. Service agreements had been developed in both regular and easy to read versions. There were some areas of expenditure covered by the resident, such as personal shopping, and these were explained in the agreement. However, residents' financial liability in relation to outings such as breaks away and holidays were not explained.

While there was a range of clear information available to inform both residents and their representatives, the arrangements for financing breaks and outings was not made known to them. Absence of this information could impact of residents' social and leisure planning.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose for the service. The inspector read the statement of purpose and found that it described the service being provided to residents, included the information required by the regulations and was available to view in the centre. There were some minor adjustments required to the statement of purpose but these were promptly addressed by the person in charge and an updated version was supplied to the Chief Inspector of Social Services. The person in charge was aware of the requirement to review the statement of purpose annually. This ensured that residents and their representatives could access clear information about the purpose and function of the service.

Judgment: Compliant

Quality and safety

Based on the findings of this inspection, there was a good level of compliance with regulations relating to the quality and safety of care delivered to residents who lived in the centre. The provider had systems in place to ensure that residents received person-centred care and support. However, some aspects of personal planning required review to ensure that all residents' assessed needs and preferences would be suitably supported, and maintenance work was required in a part of the centre where a fault had developed.

The centre suited the needs of residents who currently lived there, and was clean, comfortable, modern, well maintained, and suitably furnished and equipped. Both residents had their own individualised accommodation which was decorated in line with each resident's liking. Residents also had access to laundry facilities and well equipped kitchens. However, a leak which had given rise to internal damage in an unoccupied part of the centre, required repair. The provider had identified this issue and had committed that this apartment would not be occupied until this matter was resolved.

Comprehensive assessments of residents' care needs had been carried out and individualised personal plans had been developed for each resident. As part of the personal planning process, goals had been agreed with each resident. However, improvement to development of a resident's personal goals was required to ensure that the goals were appropriate and meaningful to the resident.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of healthcare. Residents' nutritional needs were well met and residents were being provided with meals that suited their preferences and needs.

Residents' human rights were being well supported by staff and by the provider's systems. Information was supplied to residents through a residents' guide which had been developed by the provider, and by easy-read documents, weekly keyworker meetings and ongoing interactions with staff and the person in charge. Residents could choose whether or not they wanted to partake in religion and were supported to take part as they they preferred. Residents' financial independence was also being supported and encouraged and residents had access to a complaints process and advocacy service. Residents also had valid passports for identification and travel as required.

There were several systems in place to ensure that residents were protected from harm and risk in the centre. These included development of intimate care plans, missing person profiles, and behaviour support plans with specialist involvement. A risk register had been developed in which risks specific to the centre and their control measures had been identified. Individualised risk assessment had also been completed for each resident.

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of the residents. However, remedial work was required in one area to address a fault which had developed.

The centre comprised three residential units in two separate buildings. These were located in residential areas close to a rural town. During a walk around the centre, the inspector saw that that all parts of the centre were clean, well equipped and comfortably decorated. Each resident had their own individualised living areas. There were enclosed gardens to the rear of both buildings. The centre had well equipped kitchens and there were laundry facilities in both parts of the centre. Overall, the centre was very well maintained. However, in one apartment, which was not occupied, a leak had occurred, which had given rise to dampness and staining in some ceiling areas. The provider was actively seeking to have remedial works carried out, and had committed that there would be no admission to this dwelling until remedial works to resolve the problem had been completed. Therefore, as this apartment was vacant, this did not impact negatively on current residents.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. Suitable foods were provided to cater for residents' preferences and assessed needs.

All three units in the centre had well equipped kitchens where food could be stored and prepared in hygienic conditions. The inspector saw that there was a selection of fresh food stocked in the kitchen. The inspector also saw how choice was being offered to residents. The resident who was present during the inspection could choose their meals verbally and the inspector saw that their choices were being supplied. Main meals were freshly prepared in the centre, but residents also had the option of eating out if they wished. This resident was involved in food shopping. On the day of inspection they chose to have their lunch out during a visit to a neighbouring town. Both residents were involved in food shopping. Meals were prepared and served in line with each resident's preferences and assessed needs and multidisciplinary involvement had been provided to develop nutritional care plans for residents.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided for residents, in formats to suit their needs

The provider had developed a residents' guide which had been supplied to the Chief Inspector of Social Services as part of the registration renewal process. The inspector read this guide and found that it met the requirement of the regulations, and was up to date and accurate. Information was also supplied to residents through easy read documents, signage and through keyworker meetings and interactions with staff.

Judgment: Compliant

Regulation 26: Risk management procedures

This regulation was not viewed in full at this inspection. The inspector examined an aspect of risk management that had required improvement at the last inspection of the centre, and found that this had been suitably addressed.

The provider's risk management arrangements ensured that risks were identified, monitored and regularly reviewed. The inspector viewed the centre's risk register, including individualised risks, and found that risks were clearly identified and risk

rated, and interventions to reduce these risks were recorded. These risks were being reviewed and risk rating were being updated as required. The person in charge had reviewed risks to ensure that they were appropriate to the individualised needs of residents, and the sample of risks reviewed appeared to be accurate and up to date.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of residents had been carried out, and individualised personal plans had been developed based on residents' assessed needs. Overall, these were of good quality, were up to date' and were informative. However, some improvement was required to recording a resident's life goals.

The inspector viewed a resident's personal plans and found that personal plans had been developed with input from the provider's multidisciplinary team. Comprehensive assessments of the resident's needs were being carried out annually with multidisciplinary involvement as required. The assessments informed personal plans which identified the resident's support needs and identified how these needs would be met. These plans were clear and were up to date. The resident's personal goals had been agreed at an annual planning meetings. The inspector viewed a resident's goals for the current year and found that these were clearly recorded. However, these goals were mainly routine in nature and identified areas of good care that were already being routinely practiced. The person in charge discussed a range of developmental goals and targets that were also being progressed for the resident, although these were not being recorded through the personal planning process. These were meaningful and included aspects of community and leisure involvement which the resident had not previously been accustomed to. The person in charge stated a plan to include these as short term goals in the personal planning process.

Judgment: Substantially compliant

Regulation 6: Health care

Appropriate healthcare was provided for residents, and residents were supported to lead healthy lifestyles.

Residents' healthcare needs were being supported either in full by their support staff or through a combination of family and staff support. The inspector viewed the healthcare plans for a resident and found that their healthcare needs had been identified and that they had good access to a range of healthcare services. The

person in charge confirmed that residents had access to general practitioners in the local community and the inspector saw that records of appointments with general practitioners, healthcare professionals and medical consultants were being retained. Plans of care had been developed to manage any identified healthcare needs. Staff were also supporting and monitoring various aspects of health to ensure that residents remained healthy. For example, residents' weights were being monitored by staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were suitable measures in place for the support and management of behaviour that challenges.

The inspector saw that there were procedures to support a resident to manage behaviours of concern, which enabled them to live their life as safely and comfortably as possible. The inspector viewed the support plan that had been developed for a resident who required support to manage their behaviours. This plan was clear, up to date and had been developed with multidisciplinary involvement. There was evidence that this plan was effective as behaviours of concern had decreased to a negligible level. The centre was adequately staffed to ensure that each resident had access to individualised support at all times. Staff who spoke with the inspector were very clear about the behavior management strategies that were in place to support a resident.

Judgment: Compliant

Regulation 9: Residents' rights

There were systems in place to support residents' human rights. The provider had ensured that residents' human rights were supported and that residents had freedom to exercise choice and control in their daily lives.

Throughout the inspection, the inspector saw that a resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do. Staffing levels in the centre and availability of transport ensured that this could be achieved in line with each resident's preferences. Each had individualised accommodation, which was comfortable and equipped to meet each resident's specific needs. Residents were also being supported to keep in contact with family and friends and to access the local community.

Residents had access to complaints and advocacy processes, although residents had declined to get involved in a local advocacy group. Information about the complaints process had been developed in an easy-to-read format to inform residents. Residents' religious and civil rights were also being supported. Residents interests in religious involvement had been explored and their preferences were being supported. Both residents had passports and free access to their own finances.

The inspector observed that staff had established and recorded residents' likes, dislikes and preferences. It was clear during the inspection that residents' rights to choose were being taken into consideration and were being supported. During the last inspection of this centre, an aspect of food choice required improvement, and on this inspection the inspector observed that this had been addressed.

Judgment: 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	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lee View OSV-0005517

Inspection ID: MON-0040454

Date of inspection: 29/01/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 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>The registered provider will ensure the following action is taken to achieve compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> • Feedback will be provided to the Training and Quality Department – who agree the templates for the Statement of Purpose and Function and Residents guide – with regard to the requirement of outlining the responsibility on individuals supported relating to expenses for outings and breaks away. [Completed] • The current Individual Service Agreement in DC Lee View will be reviewed to include this expense information for individuals supported. [Completed] 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider will ensure the following action is taken to achieve compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Planned remedial works have commenced in the identified location with the leak – this will include repair works and also repainting of the affected areas. No new admissions to the centre will be carried out until these works are completed. [Planned completion: 31/03/2026] 	

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 registered provider will ensure the following action is taken to achieve compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • The PIC, supported by the SCW, will carry out an overall review of the personal plan with one individual and their circle of support. This will ensure that the Personal Plan will be reviewed to ensure that the goals contained within the identified plan are meaningful goals rather than general day to day care goals. The day to day goals will continue to be captured also. [Planned completion: 31/03/2026] 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2026
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	24/02/2026
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre,	Substantially Compliant	Yellow	31/03/2026

	prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
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