



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

Issued by the Chief Inspector

Name of designated centre:	White Lodge Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	25 November 2025
Centre ID:	OSV-0005591
Fieldwork ID:	MON-0048456

About the designated centre

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

White Lodge Accommodation Service is a detached bungalow located on a main road within a short driving distance to a nearby town. It provides a full-time residential service for up to four male residents, between the ages of 22 and 68 with intellectual disabilities, autism and mental health needs. Each resident in the centre has their own bedroom and other rooms provided include a sitting room, a kitchen and bathrooms. Residents are supported by the person in charge, a team leader and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 25 November 2025	08:50hrs to 16:50hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed by one inspector over one day. The purpose of this inspection was a focused risk based inspection to monitor the centre's compliance with the regulations and completed to inform the decision making with regard to the renewal of the centre's registration.

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 promoted that a person-centred service was delivered to residents. Some improvement was required under regulation 23, Governance and management, although at the time of the inspection this did not impact on the quality of life enjoyed by the residents.

On arrival to the centre the inspector was greeted by a member of the staff team and welcomed into the centre. The inspector signed the visitor's book. The inspector observed that residents were being supported with their morning routines. The inspector observed that the centres designated officer and complaints office was on display in the hallway. A fire evacuation plan was also on display.

As the inspector reviewed some documentation they were introduced to one resident. The resident appeared happy and content. The resident had been supported by staff to complete their laundry. The inspector informed the resident about their visit to their home and the resident smiled. The staff discussed with the inspector the resident's plans for the day which included going to an exercise class located in a nearby village. The inspector asked the resident if they were happy in their home and felt safe, the resident smiled and again appeared very relaxed. The staff was knowledgeable of the residents communication needs and informed the inspector that this was a positive expression for the resident.

The team leader and person in charge were also present for the day of the inspection. They were both found to be very knowledgeable of the support needs of the residents. The person in charge facilitated the inspector with a walk around of the premises. The centre was noted to be well furnished and clean throughout. Each resident had their own bedroom which were decorated with personal items. One resident had an adjoining annex apartment which had a kitchen, living and bathroom area. This resident also enjoyed spending some time in the main house of the centre and was seen to access it throughout the day as they wished.

The last inspection of the centre was completed in January 2023. In this inspection it identified that the back garden area of the property was not accessible to residents. During this inspection the provider had completed works to the back garden and it was seen to be fully accessible. Residents had access to outdoor seating in this area.

Residents in the centre used various methods of communication to indicate their

needs and preferences. Some residents used verbal communication, while other residents had limited verbal communication. Short phrases, gestures and facial expressions were used to communicate intent. The staff were seen to be very familiar with residents communications needs in the centre. Residents living in the centre appeared to be happy, relaxed and content in their home.

During the course of the inspection the inspector had the opportunity to meet two of the other residents living in the centre. One resident showed the inspector a picture and communicated with the inspector about mass. The resident liked to attend mass and also watch it on the television. Another resident enjoyed watching aeroplanes, the inspector observed the resident enjoying to watch this on the television during the inspection. The resident also had fish which they enjoyed to care for. Both residents appeared content in their home. Another resident living in the centre was spending some time away with their family, therefore the inspector did not have the opportunity to meet them.

Throughout the inspection, a relaxed homely environment was present in the centre, residents were seen to be at ease and comfortable with each other and in the company of staff. Staff were seen to be spending time and interacting warmly with residents, supporting their wishes, along with discussing and facilitating their plans and preferences.

The inspector had the opportunity to meet staff members, the team leader and the person in charge. An inspector met two staff members, a third staff member briefly and found them to be knowledgeable about the residents' needs and could describe how they support the residents on a daily basis. For example, a staff member showed the inspector visual planners that were on display in the kitchen. These planners had visual picture aids to support the residents in making choice with regards to activities and meal times. The staff informed the inspector that the resident had opted to have their lunch in the designated centre and later would have a choice if they would like to go out for a meal.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for residents who lived in this centre, and that residents' quality of life was well supported. There were strong structures in place to ensure that care was delivered to a high standard, and that residents' rights and autonomy were being respected.

The organisational structure in this centre ensured that the service was well managed. There was a suitably qualified and experienced person in charge who was

responsible for the overall management of the centre. They were supported in their management role by a team leader who was based in the centre. Throughout the inspection, the person in charge was very knowledgeable of the provider's processes and residents' support needs. The person in charge had a remit of two designated centre.

The centre was suitably resourced to ensure the effective delivery of care and support to the resident. These resources included appropriate levels of suitably recruited staff, up-to-date insurance cover, comfortable accommodation, and transport for residents' use.

There were sufficient staff on duty during the inspection to support residents to take part in activities of their choice. It was clear, from observation throughout the day and meeting residents and staff that activity plans were led by residents' preferences.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to renew the registration of this designed centre. The inspector reviewed all the relevant information and found it was in line with the requirements of the regulation. Information submitted included floor plans, application forms and fees.

Judgment: Compliant

Regulation 14: Persons in charge

The designated centre had a person in charge who was in a full time role. At the time of the inspection the person in charge had a remit of two designated centres. Throughout the inspection, the person in charge was very knowledgeable regarding the individual needs of each resident who lived there. It was clear that the person in charge was involved in the running of the service and that the residents knew them. The person in charge worked closely with the staff team and was supported by the wider management team.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed a sample of staff rosters from October 2025 to December 2025 and found there was a planned and actual roster maintained, with the number and skill mix of staff appropriate to the assessed needs of residents.

The permanent staff team supported to cover planned and unplanned leave in the designated centre. The designated centre had a sleepover staff and one waking night staff was in place to support the residents during night time hours. Residents appeared very comfortable with staff and staff were very familiar with residents' needs.

Staff on duty had support from an on-call governance system when required if the person in charge was not on duty. Staff and local management in the designed centre informed the inspector that they felt supported in their role.

Judgment: Compliant

Regulation 16: Training and staff development

A range of training had been provided for staff who worked in the centre. The inspector viewed staff training records and saw that staff had attended mandatory training as required. Although on the day of the inspection it was identified for one staff member that required refresher manual handling training. This had expired in September 2025. The team leader did inform the inspector that they were aware of this and were awaiting a training date and for an online component of the training to be confirmed as completed.

The provider had procedures in place in terms of supervision of staff. The thirteen staff members identified on the roster each received supervision on a quarterly basis. A supervision schedule was in place for the year. All staff had completed supervision, including the person in charge and team leader.

Judgment: Compliant

Regulation 19: Directory of residents

The inspector reviewed the records of the residents which were maintained in the directory of residents. The inspector saw that these records were maintained in line with regulations and included, for example, each residents name, date of birth and the details of their admission to the centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

Regulation 23: Governance and management

Overall there were effective governance arrangements in place to ensure that the centre was well managed and that a high standard of care, support and safety was being provided to the residents.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, television, and adequate staffing levels to support residents.

The centre had an audit schedule in place. A sample of these were reviewed by the inspector. These included a monthly audit which was completed by the person in charge. The inspector reviewed May to September 2025. Here the person in charge ensure oversight and review of such things as staff training and supervisions. Weekly audits were completed by the team leader which reviewed for example, medication review, residents protocols in place and person centred planning was taking place.

The inspector reviewed the annual review for the designated centre which was completed in October 2025. The action plan in place was seen to be in place with actions identified to be completed within a time line. Residents and family views had also been sought as part of this audit and were included.

The provider had a system in place to complete six-monthly announced audits as required by the regulations. An inspector reviewed the audit that took place on 15 October 2025. This audit had actions identified with action plans. The previous six monthly unannounced audit had taken place in March 2025, these audits did not take place within the six month period as required by the regulations.

The inspector reviewed the minutes of the team meetings for the designated centre for 2025. It was seen that team meetings were not consistently taking place. For example, three team meetings had taken place in the centre for 2025. These occurred in February, April and November 2025. The provider six monthly

unannounced inspection that took place in March and October 2025 identified that team meetings were not occurring on a monthly basis as per the provider's recommendations. The providers annual review also actioned that team meetings were not occurring on a monthly basis. This required review to ensure actions were being met and team meetings were occurring.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was an up-to-date statement of purpose. An inspector read the statement of purpose and found that it met the requirements of the regulations. The statement of purpose had been last reviewed and updated in September 2025. It was available in the centre for residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Chief Inspector under the Regulation was reviewed during the inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact the residents. All notifications had been submitted as required. For example, the provider had notified the Chief Inspector of any use of a restrictive practice within the centre on a quarterly basis.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had systems for the management of complaints in the centre. A complaints procedure was in place which described the procedures to follow when making a complaint, and this procedure was clearly displayed in the centre. An easy read complaints form had been developed for residents, which was in an accessible layout and included visual information. This was also displayed in a prominent position in the hallway of the centre. There were currently no open complaints for the centre. The complaints log template was reviewed. There was a reporting structure in place for complaints. The centre had the complaints officer clearly displayed.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required under Schedule 5 were in place. However, one of these policies had exceeded the three year review period by the provider.

- Closed-circuit television (CCTV) policy was due to be reviewed in January 2025.

Judgment: Substantially compliant

Quality and safety

This inspection found that the centre continues to provide a safe and supportive environment that meets the individual and collective needs of the residents. Residents' rights were promoted, protected and respected in all aspects of care delivery.

Since the last inspection the centre had maintenance works completed to its external rear garden. This was now fully accessible to residents, with outdoor seating also available. The premises was warm and homely. Each resident had their own bedroom and transport was available to support outings.

The residents had a comprehensive personal plan in place and were supported with regular key worker meetings and annual person centre planning meetings. Personal plans were reviewed regularly to ensure they reflected the current needs and wishes of the individuals being supported.

The centre was equipped with fire safety systems including a fire alarm, emergency lighting, fire extinguishers and fire doors. Fire safety systems were being serviced at regular intervals by an external contractor to ensure they were in proper working order.

Overall, the inspector found that the residents were supported to enjoy a good quality of life and that they were in receipt of good quality and safe services. The person in charge, team leader and staff team were making efforts to ensure the residents were happy, engaging in activities they enjoyed and striving to achieve the goals and lifestyle desired by both resident.

Regulation 10: Communication

The inspector reviewed two of the resident's communication plans. These plans were clear and contained information specific to the communications needs of the residents. Residents in this centre presented with assessed communication needs. Residents used various methods to communicate including verbal communication, gestures, pictorial communication aids, objects of reference and other communication aids.

The person in charge informed the inspector that one resident was trailing a communication aid on their tablet. This was to support and assist the resident in expanding their range of communication.

The centre had visual display picture planners in place. These included pictorial aids of the staff on duty by day and night. Residents have activity planners also displayed, along with mealtime planners. The staff in the centre informed the inspector that when residents expressed a change to a planner this was supported and pictures could be used to encourage and support choice for the residents.

The inspector saw that communication of all forms was respected and responded to. The inspector saw kind and caring interactions between residents and staff, and staff were able to use their knowledge of residents and their routines to promote responses.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were being supported to take part in a range of social and educational activities both at the designated centre, at their day service and in the local community. Suitable support was provided for residents to carry out these activities in accordance with their individual choices and interests, as well as their assessed needs. One resident in the centre attended a day service on a regular basis, while another resident accessed a different day service which facilitated different classes. The inspector was informed that this resident liked to choose classes they would like to attend each week.

On the day of the inspection staff that on duty supported residents during the day to attend an exercise class. Staff spoke to the inspector that class was located in the village and residents enjoyed attending these classes on a weekly basis. Residents were being supported by staff to be involved in activities that they enjoyed, including shopping, going bowling, for walks, going out for meals and for drives to places of interest.

Residents had access to a garden area surrounding the property. The person in

charge informed the inspector that some residents would enjoy some gardening activities. One resident completed a goal this year of setting up a vegetable garden.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service and the needs of residents. The inspector found that the centre was well maintained, clean and comfortably decorated. Communal areas were adequate and residents' bedrooms were personalised and decorated to each person's liking. There were laundry facilities available. Since the last inspection the rear garden had undergone development and it now now fully accessible for residents. Outdoor seating was available for residents to enjoy if they wished.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information such as a summary of services and facilities, arrangements for visitors and how to access inspection reports.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company. This had last taken place in November 2025. Staff were completing regular checks of exits, fire doors and fire panel.

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances. Additionally, staff working in the centre had completed

fire safety training. The centre had appointed three staff as fire wardens.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive annual assessment of need was completed for residents. The inspector viewed two of the residents' files. Where a need was identified, comprehensive care and support plans were developed. These were seen to be kept under ongoing review and updated as required. These plans were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on the following:

- Intimate care plans
- Communication
- Identified areas of health where a resident had supports in place.

Residents were supported to identify and set goals for the future in their yearly planning meetings. Residents were seen to be part of these meetings along with family members with the support of staff and management of the designated centre. Goals were found to be kept under review by the residents identified key worker. Residents had completed goals during the year which included developing a vegetable garden and painting their bedroom. Residents were supported with consent sheets which support residents in giving permission for a painter to enter their bedroom and decorate their room.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges. An inspector reviewed two residents' files and saw that there were procedures to support these residents to manage behaviours of concern. There was a clear and up-to-date behaviour support plan in place for one resident, which had been developed with multidisciplinary involvement. This had been reviewed in April 2025. A second personal plan reviewed by the inspector contained a support plan which again identified clear information on how to support the resident during a period of escalation and identified triggers. The person in charge discussed behaviour support plan and support plan in place with the inspector and was very clear on how interventions, proactive and reactive strategies would be implemented.

The restrictive practices for this centre are reviewed by the providers restrictive practice committee, and where required, that consideration was given to ensuring that they were the least restrictive and therefore least impact on residents' rights. Staff were knowledgeable of the restrictive practices in place, the process and rational in place for each. The inspector reviewed a restrictive practice for two residents which were in place in the centre. Both residents had easy-to-read information regarding the restrictive practices in place.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had systems in place to support residents' human rights. It was clear that residents had choices around how they spent their days. Throughout the inspection, the inspector saw that each resident had choice and control in their daily life and how their lifestyles were being supported. On the day of the inspection, some residents who would attend a day service were off and remained in their home. Staff discussed with the inspector that some residents enjoyed attending an exercise class locally and the inspector observed staff supporting residents to leave to attend these classes. The staff informed the inspector that the residents enjoyed various activities such as attending their day service, attending classes and meeting other members of the local community at mass.

The inspector observed that residents were supported in their home to do activities they enjoyed, such as watch programmes of interest and look after their pet fish. Not all residents verbally communicated with the inspector but appeared very happy. The provider had an advocacy process in the organisation, and staff were also aware of the external advocacy process that was available to residents. Information for this was displayed in the centre. The inspector seen displayed an easy read for residents on voting, the person in charge informed the inspector that residents were registered to vote if they wished. Resident's religious rights were also being respected in the designated centre. Resident had the choice of attending mass or they could watch it online if they wished.

The residents had clean comfortable accommodation. The residents were supported with weekly residents meeting. The inspector reviewed a sample of these meetings from 2025. These meetings informed the residents of any updates from the provider, along with discussing complaints, advocacy, and safeguarding. These meeting also reviewed plans for the week ahead such as upcoming activities and events in the centre that the residents would like to do, along with meals that the residents would like.

Residents living in the designated centre also had the support of the provider's regional rights committee when required. This committee reviewed any items referred to it to ensure the rights of residents were being upheld. The inspector seen from an action plan in place to support a resident with their health care needs

that this committee was in place to support the resident.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for White Lodge Accommodation Service OSV-0005591

Inspection ID: MON-0048456

Date of inspection: 25/11/2025

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An email reminding all internal peer auditors to ensure audits are completed within the six month timeframe was sent on 09/12/2025.</p> <p>The Quality and Governance Directorate has increased the frequency of the checks on the audit scheduled to four weekly, this will help to ensure all audits are completed within the six monthly timeframe. This was implemented on 09/12/2025.</p> <p>Service PIC has implemented a system whereby monthly Team Meetings are pre scheduled in advance and relevant resources required to ensure facilitation of same are in place. This was implemented on 09/12/25.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Providers CCTV policy has been reviewed and signed off and will be available to services by 12/12/2025.</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
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	09/12/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and	Substantially Compliant	Yellow	09/12/2025

	support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	12/12/2025