

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

Issued by the Chief Inspector

Name of designated centre:	Ormonde Square Residential Service
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	22 September 2025
Centre ID:	OSV-0005697
Fieldwork ID:	MON-0039294

About the designated centre

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

The centre is designed to provide long-term care for seven residents. The designated centre comprises three separate buildings located near a large town in Co. Waterford and close to local amenities. Two of the properties are interlinked apartments located in a small development of similar housing units. The third home is a standalone bungalow building located in a more rural location. In each home residents have their own individual bedrooms, access to bathrooms, kitchens, living rooms and other communal spaces. The residents are supported by nursing staff, social care workers and care assistants. Suitable high support, individualized programs of care are provided for the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 22 September 2025	08:30hrs to 17:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This announced inspection was completed by one inspector of social services over one day. It was carried out to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre.

Overall, it was found that the provider was striving to ensure person-centered care was being provided to the residents within the home. The residents had busy, active lives and some residents were very much involved in their local community. However, improvements were required in fire safety, oversight and management of the centre, reviewing day-to-day practices to ensure they were in line with a rights based approach to care and support and infection prevention and control (IPC) measures within the centre.

In the weeks leading up to the inspection, the provider had submitted an application to increase the footprint of the designated centre. This meant an additional house was added to the registration of the centre, increasing the total number of residents in the centre from two residents to seven residents. The house that was added to the floor plans of the current centre had been previously registered under a separate designated centre operated by the same provider. This was the first inspection of the centre under this configuration.

The designated centre is located in a large town in Co. Waterford. The centre comprises two interlinked apartments located in a small development of similar units, and detached bungalow building located a short driving distance away. Each of the individual apartments accommodated one resident and the larger bungalow building was home to five residents. There were no vacancies on the day of inspection.

The inspector arrived at the first property early in the morning. This property was home to five individuals. The inspector was welcomed in by the person in charge and brought to the kitchen area. All residents were up and ready for the day. Some residents were enjoying hot drinks at this time and were seated around the dining room table. Another resident was in the small sitting room. They were seated on the couch and engaged in an activity they enjoyed. The television was on in the background.

Residents in this home primarily used non-verbal means to communicate such gestures, vocalisations and body language. Staff were aware of all residents' communication means and were seen to support residents accordingly. For example, when one resident self-propelled their wheelchair away from the table staff knew that they were eager to leave for their day service.

Two residents in this part of the designated centre attended day service on a full-time basis, three of the other residents received a wrap around service from their home. One staff member left with two residents and two staff members remained in

the home to support the other residents.

Across the day of inspection the three residents left the home to enjoy a walk and in the afternoon they went swimming or for a coffee. All residents in the home seemed content and happy and were seen to respond positively to staff interactions. They readily approached staff or were seen to smile at staff when spoken too.

The inspector completed a walk around of all aspects of the property. In this part of the centre there were five resident bedrooms all with en-suite facilities, a large sitting room and a second smaller sitting room, a very large kitchen dining area, a staff sleep over room and a Jacuzzi room. There were storage rooms and all resident had ample storage facilities in their bedrooms. All parts of the home presented as very clean. However, in one resident's room a malodour was present, the mattress was stained and the bed frame had significant rust damage. This was immediately brought to the attention of the person in charge who confirmed they would order a new bed and mattress for the resident to ensure infection prevention and control (IPC) standards were met.

At lunch time the inspector visited the two interlinked apartments and briefly met with the residents that lived in this part of the designated centre. On arrival to the first apartment the resident was sitting on their chair watching their favourite television program. They greeted the inspector and were seen to seek assurances from the person in charge around staffing later in the day. There was a staff member present to support the resident. The staff member was very conscious that the number of people in the resident's environment could negatively impact them and were seen to leave the area to ensure the resident did not become overwhelmed and came back in to support them as required.

The second resident came back to the apartment while the inspector was present. They had been swimming in one of the local leisure centre's . Staff had prepared a home cooked lunch for both residents and this was cooling on the counter top. The resident was eager to have their lunch and the inspector observed staff assist the resident to get comfortable to enjoy their meal.

The staff explained to the inspector that the residents were an integral part of the local community. They shopped, attended hair dressers, local leisure centres, and collected their medications from the local pharmacy. One resident enjoyed cycling their bike around the town and was supported to do this. They had active busy lives and enjoyed swimming, shopping, getting their nails done, family visits, cinema, day trips and holiday. Due to the residents' having an individualised service in they very much decided their daily routines.

The inspector completed a walk around of the designated centre. Each resident had their own bedroom, bathroom and kitchen come living area. There were lots of personal items on display, including pictures, soft furnishings and other personal items that were important to the residents. Both apartments were very clean and homely in their presentation. One resident's bedroom had been adapted to ensure their safety. Due to this fire safety measures had been compromised, as their bedroom door would not close. This was brought to the immediate attention of the

person in charge.

Two residents' representatives completed questionnaires which had been sent out prior to the inspection taking place. Feedback in these was positive in relation to the house, access to activities, safety and security, visiting arrangements, the complaints process and the staff team. Examples of family feedback included compliments about the staff and how they were able to visit the resident if they so wished.

The next two sections of this report will present 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 service provided.

Capacity and capability

Overall, the registered provider had ensured the designated centre was well resourced. There was a full complement in terms of the staff team, with a skill-mix that was suitable to meet the assessed needs of the residents. There was a clear management structure in place with a full-time person in charge appointed to oversee the day-to-day running of the centre. Some improvements were required in the oversight systems in place in the centre to ensure they were accurately capturing areas of improvement.

The inspector reviewed the systems in place for oversight, which included provider-led and local audits. Although a number of these reviews and audits had occurred, they were outside the time lines as required by the regulations. Improvements were also required in ensuring actions from audits and reviews were effectively captured and reviewed for progress.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed information submitted by the provider to the Chief Inspector of Social Services with their application for renewal of registration of the centre. The provider had failed to make the application in line with the required time frame. The provider is required to submit an application to renew the registration six months prior to the registration end date. They are informed of this process (in writing) and are provided with a date to when the registration to renewal must be submitted to the office of the Chief Inspector. Additionally a reminder (in writing) is also provided four weeks prior to the deadline. However, the provider had failed to submit their application to renew their registration by the required date.

Judgment: Not compliant

Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information for the person in charge in advance of the inspection and found that they had the qualifications and experience to fulfill the requirements of the regulations. They were full-time and solely appointed to this designated centre. Due to the reconfiguration of the centre their managerial remit had increased. The person in charge was in the process of implementing systems of oversight to ensure the designated centres were managed appropriately.

Judgment: Compliant

Regulation 15: Staffing

There were enough staff to meet the assessed needs of residents. The centre was fully staffed in line with the statement of purpose at the time of the inspection. There were no staff vacancies.

The inspector reviewed a rosters from July, August and September of 2025. They were up-to-date and well maintained. There was no relief panel in place and to cover staff absences, however, regular agency staff were used. The provider was striving to promote continuity of care and for the most part staff from the same agency were used. For example in July, eight agency staff covered shifts when needed. They were all recruited from the same agency and were familiar with the residents' needs.

Schedule 2 information for three staff were reviewed during the inspection and was found to contain the required information. For example, all staff had two written references on file.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that staff had the training, knowledge and skills appropriate to their roles. They received support and supervision to ensure good practice in the centre.

The inspector reviewed the training matrix that was in place to oversee the training

needs of the staff team. There was 22 staff members names represented on this matrix. It was found that all staff members had the required training to ensure they could effectively support the residents. For example, staff had training in fire safety, managing behaviour that is challenging, safeguarding, safe administration of medicine, first aid, manual handling, response to seizures and a suite of IPC trainings. The provider had recently updated how staff were trained in the safe atomisation of medicines and all staff within this centre had completed this training. The inspector reviewed the training certificates in place for two staff members and saw that they corresponded with the training matrix.

The inspector reviewed the supervision records for four staff and it was being completed in line with the provider's policy. Discussions were held in relation to areas such as policies and procedures, safeguarding, resident needs and personal plan development.

Judgment: Compliant

Regulation 22: Insurance

The contract of insurance was submitted and reviewed as part of the provider's application to renew the registration of the designated centre. This was in line with the requirement of this regulation.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that although there were some systems in place to monitor the care being provided in the designated centre. Some improvements were required to ensure sufficient oversight was in place at all times.

There were clear lines of accountability and authority within the centre. The person in charge reported to the services manager who was also the clinical governance lead of the organisation.

The inspector reviewed the last two six-monthly reviews and annual review by the provider. It was found that the six-monthly reviews were not occurring line with the requirements of the regulation. For example, the six monthly provider audits occurred in September 2024 and June 2025. This was a gap in the level of provider oversight as the time frame between the audits was over nine months.

The inspector reviewed the local audits that were occurring within the designated centre. This included restrictive practice audits, IPC audits, cleaning audits, finance audits, medication audits and personal plan audits. Although the majority of these

audits had occurred in 2025, the restrictive practice audit remained outstanding. In addition, improvements were needed on how actions were identified and monitored following the completion of audits. There was no action plan generated following audits and therefore the oversight of completion of actions was not always possible.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was submitted with the provider's application to renew the registration of the centre and it was available and reviewed in the centre. It contained the required information and had been updated in line with the time frame identified in the regulations.

Judgment: Compliant

Quality and safety

Overall, it was found that the provider was striving to meet all residents' needs in a person-centered manner. Residents appeared comfortable in their home and staffing was appropriate to meet all of the residents' needs. However improvements were required in fire containment, IPC, residents' rights and ensuring care plans reflected residents' assessed needs.

Although the inspector observed some good practices in relation to fire safety such as regular fire drills, good staff knowledge, maintenance of equipment and suitable equipment in place in the form of lighting, fire extinguishers and alarms. Fire containment in the home was potentially compromised due to the condition of the doors and obstacles in the way of doors preventing them from closing. Improvements were also required in developing evacuation plans that were in line with the current equipment in place to assist with the evacuation procedures.

Although the majority of the designated centre appeared very clean, the condition of some equipment and furnishing required review to ensure it met the requirements of IPC measures.

In addition, the consultation process around aspects of resident decision making process around the day-to-day routines and running of the designated centre required improvements. This was especially important for the residents that primarily used non-verbal means to communicate their preferences.

Regulation 17: Premises

The inspector carried out a walk around of all aspects of the designated centre. All homes associated with the designated centre were clean, warm and overall well maintained. Although some minor works were required in relation to certain aspects of the premises and some equipment required replacing this has been addressed under Regulation 27: Protection against infection.

Each resident had their own bedroom, which was decorated in line with their preferences. They had access to storage for their personal items. They also had access to a number of communal spaces. Residents were observed to enjoy spending time in the communal spaces on the day of inspection.

In terms of accessibility, both properties were accessible for all residents. In one home in particular the corridors were wide and spacious and the rooms were large which ensured that the residents that used wheelchairs could easily navigate their environment. The provider was in the process of installing some over head hoists into parts of the centre. This would future proof the home in terms of meeting residents' changing needs.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the residents' guide submitted prior to the inspection. The residents guide contained all of the information required by the regulations. This included information on the service and facilities, arrangements for residents being involved in the centre, responding to complaints and arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy contained all information as required by the regulation. The provider and person in charge were identifying safety issues and putting risk assessments and appropriate control measures in place. Risk assessments considered each individuals needs and specific preferences. The inspector reviewed individual and general risk assessments in place in relation to absconscion, behaviours that challenge, choking, fire, health needs and financial loss. All risk assessments were directly linked to care plans to ensure that control measures were reflected accurately.

Arrangements were also in place for identifying, recording, investigating and learning from incidents, and there were systems for responding to emergencies. The inspector reviewed all incidents that had occurred in 2025. Overall, the number of incidents were low and well managed. For example in the last 12 months there were nine incidents in one part of the designated centre. All related to minor injuries or minor slips trips and falls.

Judgment: Compliant

Regulation 27: Protection against infection

A number of improvements were required in relation to the management of infection prevention and control risks in all parts of the designated centre. On the walk around of the premises the inspector noted the following that required review to ensure effective cleaning could take place and that best practice in relation to IPC could be adhered too.

For example the inspector saw the following:

- There was mattress that had staining due to the ineffectiveness of the water resistant cover
- A bed frame was badly damaged with rust and could not be cleaned effectively
- There was a build up of mould in the grouting in showers in residents' en suites
- The cistern top on some toilets was made from a wooden material and had chipped paint so could not be cleaned effectively
- Some skirting behind toilets was significantly water damaged and needed replacement

Judgment: Not compliant

Regulation 28: Fire precautions

A number of improvements were required to the fire safety procedures within the designated centre and ensure optimal safety in this area of care and support was available to residents at all times.

On the walk around of the designated centre the inspector noted that in one part of the designated centre locks had been removed from the side of the fire doors which resulted in the an empty cavity being visible from the side of the door. The effectiveness of the doors had potentially been compromised and required review from a suitably qualified fire expert. In addition, one fire door was badly water

damaged and had not been replaced. In another part of the designated centre, due to padding being added to the floor of a bedroom, a fire door could not close. The inspector asked for this to be immediately rectified. Fire containment measures in the home required review to ensure all aspects of fire containment were suitably effective.

In addition, the inspector saw that personal evacuation plans (PEEPS) were in place in each residents' bedrooms. Some of the plans had not been updated since 2022 and not all plans had the required information in them. For example, a staff member told the inspector about how to evacuate two residents with compromised mobility needs. One resident required a specific piece of equipment and another resident required their bed to be in a specific position in order to safely evacuate them. None of this information was in place on the PEEPS.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed four residents care plans and associated assessments. For three of the four plans reviewed all relevant needs were appropriately assessed and had clear written guidance for staff. All care plans had been recently updated. For example on one resident's file 20 care plans had been reviewed and updated in the latter part of 2024 or early 2025.

The inspector reviewed care plans in relation to medical needs, mobility, communication, mealtimes, morning and evening routines.

All residents had chosen specific personal plan goals. These included attending concerts, step challenges, day trips away, and holidays. For each goal there was evidence that progress was tracked to ensure each goal was achievable and the resident was central to the planning of the goal.

However, one resident's care plans were not as detailed and some information pertaining to specific medical needs was absent or lacking detail. For example, there was no records to when the resident last attended some medical appointments on their file. It was explained to the inspector that they had only recently transitioned to full-time residential care and the provider was liaising with relevant stakeholders in relation to ensuring they had sufficient oversight around their medical appointments and subsequent care plans.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents. For example, there was a clear policy in place, which clearly directed staff on what to do in the event of a safeguarding concern.

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

On the day of the inspection there were no open safeguarding concerns open. On review of incidents over the last 12 months, no incident recorded met the threshold of a safeguarding concern.

Following a review of three residents' care plans inspectors observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with residents' personal plans and in a dignified manner.

Judgment: Compliant

Regulation 9: Residents' rights

While observations on the day of inspection indicated that residents were offered choice and control around their daily routine. Improvements were required in ensuring these practices were embedded as part of residents' care plans and to ensure best practice in this area.

There were no formal system to record how choice and control was afforded to residents across their daily routines. For example, residents were not involved in weekly menu planning or there were no regular meetings with residents. Ensuring there was an effective system in place to communicate daily routines and changes in these routines was essential and good practice in relation to ensuring residents rights were well met.

In addition, there was a historical practice in place in the form of night checks. This was implemented as a blanket approach to care and support and was not informed by assessment of needs or recommendations from health and social care professionals. This practice required review to ensure it was in line with a rights' based approach to care and support and in line with residents' specific assessed needs

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	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ormonde Square Residential Service OSV-0005697

Inspection ID: MON-0039294

Date of inspection: 22/09/2025

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	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The application for renewal of registration has been submitted and all future registration renewal applications will be submitted within the timeframes.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The six monthly provider reviews On the Safety & Quality of Care and Support Provided in the Designated Centre will be completed in line with the 6 month timeline requirement. The Provider & PIC will undertake a provider review of all audits undertaken within the Designated Centre and associated action plans and a schedule of actions plans to be developed for each Designated Centre including follow up implementation and timelines.	
Regulation 27: Protection against	Not Compliant

infection	
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • The mattress that had staining due to the ineffectiveness of the water resistant cover is now replaced. • The bed frame badly damaged with rust and that could not be cleaned effectively has been repaired and can now be cleaned. • A deep clean of the build up of mould in the grouting in showers in residents' en suites and silicone replacement has now been completed. • The wooden cistern top on some toilets that had chipped paint is in process of being replaced (non wooden porcelain / ceramic) and allowing for it to be cleaned effectively. • The skirting boards behind toilets that was significantly water damaged is now replaced. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire doors have been reviewed and the Services Engineer has been consulted – the water damaged door is scheduled to be replaced and where door locks have been adjusted appropriate repair of door or replacement door will be put in place in line with the Engineer Specifications. The door in the bedroom where the soft foam is in place as an aid in the event of resident falling will be replaced and will allow for the soft floor to be in place and allow for the door to close.</p> <p>All PEEPS are now updated with specific person-centered details including appropriate equipment and bed positioning.</p> <p>Fire drills will be completed at suitable intervals, incorporating different times during day and night</p> <p>The provider will review all Fire containment measures in the homes to ensure all aspects of fire containment are suitably effective.</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>	

A meeting with family will be scheduled and all issues in relation to transition to full time residential care will be discussed with family.	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Meetings for residents have commenced incorporating daily activities and menu planning.</p> <p>An individualized review of night time checks incorporating MDT involvement , to include risk assessment for each person at risk of falls, choking and seizure activity and support with personal care will be completed.</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.	Not Compliant	Orange	31/10/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2025
Regulation 23(2)(a)	The registered provider, or a person nominated	Substantially Compliant	Yellow	31/10/2025

	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 support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	31/12/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2025

Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/12/2025
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/07/2026
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	30/11/2025
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	Substantially Compliant	Yellow	31/07/2026

	her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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