



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

Issued by the Chief Inspector

Name of designated centre:	Doon Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	30 September 2025
Centre ID:	OSV-0005747
Fieldwork ID:	MON-0048316

About the designated centre

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

Doon Accommodation Service is a detached dormer bungalow with an adjoining annex located in a rural area but within a short driving distance to a nearby town. It provides a full-time residential service for up to five male residents, between the ages of 18 and 65 with intellectual disabilities, autism and mental health needs. Each resident in the centre has their own bedroom and other rooms provided include kitchens, living rooms, a TV room, a utility room and bathrooms. Residents are supported by the person in charge, team leaders and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 30 September 2025	11:50hrs to 20:00hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed, residents in this centre were being offered a safe and individualised service that took into account their individual needs and preferences. Residents were seen to be provided with opportunities to engage in activity within their local community and safeguarding was seen to be an important consideration within this service.

The centre accommodates five adult residents and was fully occupied at the time of this inspection. This centre comprises a large standalone two-storey house and an attached annex apartment. The main house provides accommodation for four individuals that use the services of the designated centre and the apartment was home to one individual. The centre is located in a rural area and residents have access to outdoor spaces, including a secure outdoor area personalised for the use of the individual living in the apartment. The annex apartment also had a separate entrance and its own enclosed entrance walkway and the environment had been carefully considered to make it accessible to the resident living there.

The centre was decorated in a manner that provided a homely feel, and residents' bedrooms were personalised according to their own tastes and preferences. One resident showed the inspector their bedroom and told them that they had chosen the colours and painted this themselves with the support of staff. Another resident showed the inspector their sports memorabilia displayed in their bedroom and was seen to be very proud of their bedroom and keep it very neat and tidy. There were photographs on display of residents enjoying various activities. Residents had appropriate facilities for visiting and were being supported to maintain important relationships in their lives.

The inspector had an opportunity to meet with four of the residents of this centre and to view all parts of the centre. One resident departed in the afternoon for an appointment but was subsequently referred to hospital and the inspector did not have an opportunity to meet with that resident. Residents were observed leaving and returning to the centre for planned activities throughout the day. One resident visited the GP and another visited the dentist for a planned appointment. Some residents chose to interact with the inspector at different times of the day and the inspector saw that residents in the centre were free to move about independently and were comfortable to access all areas of their home, including the office where the local management team were based while working in the centre.

Residents were involved in and familiar with the day-to-day operations in the centre, including taking responsibility for some household tasks and one resident spoke to the inspector about the staff that would be supporting them that night. Residents that chose to speak with the inspector told the inspector that they liked their home and were happy living there. Staff told the inspector that they felt residents were

safe and well cared for in this centre and that staffing levels in the centre were appropriate and adequate to meet the needs of the residents supported there.

One resident had passed away since the previous inspection and was mentioned fondly by staff and residents at various times during the inspection. Another resident had moved into the centre since then and told the inspector that they liked their home and were "here for good". They spoke about how they were maintaining very good contact with their family since moving in, and showed the inspector their room, which was set up how they liked and had a large TV, streaming device, computer and DVD player that the resident said they picked out for themselves.

On the day of the inspection, one resident spoke with the inspector about an upcoming holiday they had planned. This resident had set a goal to visit where Elvis was born and had planned a trip to Nashville in the U.S.A. This was due to take place in the weeks following the inspection. Staff told the inspector that the resident had planned the itinerary for their trip and chosen the members of staff that would accompany them. A key-worker for this resident spoke with the inspector about how this goal had come about and told the inspector that the resident was considering another significant trip for the following year also and how he would be supported to explore this.

The inspector observed a number of interactions between staff and residents that indicated that residents were familiar with the staff that supported them. Overall, staff were observed to be familiar with residents' communication styles and preferences and to support residents in a respectful manner and staff were seen to be responsive to residents' needs.

Providers' experience surveys completed by three residents and two family members were viewed in the centre. In the main these provided positive feedback in relation to the service provided.

Two staff, two team leaders, the manager covering in the absence of the person in charge and two residents spoke in detail with the inspector during this inspection and the person in charge attended the feedback meeting, which took place after the inspection with the agreement of the provider. The other staff and two other residents interacted briefly with the inspector and were observed in the centre throughout the day. Staff reported that they felt residents were safe and well cared for in the centre and that the provider was responsive to any issues or concerns raised. Staff members spoken with told the inspector that they would be comfortable to raise concerns, including safeguarding concerns or complaint and both were positive about the training provided to them to support them in their role.

Overall, the findings on this inspection indicated that residents were afforded a safe service and had a good quality of life in this centre and there was good compliance with the regulations. The next two sections of the report 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 being delivered.

Capacity and capability

The findings of this inspection showed that the management systems in place in this centre were ensuring that good quality services, safe and effective services were being provided to residents. This inspection found overall very good compliance with the regulations. Some issues in relation to the documentation in place for staff were identified and this is covered under Regulation 15.

This was an unannounced adult safeguarding inspection. The previous inspection of this centre took place in October 2023. Documentation reviewed during the inspection included resident information, safeguarding documentation, the annual review, the report of the unannounced six-monthly provider visit, audit schedule and incident reports. There was evidence that the provider was identifying issues and taking action in response to them and that ongoing consideration was being given to safeguarding residents in this centre.

There was a clear management structure present and there was evidence that the management of this centre were maintaining good oversight and maintained a strong presence in the centre. The person in charge reported to a regional manager, who was a named person participating in the management of the centre (PPIM). The regional manager reported to the Head of Operations who in turn reported to a Director of Care. Both these individuals were also appointed PPIMs for this centre. The Director of Care reported to a Chief Executive Officer (CEO) and a Board of Directors.

The person in charge had remit over another designated centre also and was supported in her role by team leaders and care workers. The person in charge was unavailable on the day of this unannounced inspection but a person in charge of another linked centre made themselves available to facilitate the inspection if required. Both team leaders were also present in the centre when the inspector commenced the inspection and also facilitated the inspection.

These individuals were seen to be very familiar with the assessed needs of residents and knowledgeable about care and support residents required in the centre. All staff met with during the inspection were familiar with residents' needs and preferences and reported that they were well supported by the management structures in the centre.

Management systems in place including the providers' policies and procedures and audit systems were seen to be sufficient to identify and respond to any issues that arose in the centre as will be detailed under the next sections of this report. Some issues in relation to the septic tank were identified as requiring remedial works. These were not impacting on the residents at the time of this inspection and some action had been taken to put a plan in place to address these.

The centre was seen to be adequately resourced at the time of this inspection and staffing levels and competencies were seen to provide for a good quality and personalised service. The training needs of staff were being appropriately considered and all staff had completed training in the area of safeguarding.

In summary, this inspection found that there was evidence of good compliance with the regulations in this centre and the findings of this inspection indicated that residents were being afforded safe and person centred services. 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.

Regulation 15: Staffing

The inspector reviewed a sample of eight weeks planned and actual rosters and saw that staffing levels were sufficient to provide for safe and effective services. One resident was supported with 1:1 staffing in the centre by day and the other four residents were usually supported by three staff members by day. Team leaders provided support to the person in charge in maintaining oversight, while also providing assistance to the staff team with direct support duties. For example, on the day of this inspection, a team leader accompanied a resident and staff member to an appointment and subsequently to the hospital to provide additional supports. Team leaders generally worked in the centre five days per week, including one evening. At night two waking night staff were available to residents.

The management spoken with reported a low turnover among the staff team and while there was one vacancy at the time of the inspection, the inspector was told that this had been filled and a new staff member was due to commence in centre in the following fortnight. In the interim, the team leader or staff from another centre had filled any gaps and this was clearly identified on the roster. There were plans for some long term leave for some staff members and the inspector was told by the person in charge during the feedback meeting that these positions had already been filled.

Rosters indicated that familiar staff worked with residents at all times and identified that new staff received an induction period to ensure consistency of care was being provided. While the annual review indicated that agency staff had been used for a period when there had been a number of staff vacancies, generally there was low use of agency staff in the centre. A staff member who had commenced their employment the previous year told the inspector that they had received very good training and support for their role.

A sample of the documentation held in respect of three staff was reviewed. While overall, this showed that the required information as under the Regulations was in place, some improvements were required to ensure that the person in charge has obtained in respect of all staff the information and documents specified in Schedule 2. For example, one reference was not in place and the employment history of one staff member did not include any dates, which meant that it was not possible to

determine if there were any gaps in their employment history. The inspector was informed following the inspection that this information had been updated.

Judgment: Substantially compliant

Regulation 16: Training and staff development

This inspection found that this service supports staff to reduce the risk of harm and promote the rights, health and wellbeing of each person by providing training, development and supervision. The person in charge had ensured that staff had access to appropriate training, as part of a continuous professional development programme. Staff were being provided with training appropriate to their roles and the person in charge was maintaining oversight of the training needs of staff.

The inspector reviewed a training matrix for 18 staff that were also named on the centre roster.. The matrix viewed indicated that staff had access to and had completed training in keys areas to provide for safe care and support for residents. This included training in safeguarding, manual handling, fire safety, epilepsy awareness, infection prevention and control, and training to support staff in managing behaviours that challenge. Staff were also seen to have access to training specific to the needs of the residents in this centre. For example, all staff had received training around insulin and monitoring glucose levels to support a resident with diabetes.

A supervision schedule was reviewed that showed all staff were receiving formal supervision quarterly in line with the providers policy. The National Standards for Adult Safeguarding were viewed in the centre, alongside a staff read and sign sheet indicating that staff were aware of these.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that the provider was ensuring that this designated centre was adequately resourced to provide for the effective delivery of care and support in accordance with the statement of purpose. For example, staffing levels were good and the premises was equipped to cater for residents in a manner that promoted privacy and dignity and residents living in the centre had access to good multidisciplinary supports. The premises was seen to be safe and suitable for the type of supports provided there and was overall adequately maintained.

Management systems were in place to ensure that the service provided was appropriate to residents' needs and that the service's approach to safeguarding was

appropriate, consistent and effectively monitored. There was a clear governance structure in place that set out the lines of accountability within the service. The provider had appointed a designated officer to promote and manage safeguarding within the service. This individuals' details were displayed prominently in the service and all staff spoken with were aware of safeguarding procedures and how to raise a concern if needed.

An annual review had been completed in respect of the centre and the inspector reviewed this document. This included evidence of consultation with residents and included details on safeguarding review. A schedule of audits was being completed, including annual Health and Safety audits, financial audits and medication audits were being completed. Where issues were identified, these were seen to be responded to. For example, where a financial audit had identified that a resident had paid for an expense that should have been incurred by the provider. Action was taken to inform the staff team of leanings' and ensure staff were aware of the proper procedures, and the resident was reimbursed. Unannounced six-monthly visits were being conducted by a representative of the provider and reports on the two most recent of these, completed in April 2025 and November 2024 were reviewed. Safeguarding, risk management, infection prevention and control, medication etc. were seen to be considered as part of these reviews, indicating that the provider had systems in place for the review and oversight of matters that contributed to the safe care and support of residents. There was evidence of learning and review of incidents as outlined under Regulation 26 also. Action plans arising from these outlined completed or outstanding actions required to address any issues identified.

The inspector was told that the most recent team meeting had taken place the previous week with the minutes not yet fully completed. The minutes of a team meeting held in July were reviewed and showed that pertinent issues were discussed regularly, including safeguarding, positive behaviour support, finance, maintenance and residents' support needs. These also included details of keyworking actions and meaningful activities completed in each month, providing an additional layer of oversight to the person in charge in relation to this area. Team meetings were well attended. Staff members spoken to in the centre reported that the person in charge was very supportive to the staff team and that they would be comfortable to raise any concerns to any of the management team.

Judgment: Compliant

Quality and safety

Safe and good quality supports were being provided to the five residents that availed of residential services in this centre. The wellbeing and welfare of residents in this centre was maintained by a good standard of care and support, provided by a consistent and committed core staff team. A high level of compliance with the

regulations was found during this inspection. Some premises and maintenance issues were noted but these were also not seen to impact significantly on residents at this time.

Residents were benefiting from a premises that provided an overall good standard of accommodation and continued to meet their assessed needs in relation to their environment. Some issues in relation to the septic tank were identified as requiring remedial works. These were not impacting on the residents at the time of this inspection and some action had been taken to put a plan in place to address these. While the centre was seen to be overall clean, some paintwork required attention to ensure that all surfaces could be effectively cleaned and this is addressed under Regulation 17.

Residents told the inspector that they participated in a variety of community based activity of their own choosing. The inspector was told about, and saw key-working notes and pictures that documented various activities that residents took part in including a visit to the Donkey Sanctuary, the pub, shopping, picnics, tractor sightseeing, walks on a Greenway, beaches and rivers.

A culture that promoted safeguarding and rights was evident in the centre. Safeguarding was discussed regularly with residents and individualised personal plans and positive behaviour support plans were in place that provided clear guidance to staff about how to support residents in a manner that promoted their safety and well-being.

The inspector saw that residents appeared to be comfortable, content and happy in their home. Residents were offered choices and had a degree of autonomy over their own lives. Risk management systems were in place that balanced the need to keep residents safe, while promoting residents independence and respecting the choices that residents made for themselves. For example, the inspector reviewed the management of finance in the centre and found that there was systems in place to support residents in this area in a manner that was safe but also encouraged residents to develop and maintain independence.

Records provided during the inspection showed that all staff working in the centre had completed training in safeguarding and were appropriately Garda vetted. Very comprehensive resident meeting minutes were viewed that indicated that topics such as safeguarding, complaints, advocacy, health and safety, fire safety and infection prevention and control were regularly discussed with residents. The staff spoken with during this inspection demonstrated a good working knowledge of safeguarding procedures and complaints procedures and presented as being very aware of these topics and how to manage any issues, should they arise.

Regulation 10: Communication

The registered provider was ensuring that residents were assisted and supported to communicate in accordance with their needs and wishes. Staff were observed to be

very familiar with and respectful of residents' communication methods and styles. The inspector reviewed the communication guidance in residents' personal plans and saw that relevant guidance was available to staff in relation to supporting residents to communicate. For example, one resident liked specific phrases to be used, and these were clearly outlined in communication guidance in place for them. Staff were heard to use these phrases. Also social stories were used regularly to provide information to residents about various issues.

The inspector observed a visual board in use in a residents' bedroom and visual information about meals and the staff rota was available to residents' also. As mentioned under Regulation 8: Protection, safeguarding scenarios were used to educate residents about matters relating to safety and safeguarding and make this content more relateable.

Rosters reviewed showed that familiar staff were allocated to the centre on an ongoing basis and this meant that the staff supporting residents were familiar with them and would be familiar with their communication style and preferences.

Residents had access to media such as television, satellite channels, newspapers and radio. Residents had access to internet and mobile devices. This meant that they could follow their preferred sports teams and plan trips and activities. For example, the inspector was told that one resident who was going on a holiday abroad had researched and planned their itinerary for the upcoming trip themselves.

Judgment: Compliant

Regulation 17: Premises

The premises was suitable to meet the needs of the residents that lived in this centre and was decorated in a manner that reflected the individual preferences and accessibility needs of residents. There were cooking, laundry and bathroom facilities and good outdoor space was available to residents. The centre was observed to be overall clean and maintained to a good standard and observations on the day of the inspection were that the centre was appropriately heated, ventilated and had adequate lighting. Some maintenance works were required. For example:

- some internal and external paintwork was in need of refreshing.
- Wood chipping/damage was noted to the corners of the skirting boards in the sitting room.
- rust observed on an external handrail.
- The provider had identified some issues in relation to the septic tank and while works were planned in relation to this, these were not yet completed.

The issues identified were not impacting on a significant manner on the residents at the time of this inspection but some of the rust and surface damage issues could prevent effective cleaning and present an infection prevention and control hazard.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place that provided for the identification, assessment and review of risk in the centre. The same policy also outlined the control measures for specific risks as required including self-harm and accidental injury and policies such as a Missing Person policy, and Positive Behaviour Support policy also contributed towards the providers' risk management systems. A business continuity (emergency) planning policy was also in place that provided guidance on how to manage a number of emergency scenarios that might arise such as fire, flooding, loss of essential services or an outbreak of infectious disease. A local safety statement and personal emergency evacuation plans were in place for all residents.

Individualised risk assessments were viewed in residents' files and a local risk management index was also in place and reviewed by the inspector. Risk assessments were seen to be subject to regular review and updating. Where risk was identified, efforts had been taken to reduce or mitigate the impact of this on residents. For example, all staff had received training specific to the management of diabetes so that they could support a resident. Proactive measures were in place to address potential hazards. For example, PAT testing was completed annually on electrical equipment in the centre and risk assessment were in place in relation to any chemicals, such as cleaning agents, that were in use in the centre. There were systems in place to manage the risk of fire including regular checks and servicing of fire safety and fire-fighting equipment. It was seen that following an incident where the fire alarm was activated but residents had not fully evacuated, a number of actions were taken with both staff and residents to address this and ensure learning was implemented on future occasions.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that appropriate assessments were completed of the health, personal and social care needs of each resident and that the centre was suitable for the purposes of meeting the assessed needs of each resident.

A sample of three residents' personal plans were reviewed by the inspector and two residents healthcare plans. A sample of daily notes was also reviewed. Annual assessments of need were completed and reviewed in residents' files. Residents' files included details about relevant screening programmes that they were supported with. Support plans in place for residents contained relevant guidance for staff about

the assessed needs of residents and these were being updated as required to reflect any change in circumstances. This meant that the care and support offered to residents was evidence based and person centred.

The registered provider was ensuring that arrangements were in place in the centre to meet the assessed needs of the residents using the centre. Staffing levels were considered based on the assessed needs of each resident and were seen to be appropriate to meet the needs of residents. Residents' documentation showed that they had access to a variety of allied health professionals to inform the support plans in place for them.

The inspector saw that individualised person centred plans were in place for all residents. There was clear input from residents to these plans, including keyworking meeting details. Plans were in place that reflected residents' assessed needs and these were being appropriately reviewed and updated to reflect changing circumstances and support needs. Support plans were in place that provided good guidance to staff about how best to meet residents' assessed needs.

There was evidence that residents had been supported to set and achieve goals as part of the person centred planning process within the previous year and there was evidence of progression, completion and ongoing review of goals. Goals were identified based on residents' assessed needs and preferences. For example, residents had set goals that included a holiday abroad,

Staff completed key working reports regularly that documented progress and changes to residents' goals and plans and these were discussed at monthly team meetings to ensure ongoing oversight.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up-to-date knowledge and skills to respond to behaviours of concern and support residents to manage their behaviour. Positive behaviour support plans were in place to guide staff and overall it was seen that positive behaviour support was well managed in the centre. This meant that residents could be supported in a manner that met their assessed needs and were provided with appropriate care and support to safeguard themselves and others from the impact of behaviours of concern.

The inspector reviewed the positive behaviour support plans in place for two residents who presented with specific needs in this area. The guidance available to staff was seen to be clear and provide for residents to be supported in a positive manner that would lessen the impact of any potential behaviours of concern. A behaviour therapist was available to residents through the providers own structures and residents had access to other allied health professionals also to support them, including psychiatry and psychology. One resident was provided with 1:1 staffing by

day to support them and living arrangements in place were considered to reduce any potential impact of behaviours on other residents. All incidents that occurred in the centre were reviewed during team meetings.

Judgment: Compliant

Regulation 8: Protection

The findings of this inspection indicated that the registered provider had appropriate measures in place to protect residents from abuse. The person in charge had ensured that all staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Guidance on supporting residents with intimate personal care was contained within residents' personal plans and systems were in place to ensure that residents' finances were safeguarded.

The provider had in place a safeguarding policy. As set out under Regulation 23, the provider had a system in place to respond to and notify relevant bodies of any concerns raised and it was seen that all concerns reported to the Chief Inspector had corresponding paperwork to show that these had also been reported to the Health Service Executive Safeguarding and Protection team and safeguarding plans were in place where required. Safeguarding measures in place in the centre included the provision of one-to-one staffing for a resident. Staff rotas reviewed, observations on the day of this inspection, and discussions with staff indicated that this was in place at all times as required. Staff working in the centre had completed relevant safeguarding training and the designated officer for the provider had visited the centre to speak about safeguarding and enhance staff understanding during the most recent team meeting. Staff and management spoken with during the inspection were familiar with safeguarding procedures and reported that residents were safe and well protected in the centre. Two residents spoken with also told the inspector that they felt safe in their home.

Residents were provided with information and education for self-care and protection. For example, safeguarding plans reviewed included details of social stories completed for residents. A different social story was discussed with residents during each weekly house meeting, and these covered areas including safeguarding, complaints, advocacy, fire safety, road safety and kitchen safety. Safeguarding scenarios were also discussed with residents during these meetings and safeguarding resources in use included videos and interactive games.

From documentation reviewed in the centre including incident reports for the previous four months, and speaking to residents, staff and management, the inspector saw that there was a prompt response and ongoing learning following any incidents or near misses that occurred in the centre. The inspector was provided

with evidence that all staff working in the centre had received appropriate Garda vetting disclosures.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider was ensuring that each resident's privacy and dignity was being respected in relation to their living arrangements and efforts were being made to ensure that each resident had the freedom to exercise choice and control in his or her daily life and to live a life of their own choosing. From what the inspector observed and was told during this inspection it was evident that there was a commitment to positive risk taking in the centre, and this was promoting a rights based culture for residents. Overall, the evidence found on this inspection indicated that residents' rights were respected in this centre.

Residents were seen to be supported to exercise choice and control in their daily lives and to participate in decisions about their own care and support. For example, residents were very actively involved in setting goals as part of their personal plans and to make decisions about how to spend their own money, as highlighted by the upcoming trip abroad discussed in the opening section of this report. Weekly resident meetings were held and the inspector reviewed the minutes of all the meetings that had taken place in August and September 2025. These included details of choices provided to residents in relation to food and activities and information about issues that might affect them. Polling cards were observed to be ready for residents to take part in upcoming election if they wished.

Residents were afforded privacy in their own personal spaces. For example, staff were seen to knock prior to entering residents' rooms and a staff member was seen to obtain consent and request participation from a resident when the inspector asked to review the arrangements in place around the residents' finances.

Staff were also heard to consult with residents about activities and their plans for the day. The layout of the centre also provided each resident with ample living space and provided for privacy to be afforded to residents. Staff spoken to during the inspection presented a positive and person centred overview of residents and their lived experiences, including residents' preferences and communication styles.

Measures were taken to safeguard residents' rights to be involved in and make decisions about their own lives. Capacity assessments had been completed that covered areas such as finances and medications and residents were seen to retain ownership of these areas of their lives when it was desired and safe to do so. Tenancy agreements, including an easy-to-read version, were viewed between the residents and the housing body that owned the premises and service agreements were in place for all residents. There was ample evidence that advocacy and rights were discussed regularly with residents.

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	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Doon Accommodation Service OSV-0005747

Inspection ID: MON-0048316

Date of inspection: 30/09/2025

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
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none">• PIC will complete audit on staff files to ensure all relevant documents are in place. This will be completed by 31/03/2026.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• Painting internally and externally will be completed by 30/04/2026 weather permitting.• Damage to wood chipping will be repaired by 30/04/2026.• Rust on external handrail will be addressed by 31/01/2026.• Septic tank issues will be addressed by 30/04/2026 weather permitting.	

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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	31/03/2026
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	30/04/2026