



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

Issued by the Chief Inspector

Name of designated centre:	Proleek
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	26 August 2025
Centre ID:	OSV-0005810
Fieldwork ID:	MON-0047780

About the designated centre

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

Proleek is a community home located in a large town in Co. Louth and is close to community amenities. The property is a four-bedroom bungalow adapted to meet the needs of residents with mobility issues. The house is modern, decorated to a high standard, clean and well maintained. All of the residents have their own bedrooms. There is a large landscaped garden to the back of the property that has a patio area with furniture where residents can sit and enjoy the outdoors. Transport is also provided should residents wish to avail of it for leisure activities and appointments. The centre provides full-time residential care to four male adults, some of whom require support around behaviours of concern, healthcare, and enjoying a meaningful life. The centre is nurse-led, meaning that a nurse is on duty 24 hours a day. Healthcare assistants and a social care worker are also employed to support residents. Three staff are on duty during the day and one at night. This centre is also approved to facilitate a learning environment for student nurses. Residents do not attend formal day services but are supported by staff in the centre to have meaningful activities during the day in line with their personal preferences. The person in charge is responsible for three other designated centres under this provider but is supported in their role by a clinic nurse manager to ensure effective oversight of the care being provided.

The following information outlines some additional data on this centre.

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

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 26 August 2025	16:30hrs to 20:30hrs	Eoin O'Byrne	Lead
Wednesday 27 August 2025	12:00hrs to 15:30hrs	Eoin O'Byrne	Lead
Tuesday 26 August 2025	16:30hrs to 20:30hrs	Raymond Lynch	Support

What residents told us and what inspectors observed

This inspection was unannounced and was triggered by the receipt of unsolicited information that raised concerns across several areas, including the management of the service and the care and support provided to residents. The concerns raised were not substantiated at the time of the inspection.

However, some areas were identified as requiring improvement. Inspectors noted issues under Regulation 15: Staffing and Regulation 5: Individualised Assessment and Personal Plan. These will be discussed in more detail later in the report. Overall, the inspectors found that residents were well supported, which was reflected in good levels of compliance with the regulations.

On the first day of the inspection, inspectors met with the four residents, the person in charge, and the three staff members on duty. On the second day, one inspector met with three additional staff members who were on duty.

The residents' home was found to be clean and well-presented. Efforts had been made to create a homely atmosphere, with pictures and artwork displayed throughout the house. Two residents were observed moving freely through their home, while the other two required assistance with mobility.

Residents primarily communicated through non-verbal means. They appeared relaxed and seemed to enjoy the company of those supporting them. Some of the residents were observed to be engaged in playing board games, others watched TV, and some were listening to music.

There were two sitting rooms, and residents spent time in both areas. One resident chose to sit and observe activities in the kitchen, which was a busy and active part of the house.

One inspector reviewed several written compliments received from family members over the past few months. Families expressed appreciation for the support provided to their relatives, noting how well they were cared for and how pleased they were to see their loved ones in good spirits during visits. One family member was particularly grateful for the support given to their relative during a recent birthday celebration. The inspector viewed photos of the event, which showed the resident and their family enjoying the day.

The same inspector also spoke with family members of three residents during the inspection to gather feedback on the quality and safety of care provided in the centre. All three were positive and complimentary about the service.

One family representative stated they were absolutely happy with the service and could not fault it. They said their relative was settled and doing well, and they appreciated being able to contact the service at any time. They felt their relative

was supported to look their best and enjoyed social outings. They reported no complaints and were very satisfied overall.

The second family member also expressed complete satisfaction with the service. While they had concerns about staffing arrangements during a recent hospital admission, they had discussed these concerns with the director of nursing. They reiterated that they had no issues with the designated centre and felt their relative was always well cared for. They knew the staff team well, visited regularly, and always felt welcome. They had no complaints and were happy with the service.

The third family member was equally positive about the quality and safety of care. They had no concerns and found the house clean and welcoming. Staff were described as friendly and accommodating, and the atmosphere in the house was praised. They said their relative always looked well and that the whole family shared their positive view of the service.

Inspectors reviewed samples of information relating to all residents and found that they were receiving a good service, with both social and health needs being assessed and met.

Residents who wished to be active in their community were supported to attend social clubs and music events such as concerts and festivals. Some had recently travelled to Berlin. Others preferred home-based activities, which were facilitated by staff. For example, during the inspection, a new board game was purchased for a resident who enjoyed that activity.

Inspectors were assured that residents' health needs were closely monitored and addressed. Staff reported that some residents' healthcare needs had recently changed, and care and support plans were being implemented accordingly. One inspector reviewed these plans and found that staff spoken with had a good understanding of them.

Over the two days of the inspection, staff demonstrated a strong understanding of the individual needs of residents and were seen interacting with them in a caring, respectful, and appropriate manner. Communication methods were adapted to suit each resident, and staff were responsive and attentive throughout the inspection.

Overall, inspectors found that the designated centre provided a high standard of care and support to residents. Residents were observed to be relaxed, engaged in meaningful activities, and comfortable in their surroundings.

Feedback from family members was overwhelmingly positive. Families expressed satisfaction with the quality and safety of care provided, highlighting the professionalism, kindness, and attentiveness of staff.

In conclusion, the inspection findings indicated that the centre was operating in a manner that promoted the wellbeing, dignity, and safety of residents.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how these affect the quality and safety of the service being delivered

Capacity and capability

There were clear lines of authority and accountability in this service. It was led by an experienced and qualified person in charge who was supported in their role by a senior manager who acted as a person participating in management.

The staffing arrangement were as detailed in the statement of purpose and as described by the person in charge on the day of this inspection. However, one aspect of Regulation 15: staffing, required review.

Staff were provided with mandatory training as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The service was being audited as required by the Regulations. For example, an annual review of the quality and safety of care was completed for 2024 and a six monthly unannounced visit had been completed in June 2025. Additionally, a number of localised audits were being completed on an ongoing basis. All actions arising from the auditing process fed into the service's overall quality enhancement plan and systems were in place to address those actions in a timely manner.

Regulation 14: Persons in charge

The person in charge was a qualified nursing professional who also had an additional qualification in management.

Through discussions and the review of information, the inspectors found that the person in charge had good oversight of practices and the care provided to the residents residing in this service. Throughout the inspection, the person in charge demonstrated their knowledge of the residents' assessed needs.

They worked on a full-time basis within the organisation and overall demonstrated that they had the appropriate qualifications, skills and experience required to manage the day-to-day operations of the designated centre.

The person in charge had systems in place for the supervision of their staff team and ensured staff meetings were held on a monthly basis. The inspector reviewed the minutes of two staff meetings from June 2025 and July 2025 and found that topics such as accidents, incidents and safeguarding formed part of the standing

agenda. Complaints also formed part of the standing agenda and the inspector observed that there were no complaints on file about the service at the time of this inspection.

The person in charge also informed one inspector that they had no concerns about the quality or safety of care provided in the centre and were confident that if any of their staff team had a concern, they would bring it to their attention. On the day of this inspection they also invited the inspectors to speak with any family representative over the phone so as to get their feedback on the quality and safety of care provided to the residents living in this service.

As detailed in section one of this report, '*What residents told us and what inspectors observed*' the inspectors spoke with three family representatives over the phone on the day of this inspection and their feedback on the quality and safety of care provided to their relatives was both positive and complimentary.

Overall, the person in charge was also found to be aware of their legal remit in line with the regulations, and was found to be responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters for the month of August 2025 indicated that there were sufficient staff members on duty to meet the needs of the four residents as described by the person in charge on the day of this inspection. However, the upkeep of the actual rosters on file in the centre required review.

The staffing arrangements for this centre were as follows:

- three staff worked each day (one nurse who was supported by a social care worker and or healthcare assistants)
- one nursing staff worked on waking night duty overnight.

This meant that there was always a qualified nursing professional on duty on a 24/7 basis in this house.

The inspectors observed however, that on two occasions over August 2025, there was no staff nurse available to work in the centre. As a way to mitigate any risk to the residents when this happened, the person in charge informed the inspector that as they were a qualified nurse, they covered one of these shifts. Additionally, a qualified social care worker who was very familiar with the residents and was trained to administer medication (to include rescue medication) covered the other shift. Support from nursing staff was also available from another nearby registered designated centre operated by this provider.

Three staff spoken with were asked if they had any concerns about the quality or safety of care provided to the residents, would they raise those concerns with the person in charge. While all three reported that they had no concerns currently, they also said that if they did, they would feel comfortable speaking to the person in charge about such concerns. Additionally, one staff member said that they would also speak with the designated safeguarding officer and or senior management if they had any concerns about the quality or safety of care provided in the centre.

As identified above, staff meetings were also being facilitated and at these meetings staff had the opportunity to talk about the residents progress with their goals, their healthcare-related needs, complaints and safeguarding (of which there were none at the time of this inspection).

Additionally, in their feedback on the quality and safety of care provided in the centre, family members were positive and complimentary about the staff team with one saying staff were excellent.

A minor issue was observed with the maintenance of the actual rosters however. For example, the full names and or grades of some staff were not recorded on the sample of rosters viewed by the inspector. It was also observed that one shift covered by the person in charge was not reflected on the roster.

Judgment: Substantially compliant

Regulation 16: Training and staff development

From reviewing the training matrix, the inspectors found that staff were provided with training to ensure they had the necessary skills and or knowledge to support the residents.

For example, staff had undertaken a number of in-service training sessions which included the following:

- safeguarding of vulnerable adults
- Children First online - (training in relation to the Children First National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015)
- trust in care
- communicating effectively through open disclosure
- manual handling
- dementia awareness
- dysphagia
- feeding, eating, drinking and swallowing (FEDs)
- infection prevention and control (IPC)
- management of behaviour.

One inspector focused specifically on the training records for there staff members (a staff nurse, a social care worker and healthcare assistant) and found evidence that they had all completed the training as identified above.

Judgment: Compliant

Regulation 21: Records

During the inspection, an inspector reviewed the centre's compliance with Regulation 21, which requires providers to maintain accurate, up-to-date, and securely stored records relating to residents, staff, and the operation of the service.

The inspector found that documents relating to residents' care, such as personal plans, health assessments, daily notes, and communication profiles were in place and generally well maintained. Staff records, including completed training, were available for review.

The inspectors found that the governance and management arrangements were suitable, and that management practices were clearly documented and readily accessible for review.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in place in this service. It was led by a person in charge who was supported in their role by an experienced senior manager (who was also a person participating in management).

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and, a six-monthly unannounced visit to the centre had last been carried out in June 2025.

Additionally localised audits was being completed by the person in charge as were peer-to-peer audits (where a person in charge from a different registered designated centre in the same organisation conducted an audit in the centre). All actions arising from these audits fed into one overall quality enhancement plan for the centre, where actions arising from the process were identified and a time frame was agreed to address them.

For example, the auditing process identified the following:

- one aspect of a resident's healthcare plans required updating
- a rights awareness checklist for a resident required review

- a medication audit identified that the date of when a bottle of over the counter liquid medication was opened, had not been written on the bottle.

These issues were actioned and addressed at the time of this inspection.

Systems were also in place to support and facilitate staff to raise concerns about the quality and safety of care provided in the centre. For example, the person in charge informed the inspectors that while they had no concerns about any aspect of the quality or safety of care provided, they would be confident their staff team would raise any concern if they had any.

One inspector spoke to three staff and asked them if they had any concerns would they report them to the person in charge. All three reported that they had no concerns but if they did, they would have no issue in raising them with the person in charge.

Written feedback from residents and family members on the quality and safety of care was also sought as part of the annual review of the service and reviewed by one of the inspectors.

For example, staff supported the four residents to complete questionnaires on their experience of the service. The residents reported that they were happy in their home, happy with their bedrooms, happy with meal times and menu options, happy with the care and support provided, felt their rights were supported and had no complaints.

Family representatives of all four residents living in this house were were equally as complimentary and positive about the service provided. For example, all four were very satisfied with quality of care and support reporting that staff were courteous and helpful. They also reported that that they were very satisfied with the respect shown by staff to the residents and how well their personal possessions were looked after. All four also reported that the service met with their expectations, they would recommend it and that is was an excellent service.

One inspector also spoke to family representatives of three residents over the phone on the day of this inspection. All three were both positive and complimentary about the quality and safety of care provided to their relatives and said that they had no complaints about any aspect of the service.

Judgment: Compliant

Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. This review showed that, per the

regulations, the person in charge had submitted the necessary notifications for review by the Office of the Chief Inspector.

Judgment: Compliant

Quality and safety

The review of information and observations concluded that residents received a service tailored to their specific needs, provided in a manner that respected their rights.

The provider conducted a comprehensive assessment of the residents' needs, leading to the development of personalised support plans. The inspection revealed that guidance documents had been created to assist staff in providing the best possible support to the residents.

However, the review of information identified that some areas required improvement including; implementing recommendations that a resident receive a sensory assessment and the response to the changing needs of one resident regarding an increase in the usage of PRN (when necessary) medication for the resident. These issues will be discussed in more detail under Regulation 5: Individualised Assessment and Personal Plan.

The inspector assessed several other areas, including communication, protection, healthcare, medication management, and positive behavior support systems. The review found these areas to be compliant with regulations.

In conclusion, the provider, person in charge, and staff team were delivering a safe service to the residents, although some areas required improvement.

Regulation 10: Communication

As discussed in the opening section of the report, the residents primarily communicated through non-verbal forms of communication. During the course of the inspection, inspectors observed staff members interacting with residents in a responsive and respectful manner, demonstrating an understanding of each individual's communication needs.

When reviewing two residents' information, the inspector found that communication profiles were in place for both individuals. These profiles outlined preferred methods of communication, including gestures, and facial expressions. In addition, speech and language therapists had completed communication assessments for both residents. These assessments informed the development of tailored communication

strategies, which were incorporated into how staff members supported the residents.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector reviewed information for two residents, specifically focusing on daily notes recorded over the previous ten days. The appraisal of these records showed that both residents were being actively supported to engage in meaningful activities both inside and outside of their home.

The review of information for three residents and also discussions with staff members identified that residents participated in a variety of activities tailored to their interests and preferences. These included swimming, attending arch club events, going out for meals, and enjoying coffee outings. Some residents expressed a preference for walking to a nearby shop to purchase their chosen items, which was facilitated by staff. In addition to local activities, there were also examples as mentioned earlier in the report of residents travelling overseas, reflecting the provider's commitment to supporting residents in accessing broader social and cultural experiences.

The inspector also reviewed the residents' person-centred plans and social goals. These plans were developed with as much input as possible from residents but staff members were the lead persons and were acting as advocates for the residents. Staff were actively supporting residents to work towards these goals, and progress was being documented in social goal reports.

Judgment: Compliant

Regulation 26: Risk management procedures

Over the course of the two-day inspection, inspectors examined the systems in place for managing risk within the centre. A sample of three residents' records was reviewed, and inspectors found that comprehensive risk assessments had been developed for each individual. These assessments were well-written and aligned with the risks identified in the residents' care and support plans. Two risk assessments were identified by inspectors as requiring enhancements and the person in charge addressed these promptly.

Inspectors noted that risk assessments were being updated in response to changes in residents' circumstances, such as alterations in mobility or health status. The

control measures in place were deemed appropriate and responsive to the identified risks.

For example, the person in charge informed inspectors that the most significant current risk in the centre was the risk of falls for one particular resident. A number of proactive steps had been taken to support this resident's safety. Upon review of the resident's individual risk assessment for falls, the following control measures were found to be in place:

- recent review by a physiotherapist
- recent review by a clinical nurse specialist
- staff were trained in manual handling
- prescription of a protective helmet for mobilising, to safeguard against head injury in the event of a fall
- as-needed access to general practitioner (GP) services
- completion of a bone density scan
- a mobility care plan in place (last reviewed on 08 July 2025)
- staff awareness of the resident's presentation
- referral to an occupational therapist.

These measures demonstrate a thorough and responsive approach to risk management, tailored to the resident's individual needs.

Inspectors found that the centre had effective systems in place for managing risk, with well-developed and regularly updated assessments tailored to residents' individual needs. While two assessments required enhancements, these were promptly addressed by the person in charge.

A review of one resident's falls risk assessments and control measures demonstrated a comprehensive and proactive approach to safety, supported by appropriate clinical input and staff training.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors reviewed the medication management practices in the centre with the staff nurse on duty and the person in charge. The findings indicated that the storage and administration of medications were appropriate. Medication stock checks were conducted regularly, and a system was in place to closely monitor the administration of PRN (as-needed) medications. Suitable arrangements were also in place for managing discontinued or expired medications.

As part of this review, inspectors examined the medication recording sheets and protocols for two residents, including their regular and PRN medications. While some

concerns regarding PRN usage were identified, these are addressed under Regulation 5: Individualised Assessment and Personal Plan.

An inspector also reviewed medication storage practices and stock check systems with the staff nurse. Another inspector spoke with the person in charge regarding the management of medication that was not required or had been incorrectly dispensed. The person in charge described a recent incident in which staff followed the provider's policies and procedures by reporting the issue through the medication variance reporting system and escalating it to management. The medication was securely stored in a locked cabinet and returned to the pharmacy the following day. The inspector was satisfied that the incident was managed appropriately and in accordance with the provider's procedures, with no adverse outcomes.

The centre demonstrated compliance with the regulation through its safe handling, administration, and disposal of medications, supported by clear protocols and staff awareness.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

An inspector reviewed aspects of three residents' individual personal plans. The appraisal of these plans found that the provider and the person in charge had ensured that the residents' health and social care needs were being appropriately assessed. For the most part, the inspector found that the changing needs of the residents were being tracked and addressed.

However, for one resident, the inspector identified an increase in the administration of PRN (as-needed) medication to support their needs. The usage of PRN medication was being monitored, and records showed that from May to the date of inspection, the resident had received PRN medication on thirty-one occasions. This raised concerns that the resident's current prescribed medication may not be adequately meeting their needs, as additional medication was being used frequently. Furthermore, the inspector noted that the resident's presentation had not been reviewed by the prescribing doctor despite the increased use of PRN medication. This was identified as an area requiring improvement.

In addition, the inspector reviewed one resident's risk assessments and found that there had not been an adequate response to a recommendation made by a psychiatrist in 2019. The psychiatrist had advised that the resident be referred for a sensory assessment. While some elements of the assessment had been completed, the full assessment remained outstanding nearly six years after the recommendation was made. The person in charge explained that the resident had shown little interest in sensory aids and tools previously purchased for them. However, this raised concerns that the items provided may not have been appropriate or aligned with the resident's actual sensory needs.

The inspector found that the completion of the full sensory assessment would provide clearer guidance for staff on how best to support the resident. It was noted that the staff and local management team had raised this issue with the provider's multidisciplinary team (MDT) on several occasions, but their efforts had not led to the assessment being completed. The delay in actioning this recommendation meant that a full assessment of this residents needs was not in place and did not reflect the otherwise responsive care and support being provided in other areas of the service.

Judgment: Not compliant

Regulation 6: Health care

An inspector reviewed healthcare information for two residents and found that health assessments had been conducted for both individuals. These assessments identified a range of health needs, and in response, both long-term and short-term care and support plans had been developed. The inspector reviewed a sample of these plans and found that they were subject to regular review and reflected the changing health needs of both residents.

One resident had received increased input from the provider's multidisciplinary team (MDT) in recent months, following hospital admissions and a deterioration in their mobility. The inspector found that additional supports had been put in place to meet the resident's evolving needs. These included increased monitoring, and adjustments to the resident's daily routines and mobility aids.

Steps were being taken by the provider, the person in charge, and the staff team to ensure the residents' safety and wellbeing. Staff demonstrated a clear understanding of the residents' current needs and were able to describe the actions being taken to support them. The presence of both long-term planning for ongoing conditions and short-term plans for acute or temporary needs reflected a responsive and person-centred approach to healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the positive behaviour support plans for two residents. These plans were found to accurately reflect the behavioural needs of both individuals and outlined clear strategies to support positive outcomes. The plans detailed how staff should respond if a resident became distressed, upset, or aggressive, and included guidance on how to support residents following any incidents.

The inspector found that the plans were comprehensive and person-centred, promoting consistency in staff responses and helping to reduce the likelihood of escalation. There was regular input from the provider's multidisciplinary team (MDT), including contributions from a clinical nurse specialist, which ensured that the plans remained relevant and effective.

Judgment: Compliant

Regulation 8: Protection

Policies, procedures and systems were in place to support the residents' safety in this centre and at the time of this inspection, there were no active safeguarding plans on file.

The person in charge talked to one inspector through the safeguarding pathway saying that if an allegation of abuse was brought to their attention it would be investigated, steps would be taken to ensure the residents safety, the issue would be screened, reported to the designated safeguarding officer, reported to the Office of Chief Inspector and the national safeguarding team. They also said that if required, it would also be reported to the police.

The inspectors also noted the following:

- three staff spoken with said if they had any concern about the quality or safety of care provided in the house, they would have no issues reporting such a concern to the person in charge
- in their written feedback on the quality and safety of care provided to the residents, family members were both positive and complimentary. Four family members rated the service as excellent
- one inspector spoke with family members of three of the residents over the phone during this inspection process. All three were very positive about the service provided, had no complaints and raised no concerns
- the topic of safeguarding formed part of the standing agenda at staff meetings
- information (to include easy to read information in residents individual personal plans) on how to contact the designated safeguarding officer, the assisted decision making co-ordinator and independent advocacy was available in the centre.
- the topic of rights was discussed with residents at their weekly meetings.

On a review of the training matrix it was also found that staff had training in the following:

- safeguarding of vulnerable adults
- Children First online - (training in relation to the Children First National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015)

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| <ul style="list-style-type: none">• trust in care• communicating effectively through open disclosure. |
| 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Proleek OSV-0005810

Inspection ID: MON-0047780

Date of inspection: 26/08/2025

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: A risk assessment has been completed to address staff shortages The person in charge has ensured that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Resident had a psychiatric review on 13.9.2025 . Resident was prescribed regular antipsychotic once daily to support his mental health. Follow up review is organized for 30.9.2025. Sensory assessment has been completed 22.9.2025	

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(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	27/08/2025
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	02/09/2025
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	Not Compliant	Orange	22/09/2025

	assessed in accordance with paragraph (1).			
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