



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

**Issued by the Chief Inspector**

Name of designated centre:	Stewarts Care Adult Services Designated Centre 2
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	21 October 2025
Centre ID:	OSV-0005850
Fieldwork ID:	MON-0048161

## About the designated centre

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

Stewarts Care Adult Services Designated Centre 2 is operated by Stewarts Care DAC. The designated centre provides full-time residential services for up to 13 adults with intellectual disabilities. The centre comprises three residential houses located in a small town in county Kildare. All houses are within walking distance from each other, and close to local services and amenities. Each house that comprises the centre is a detached two-storey house. There is a full-time person in charge in place. The staff team comprises of social care workers and healthcare assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	12
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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 21 October 2025	08:20hrs to 15:00hrs	Michael Muldowney	Lead
Tuesday 21 October 2025	08:20hrs to 15:00hrs	Karen McLaughlin	Support

## What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the regulatory monitoring of the centre. It focused on how the provider safeguarded residents from abuse, promoted their human rights, and empowered them to exercise choice and have control in their lives.

Inspectors used observations, conversations with residents and staff, and a review of documentation to form judgments on compliance with the regulations inspected. They found that the centre was operating at a good level of compliance under most of the regulations inspected. Residents gave good feedback on some aspects of what it is like to live in the centre, such as the support they received from staff and how they were able to make decisions in their lives. However, inspectors found that recurring peer-to-peer safeguarding incidents in one house were having an adverse impact on residents' safety and wellbeing, and their right to feel safe and protected in their home.

The centre could accommodate up to 13 residents. At the time of inspection, there were 12 residents living across the three community-based homes that made up the centre, all located near each other in County Kildare. The houses are all conveniently located to many services and amenities, including shops and public transport. There are also vehicles available for residents to travel beyond their local community and surrounding areas. Inspectors visited all three houses.

All houses that made up the designated centre were observed to be comfortable, clean, homely and warm. Residents had their own bedrooms that were personalised to their own tastes and preferences. There were sufficient communal spaces, including bathrooms, sitting rooms, and kitchen and dining spaces. Notice boards in the communal areas displayed staff rotas, and information on making complaints and safeguarding matters. There were also nice gardens for residents to enjoy outdoor space. Residents told inspectors that they were happy with the premises and the facilities. Inspectors also observed they freely accessed their homes and the environment. The premises and restrictive practices are discussed further in the quality and safety section of the report.

Residents were seen to have active lives, and engaged in different activities on the day of the inspection. Inspectors spoke with most residents during the inspection; some residents chose to not speak with the inspectors or were not present during the inspection.

In the first house, residents told inspectors that they liked aspects of living in the centre. They were satisfied with the premises and location of the house as it was close to shops. They enjoyed the meals, and said that they often had their favourites. They liked the staff and were happy with the support they provided; but, said that they found it hard when staff moved on from working in the centre. They had busy lives, and enjoyed attending social clubs, going to cafés, spending time

with family, arts and crafts, sports, baking, shopping, going on holidays and doing house hold chores. They also liked to plan and achieve personal goals with support from their key workers. During the inspection, residents baked fruit tarts and attended medical appointments. Overall, they said that they had control in their lives and could make decisions; for example, they chose their daily routines and how they spent their time.

In the second house, residents said that they liked living in the centre, and showed inspectors their bedrooms which were personalised and decorated with family photos, memorabilia and personal items. They spoke about the activities they enjoyed, including shopping, sporting activities, training courses and classes, going to the gym, community groups, and eating out. One resident was looking forward to an upcoming trip to Northern Ireland with their key worker.

In the third house, residents engaged with inspectors, but did not share their views on what it is like to live in the centre.

In one of the houses, some residents spoke about the ongoing peer-to-peer safeguarding incidents in their home which made them feel unsafe and upset. They said that they went to their bedrooms when incidents happened in the house, but that they also happened while travelling in the car. Residents said that these incidents had been ongoing for a number of years, and although they had reported their upset, there has been no resolution. This matter is discussed further in the report.

Inspector met and spoke with different members of staff during the inspection, including the person in charge, the programme manager, social care workers and health care assistants.

The person in charge told inspectors about the measures to manage the safeguarding incidents, such as additional staffing levels. However, the issues were ongoing and negatively impacting on residents. Residents had been supported to access independent advocacy services and to make complaints to the provider and its funder. The person in charge said that outside of the safeguarding concerns, the centre met residents' needs and that they had control and choice in their lives. They had no other concerns, but said that they could easily escalate potential concerns to the programme manager.

The programme manager said that residents had good access to multidisciplinary team services, and although some residents' needs had recently increased, the centre was meeting their current needs. There were plans for one resident to transition to another home which would resolve the safeguarding concerns; however, there was no confirmed time frame for the transition.

A social care worker told inspectors that resident had busy and good quality lives. However, the ongoing safeguarding issues in one house were adversely impacting on their wellbeing, and the associated interventions were not fully effective. One resident had recently moved into the centre, and they expressed that they do not feel safe in their new home. The social care worker demonstrated a good understanding of the residents' behaviour support plans, communication needs and

strategies, and the procedures for responding to and reporting incidents.

Two health care assistants in another house told inspectors that the residents living in that house were safe and happy in their home. They said that they were listened to and could choose how they spent their time. They also spoke about how key workers supported residents to plan personal goals, such as going on holidays; three residents were being supported to go to a holiday in November. They said that there was enough staff on duty to meet residents' needs, and that their care plans, including positive behaviour and communication plans, were effective. They had completed safeguarding training, and were aware of how to report any safeguarding concerns. They were satisfied with the supervision and support they received from the management team.

It was clear that the provider and person in charge had implemented good arrangements to support residents to make choices and decisions, and consulted with them about their care and support, and on the operation of the centre. Residents attended key worker and house meetings where they planned their individual goals, activities, and discussed important topics such as safeguarding and human rights principles. Residents' goals were meaningful to them and there was good evidence of progression and achievement. The provider had also consulted with residents as part of the recent annual review, and residents had utilised the provider's complaints procedure to raise concerns.

Overall, it was found that aspects of the service provided to residents were of a high-standard; for example, residents liked the staff working in their homes, they could choose how they spent their time, and the premises was well maintained. However, the recurring safeguarding incidents, relating to peer incompatibility, in one house were having an adverse impact on residents' quality of life and impinged on their right to feel safe in their home.

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

## Capacity and capability

There were good governance and management systems in place to ensure that the service provided to residents was consistent, appropriate to their needs, and generally operated in line with the centre's statement of purpose. However, as discussed in the quality and safety section of the report, improvements were required to ensure that all residents were safe and that their rights were protected.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and supported in the management of the centre by social care workers. They reported to a programme manager and director of residential services, and there were effective arrangements

for the management team to communicate. The person in charge and programme manager demonstrated a clear understanding of the residents' individual personalities and needs, and of the service to be provided in the centre.

In addition to the person in charge and social care workers, the skill-mix primarily comprised of healthcare assistants. There was one social care worker vacancy; it was well managed to reduce any impact on residents. Inspectors reviewed recent staff rotas in two houses, and found that appropriate staffing levels were maintained.

Staff were required to complete training as part of their professional development. The training logs viewed by inspectors showed that staff had completed their necessary training programmes. There were also effective arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision.

In addition to the supervision arrangements, staff could attend regular team meetings which provided an additional opportunity for them to raise any concerns. Inspectors read a sample of the meeting minutes from July to September in three houses. The noted discussions on safeguarding incidents, plans and procedures, audit findings, staff training and supervision, key worker duties, and updates on residents' needs. One of the meetings had been attended by a dementia specialist nurse to provide guidance and advice to staff on a resident's changing needs.

The provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Comprehensive annual reviews and six-monthly reports, as well as various audits had been carried out to identify areas for improvement.

## Regulation 15: Staffing

The staff skill-mix at the time of the inspection comprised of the person in charge, social care workers, and healthcare assistants. The provider had determined that this was appropriate to the residents' needs. Residents said that they liked the staff working in the centre, and described them as being kind and helpful. Inspectors also found that staff spoken with had a good understanding of the residents' personalities and needs, and spoke about them kindly.

There was one social care worker vacancy that the provider was recruiting for. This vacancy posed a risk to the quality of the service provided to residents as well as the governance of the centre. However, it was well managed to reduce those risks; for example, a regular staff member covered the vacancy until it could be permanently filled.

The person in charge maintained planned and actual rotas. Inspectors reviewed a sample of the September and October 2025 rotas in each house. The rotas were

well maintained and showed that appropriate staff levels were in place.

Schedule 2 files were not reviewed as part of this inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff were required to complete training as part of their professional development and to support them in the delivery of appropriate care and support to residents. Staff training records showed that staff had completed training in relevant areas, such as fire safety, safeguarding residents from abuse, administration of medication, manual handling, and behaviour support. Staff had also completed supplementary training that was contributing to the provider's human rights-based approach to care and support. For example, staff had completed human rights training. There were also plans to provide staff with dementia awareness training following some residents' change in needs.

There were effective arrangements for the support and supervision of staff. The person in charge provided informal supervision, and formal supervision meetings were scheduled in line with the provider's policy. Inspectors viewed the supervision records for seven staff in two houses. The records indicated that the staff had received supervision at regular intervals. Some of the records also noted that topics including safeguarding reporting and plans, positive behaviour support, supporting residents' meaningful activities and key worker responsibilities were discussed. Staff told inspectors that they were satisfied with the support they received.

Judgment: Compliant

## Regulation 23: Governance and management

Overall, the centre was resourced to deliver appropriate and effective care and support that met residents' needs. For example, staff were available to facilitate residents' choices and preferences, residents could access multidisciplinary team services, and there were vehicles for residents to access their community and beyond. This inspection also found that the provider had implemented management systems which were effective in providing oversight of risks in the service.

However, the provider had not resolved the ongoing safeguarding incidents in one house. These issues were resulting in residents feeling unsafe in their home, which had been raised by the residents in written complaints and feedback as part of the recent annual review of the centre, as well as other audits and multidisciplinary team reports.

The management structure compromised the person in charge, a programme manager, and a director of residential services. There were effective informal and formal systems for the management team to communicate. The person in charge was supported in their role by social care workers who assisted in the oversight of the service. The social care workers' duties included overseeing day-to-day activities, supervising staff, organising meetings, and carrying out audits.

There were good management systems to ensure that the service provided in the centre was effectively monitored. The provider carried out annual reviews, which consulted with residents and their representatives, and detailed unannounced visit reports. Additional audits were carried out in areas such as residents' finances, care plans, and infection prevention and control. The audits were found to be comprehensive, and where required, identified areas for ongoing quality improvement.

Judgment: Substantially compliant

## Quality and safety

Aspects of the residents' safety and welfare was maintained by a good standard of person-centred care and support. Residents told inspectors about what they liked about living in the centre, such as the premises, staff and the support they received from their key workers to achieve personal goals. However, the provider had not ensured that all residents were protected from harm in their homes. Residents in one house told inspectors about how recurring peer-to-peer safeguarding incidents were negatively impacting on their quality of life. These issues impinged on their right to feel safe in their home.

Residents had busy lives, and were supported to access and engage in various activities that were in line with their interests, capacities, and needs. There were good arrangements to ensure that residents were consulted about their lives and the running of the centre. They attended house and individual key worker meetings where they discussed common agenda items, such as safeguarding and human rights; and planned personal goals.

Residents' care needs had been assessed and associated care plans, including positive behaviour support plans, had been prepared. The plans were readily available to guide staff practice, and noted input from multidisciplinary services as relevant. Inspectors also found that residents received good support to communicate in their individual means, and observed that they were listened to and understood by staff.

There were good risk management systems. Risks assessments identified control measures to manage hazards and risks in the centre. The provider had also implemented arrangements to safeguard residents from abuse, including staff training and a written policy to inform their practices. Staff and residents were also

reminded of safeguarding matters during team and house meetings. Staff spoken with were familiar with the safeguarding arrangements. Inspectors found that safeguarding concerns were being appropriately reported and escalated; for example, the provider's safeguarding manager had visited the centre to provide guidance to the staff team. However, the provider's response to the recurring incidents were not fully effective, and residents in one home continued to be exposed to behaviours that negatively impacted their safety and wellbeing.

The premises comprises of three two-storey houses close to many amenities and services. The houses comprise residents' bedrooms, and communal spaces, including sitting rooms, dining facilities, bathrooms, and large gardens. The houses were seen to be bright, homely, comfortable, clean, nicely decorated, and well equipped. Residents told the inspectors that they liked their homes. However, one resident said that they would like a bigger bedroom.

Inspectors observed residents freely using their homes without restriction. There were two restrictive practices in the centre, however, inspectors found that they were implemented in line with the provider's policy and were proportionate to the associated risks.

## Regulation 10: Communication

The provider had ensured that residents were assisted and supported to communicate in accordance with their needs.

Residents communicated using different means including spoken words, manual signs and visual aids such as pictures. Inspectors reviewed residents' communication care plans and the associated supports. The plans were readily available to guide staff practice, and provided detail on the supports that residents needed to maintain their autonomy in communication. Some staff had also completed additional training in using manual signs and total communication.

The provider had also ensured that residents had access to media sources such as televisions, smart tablet devices, and the Internet. Some residents used their own phones and tablets to keep in contact with friends and family, and stream entertainment.

Judgment: Compliant

## Regulation 17: Premises

The premises comprises of three separate two-storey houses. The houses were very close to each other and to many services and amenities. The premises were found

to be appropriate to the number and assessed needs of the current residents.

The houses were seen to be clean, warm, bright, and comfortable. They were also very homely; for example, residents' photos were displayed and some houses were decorated for Halloween. Residents had their own bedrooms, some with en-suite facilities, that were decorated and personalised to their tastes. There was sufficient communal space. including bathrooms, kitchens and living rooms. The facilities were well equipped and appeared to be in good working order. Each house also had a nice garden which provided inviting outdoor space.

Overall, residents told inspectors that they liked their homes, and were satisfied with the premises and facilities.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had prepared a written risk management policy. It met the requirements as set out under this regulation, and outlined the arrangements for the identification, assessment and management of risks. The policy also noted the benefits and importance of positive risk taking to enhance residents' quality of life.

In line with the risk management policy, there was a live risk register in place which detailed potential risks in the centre as well as the measures in place to reduce or eliminate them. Individualised specific risk assessments were also in place for each resident. The risk assessments were comprehensive and the control measures were person-centred. Inspectors found that the assessments were regularly reviewed and updated.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs had been assessed to inform written care plans. Inspectors reviewed a sample of three residents' assessments and associated care plans. The documents were up to date and subject to regular review.

The residents' plans were readily available to guide staff on the interventions for providing effective care and support to the residents, and reflected input from a wide range of multidisciplinary team services, such as speech and language, occupational therapy, psychiatry, and behaviour support. Inspectors found that the recommended interventions, such as health screening, were being implemented.

Care plans clearly detailed residents' interests, likes and dislikes, personalities, and preferences in respect of their care. This ensured that residents were in receipt of care that respected their choices. Some plans, such as dental care and money management plans, had been prepared in easy-to-read formats to make them more accessible to residents.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this.

Inspectors reviewed three resident's behaviour support plans. They were up to date, multidisciplinary team informed, and provided clear guidance for staff on how best to support these residents. Easy-to-read versions of the plans were also available for residents.

The inspection found that the person in charge was promoting a restraint-free environment within the centre. Two minor restrictions were in place. Protocols outlined the rationales for the restrictions. Residents had been provided with easy-to-read information on the restrictions and had consented to their use. The person in charge and staff team were monitoring the use of the restrictions to ensure that they were proportionate.

Judgment: Compliant

## Regulation 8: Protection

There were recurring peer-to-peer safeguarding incidents in one house that were having an adverse impact on residents' quality of life, wellbeing, and right to feel safe in their homes.

Residents affected told inspectors that they felt unsafe and frightened at times in their home. Three written complaints had been made in September 2025, which detailed how residents felt due to the behaviours of other people living in their home. However, residents told inspectors that there had been no improvement since then. Other documentation including residents' assessments and plans, the provider's internal audits and multidisciplinary team meetings noted that current living arrangements were not appropriate and were resulting in ongoing negative outcomes for residents.

Inspectors found that incidents were appropriately reported, recorded and escalated to the relevant parties, including external stakeholders. Safeguarding plans and

measures were implemented to reduce the risk of residents experiencing abuse. However, they were not effective as incidents continued to occur, and a time frame for the provider's plan to resolve the issues had not been confirmed.

Judgment: Not compliant

## Regulation 9: Residents' rights

Overall, the registered provider and person in charge were ensuring that the centre operated in a manner that respected and promoted residents' rights. However, as noted under regulation 8, not all residents felt safe in their homes due to the ongoing and longstanding safeguarding incidents.

Residents were observed to engage in meaningful activities in line with their assessed needs, likes and personal preferences throughout the inspection. Residents told inspectors that they were happy with the care and support they received. Residents were supported to understand and exercise their rights, listened to, and had control and choice over how they lived their lives. For example, residents had key workers who helped them plan personal goals.

Inspectors reviewed a sample of key worker meeting minutes from August to October 2025 in one houses. The minutes noted discussions on residents' goals such as going on holidays. The meetings also provided an opportunity for residents to discuss the support they received. For example, a resident was consulted with about their finances, and activities. They were also reminded about exercising their rights, such as voting in the upcoming presidential elections.

Residents also attended house meetings where they discussed common agenda items and participated in the organisation of the centre. Inspectors reviewed a sample of the June to September 2025 meeting minutes in two houses. They noted discussions on menu planning, social and leisure activities, infection prevention and control, health and wellbeing, safeguarding, including the provider's safeguarding message of the month, and residents' rights, including feeling safe and being able to raise concerns.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Stewarts Care Adult Services Designated Centre 2 OSV-0005850

**Inspection ID: MON-0048161**

**Date of inspection: 21/10/2025**

## **Introduction and instruction**

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:  A suitable alternative placement has been identified for a resident in response to ongoing safeguarding incidents within the identified home in the DC. A transition plan is now underway, with consultations taking place with residents and their families, and an introductory visit to the new home already completed. It is expected that this move will bring an end to the current safeguarding concerns. Proposed transition timeline: End of January 2026.	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection:  A psychologist completed a compatibility assessment for all residents in the home where safeguarding concerns had been raised. The assessment concluded that the resident was not suitable to live with others in the home, which contributed to the safeguarding issues. Several multi-professionals meetings have taken place, along with discussions with the resident and their family regarding the transition process. A suitable alternative placement has now been identified, and the transition is in progress. Proposed transition timeline: End of January 2026.	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A transition plan is currently in progress for a resident to move to a more suitable home, which is expected to resolve the safeguarding issues within the current setting. In addition, all residents in the identified home have been referred to psychology for counselling, which will commence once the resident's transition has been 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/01/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/01/2026
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 her personal and living space, personal communications, relationships,	Substantially Compliant	Yellow	31/01/2026

	intimate and personal care, professional consultations and personal information.			
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