



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

Issued by the Chief Inspector

Name of designated centre:	Cheeverstown Community Respite Services
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	26 February 2026
Centre ID:	OSV-0008111
Fieldwork ID:	MON-0048010

About the designated centre

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

This designated centre provides respite accommodation for adults, and for children under the age of 18 years. Children and adults are accommodated separately and will not occupy the same house at the same time in this designated centre. The service supports children and adults with an intellectual disability who may have additional complexity of need including physical or mobility needs, autism, and medical needs such as epilepsy and endoscopy feeding. Training specific to additional needs are identified and supported to ensure respite team can be responsive to any changing needs. The designated centre consists of two two-storey houses in a residential area of South Dublin, both located within walking distance to shops, salons, churches, cafés, parks, playgrounds and public transport routes. All bedrooms are single occupancy and respite users have access to kitchens, dining rooms, TV lounges and accessible bathroom facilities. The staff team consists of health care assistants, social care workers and staff nurses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

I

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
Thursday 26 February 2026	10:10hrs to 19:00hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

This unannounced risk inspection was completed to assess the provider's assurance plan submitted by the registered provider for all their designated centres. This plan was received by the Chief Inspector of Social Services following high levels of non-compliance in some of the provider's other designated centres inspected in 2025. Overall, this inspection found that in this centre the provider was not operating within their registration conditions. They had changed the service provision to be provided and not consulted with the Chief Inspector. The respite centre was providing long-term care for two residents who had been residing there for up to three years. There were also insufficient staff available to operate both houses which formed the designated centre and the provider had made the decision to close one of the houses for a few months while recruitment was ongoing.

On the day of inspection there were four residents accommodated in Cheeverstown Community Respite Services. Two residents were attending the centre for respite, and as previously mentioned, the other two residents had been residing in the centre for a significant period of time. The inspector spent time with all residents and chatted in more detail with two residents. Some of the residents were unable to tell the inspector about their views of respite in the centre. The residents who had been living in the centre told the inspector that they were happy but wanted to be living somewhere they could call home. One resident said "it's not my home, it's respite". The provider was actively seeking alternative placements for both residents'. One resident had a transition plan in place and had been exploring a new placement. However, this had not progressed due to compatibility. The resident was upset with the process and outcome of this transition plan and was supported to make a complaint. This was under review at the time of inspection.

The centre comprises two houses located a short distance from each other and near the provider's larger campus. It is registered to accommodate a maximum of nine residents, with five vacancies on the day of inspection. The inspector viewed only one house as they were informed that the other house was closed since December 2025 due to insufficient staff to operate both houses. The house was briefly opened for a special respite arrangement during this time with staff from other services in the group working overtime to support this.

The house that was inspected consisted of a kitchen, dining room and two sitting rooms, one on the ground floor and one on the first floor. The communal rooms were minimally decorated and suitable for respite accommodation, however, it did not provide a homely environment for the residents who were residing there. For example, there was a staff office space set up under the television placed on the wall of the sitting room on the first floor. The centre was bright, clean and well maintained, however, some of the storage practices required a review. For example, there were multiple items stored in a toilet, such as, a broken dining room chair, boxes and cleaning equipment. There was also an inner room on the first floor

which was adjacent residents' bedrooms with a clothes dryer in use. This would impact the risk of fire and possible residents' escape routines in an emergency. Once this concern was flagged by the inspector the dryer was removed from this location.

The two residents who were living in the centre had their own bedrooms, which they had recently been supported to decorate and personalise to their own individual tastes. Both said they were happy with their bedrooms. The other residents who were on respite also had their own bedroom when in the centre. The two residents residing in the centre attended day service five days a week and said they really enjoyed this.

All four residents had been at day service when the inspector arrived to the centre. They began to return in the afternoon. When the first resident returned they sat with the inspector for a hot chocolate. They spoke excitedly about their day and of their plans for that afternoon. Shortly after, another resident returned to the centre and took some time to relax and watch some television. They also spoke with the inspector and said they felt safe living there but that they wanted to live somewhere else. When the two respite residents returned to the centre they both spent some time in their rooms relaxing after their day. Residents later sat with each other to have dinner together. This was observed to be a pleasant social experience with some of the residents laughing and joking with each other and staff. Staff and resident interactions were observed to be kind and respectful.

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 provided.

Capacity and capability

The inspector found that there were established management structures in place in the centre, with key roles clearly identified within the management team to oversee the operation of the centre. However, this inspection found that the provider was not operating within their registration conditions. The centre was registered to accommodate both children and adults for respite. It was identified on the day of inspection, that the centre was no longer providing respite to children since May 2025. Residents who had accessed this service were transitioned to another centre and only adults were being offered a respite service in the centre.

The centre was also providing long-term care for two residents who had been residing in the centre for over two years. However, this was a respite service which was designed to provide short-term care for residents'. While the provider was actively seeking alternative accommodation for the residents, the service being provided was not meeting their needs for long-term consistent care. Both residents spoken with said that they wanted to find a home to live in. One of the residents

said that at times they did not get along with some of the people who were in on respite.

There was a new person in charge who had previously worked in the centre as a staff nurse and was familiar with the residents and their needs. For the residents who were using the service as respite, the inspector found that they were being provided a good quality service which aimed to provide an enjoyable break in line with each individuals' preference. However, there were insufficient staff available to operate both houses which formed the designated centre, this limited the amount of respite available to those who used the service. The provider had made the decision to close one of the houses for a few months while recruitment was ongoing. There had been a high turnover of staff in December 2025. While a number of new staff nurses had been recruited, further staff nurse and healthcare assistants were required to fill the remaining staff vacancies. While the provider was continuing to recruit to fill the remaining positions, there was a need for enhanced focus on the development of a new management team.

Each resident had a contract of care in place. However, for the residents who were residing in the centre long-term, their contracts were not meeting their required needs as these were specific respite contracts.

Regulation 14: Persons in charge

The person in charge had responsibility for this centre only. They were new to the role of person in charge. Previously, they had worked in the centre as a staff nurse and were found to be very familiar with the residents' needs. Residents were observed to be very comfortable speaking with the person in charge and raising any concerns they had. The inspector found that the person in charge had sufficient time available to them to provide appropriate governance and management to this centre.

The inspector reviewed the Schedule 2 information for the person in charge. They had the relevant experience and qualifications to undertake this role and they were knowledgeable of their remit and responsibilities.

Judgment: Compliant

Regulation 15: Staffing

Following a high turnover of staff in December 2025, the provider had identified that they did not have a sufficient number of staff with the required skill mix to operate the designated centre. While recruitment, onboarding and training was taking place

the provider made the decision to close one of the two houses which formed the centre.

Judgment: Not compliant

Regulation 23: Governance and management

The management systems in place to ensure the service provided was safe, appropriate to residents' needs, consistent and effectively monitored were not always effective. For example, a dryer located on the first floor of the centre in an inner room, adjacent residents' bedrooms, was not identified as a risk. This could have impacted residents' escape routes in an emergency. The risk to the residents residing long-term in the centre also had not been identified and no risk assessments had been put in place to manage the impact of this.

On review of the provider's assurance plan which was submitted to the Chief Inspector by the registered provider for all their designated centres, this plan had not been fully implemented in the respite service. The inspector was informed that there were bi-weekly compliance meetings, with a specific plan in place for the respite service. The inspector requested evidence of this, however, they did not receive this information to review over the course of the inspection. There was a greater senior management presence in the centre with the person participating in management attending staff meetings to support the new person in charge in their role.

The provider had committed to improve resident engagement and seek their feedback. While the feedback system for residents who attended respite was effective and their regular feedback was sought, the residents who were residing in the centre did not have a recent opportunity to feedback on their experiences.

The provider also committed to introduce a new annual report on the safety and quality of care and support provided in the centre to include a plan to address any concerns. This revised report was to ensure that the voice of the person was included. While the annual report for 2025 was completed for the centre it did not demonstrate that residents had been consulted with. The inspector was provided with only one unannounced six monthly audit to review so could not be assured that these were taking place at least every six months as required. This audit and annual review were ineffective in capturing and actioning key areas of concern in the centre as identified during this inspection.

As previously mentioned, the provider was not operating within their registration conditions. The centre was no longer accommodating children in the respite service since May 2025. This had been done without consultation with the Chief Inspector and no application to vary the registration conditions had been received.

The complaint management system required review. The person in charge had informed the inspector that a resident had made a complaint, however, this was not

detailed on the complaint log in the centre and the records in relation to the complaint were not held in the centre. This information was later submitted for the inspector to review.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Residents had contracts in place. For the residents on respite their contracts set out the details of the service to be provided and what fees may apply. The residents' who were living in the centre had the same contracts as those who were only attending the centre for respite. However, they were in long-term care within the respite centre. Their contracts did not clearly specify the terms for them living in the centre. For example, the contracts in place said that the residents would receive respite and that this could be in any of the two house that were part of the centre. This meant that residents could be moved at any time between the houses. The terms set out under which the provider may end the contract also were not clear. The services detailed in the contracts were relating to respite and was not consistent with the residents' assessed needs.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place. However, it had not been reviewed at intervals of at least one year. It also did not clearly set out what the service did and who the service was for. For example, the statement of purpose set out that the respite service being provided was for both children and adults. However, it was identified on the day of inspection, that the centre was no longer providing respite to children since May 2025. The centre was also providing long-term care for residents when the statement of purpose detailed the service provided as short-term care.

On the day of inspection, the provider later gave the inspector an updated version of the statement of purpose, however, this did not align with the provider's current registration conditions.

Judgment: Not compliant

Regulation 4: Written policies and procedures

As part of the provider's improvement plan there was a commitment to update some of the Schedule 5 policies. There was a draft updated admissions policy available for the inspector to review which was awaiting final sign off. However, the revised admissions policy did not set out how the provider would manage situations where they may have a resident living long-term in the respite service. As noted, there were currently two residents residing in the respite service, these had been emergency admissions. The updated policy set out that there was no guarantee that emergency admissions would remain in the service, this did not ensure that the policy would promote and support a positive outcome for the residents'.

Three policies in place also had not been reviewed and updated at least every three years.

Judgment: Not compliant

Quality and safety

In general, the residents who attended the service for respite were provided a good quality service with regular reviews in relation to their assessed needs to identify and support possible changes that may have occurred since each of them last availed of respite. The inspector found that the atmosphere in the centre was relaxed and pleasant. However, for the residents who were residing in the centre on a long-term basis their needs were not effectively being met. Residents said they were happy to stay in the respite service for now but that this was not their home.

There was a comprehensive assessment of need completed for each resident and this was reviewed at least annually. Personal plans were in place, however, for one resident in long-term care, these had not been reviewed annually. The inspector was informed that one resident's personal plans had been reviewed, however the plan was yet to be written. The personal plans in place did not clearly outline the supports required to maximise the resident's personal development and were not reviewed to assess the effectiveness.

In general, residents rights were upheld. Residents' consent was sought in decisions about their care and support. They also had freedom to exercise choice and control in their daily lives. For example, when residents got back from day service they told staff what they wanted to do for the evening and this was supported and respected. While residents living in the centre were inappropriately accommodated, the inspector saw that the provider was consulting with them about alternative placement opportunities when these arose and supporting them to engage in transition plans. Where the residents proposed transition did not go to plan, they were supported to make a complaint which was under review at the time of

inspection. However, due to the nature of the service being a respite, this impacted on the right to privacy and dignity on the residents who lived there.

Regulation 5: Individual assessment and personal plan

The inspector reviewed the files for the two residents who were in long-term care in the centre. While the person in charge was aiming to meet the needs of the residents and supporting them to seek an alternative placement, they lived long-term in a respite centre. This did not ensure that the service was suitable to meet their needs.

For one resident, while they had personal plans in place, these had not been reviewed annually. One resident had a list of goals for 2026, however the plans to support these had not yet been completed. The personal plans in place for both residents' did not clearly outline the supports required to maximise the resident's personal development. For example, one resident's goal in their personal plan was 'healthy eating'. The only supports detailed in the plan was days the resident could buy a chocolate bar and a fizzy drink; and to discourage the resident from buying these items at other times. In addition, there was no review completed to assess the effectiveness of the personal plans in place.

Judgment: Not compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern. In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

The inspector found that the provider had reported and responded to safeguarding concerns as required and formal safeguarding plans were in place to manage these. The inspector found that the person in charge and provider had put all measures in place to support each resident with the provision of intimate care. These plans were detailed and clearly guided staff practice.

Judgment: Compliant

Regulation 9: Residents' rights

Residents should have the right to choose where they live and who they live with. As mentioned, there were two residents' who lived in the respite centre who did not want to remain living there. The residents' clearly identified this as a respite centre and not their home. The dignity and privacy of the residents living in the centre was impacted in relation to their personal and living space. On a review of records for January and February 2026, there were 26 different people attending respite with them over this period. This was having an impact on the residents' living there as they did not always get along with some of the residents' using the centre for respite. On previous resident feedback sought in March 2025 one of the residents said they did not always feel comfortable in the centre and that this depended on who was in respite with them.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cheeverstown Community Respite Services OSV-0008111

Inspection ID: MON-0048010

Date of inspection: 26/02/2026

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Since the date of the Inspection, on the 09/03/26 two new staff nurses were recruited to vacant posts within the Centre. Both staff have received their initial probation in line with the provider's policy and procedures. A further two staff are in the process of onboarding to fill the remaining 2 vacancies and are expected to be in post by the 31/07/26.</p> <p>The provider will complete a review of the respite services and supports for both respite locations with the aim of offering respite from both locations as previously provided by 30/03/26</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider will complete a review of the risk management systems in place for this Centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. Risks identified during this inspection such as a dryer located on the first floor of the Centre in an inner room, adjacent residents' bedrooms was removed on the date of inspection and will be risk assessed as to the appropriate location.</p> <p>A risk assessment will be completed by the PIC to manage the impact of the residents</p>	

residing long-term in the Centre by 30/03/26

The provider's assurance plan which was submitted to the Chief Inspector by the registered provider for all their designated centres includes Respite Services and will be fully implemented in this centre. Evidence from the providers assurance plan and fortnightly meetings will be held in the PIC governance folder/ the providers shared folder for reference and onward shared learning at staff team meetings 30/04/26

The PIC will devise a separate meeting book for people residing long term in Respite separate to the people who avail of respite supports short term. This will be implemented by the 30/04/26

This will ensure that the voice of the person living in respite is heard and supported.

A review of the provider's annual report will be completed by the PIC to ensure that the voice of the person is included. This will be completed by 30/04/26

The provider completed two unannounced Provider Visit which were completed for the Centre in line with the regulatory requirement and were available on the day of inspection.

A new provider visit template has been devised by the provider and was shared with the inspector on the date of inspection. This new template will be used to monitor the safety and quality of care and support in the Centre in March and Sept. This will ensure that it accurately captures and identifies key areas of concerns and put a plan in place to address any areas of concerns regarding the standard of care and support. 30/09/26

The provider will submit and an application to vary to ensure that the Centre is operating within their registration conditions. This will be submitted by the 17/04/2026 to register center for adults only.

A complaint was made independently by the person who resides in the Centre to the Complaint Officer directly. This complaint had been dealt with in accordance to the provider's complaints policy and was communicated to the person directly affected. A copy of this complaint will be saved in the manager's complaints folder of this Centre in line with the person will and preference by the 06/03/26

]

Regulation 24: Admissions and contract for the provision of services

Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

The provider will devise new contracts of care for person living long term in respite services to clearly specify the terms of agreements for living in this centre. These will be completed by the 31/05/26
 These contract of care will be in line with the persons assessment of needs.

]

Regulation 3: Statement of purpose	Not Compliant
------------------------------------	---------------

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
 The provider will review and update the Statement Purpose & Function to clearly identify the provision of service. This will be completed by 27/03/26
 An application to Vary will also be submitted to reflect the change in service provision to an adult only service

]

Regulation 4: Written policies and procedures	Not Compliant
---	---------------

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
 Respite Policy will be amended to reflect how persons residing long term in Respite are supported 30/04/26

Other schedule 5 policy identified as being out of date at the time of inspection and due for review will be updated and signed off by the PPPG and will be reviewed in line with the regulation to ensure compliance

]

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:

The provider will support both persons living long term in Respite to seek alternative living arrangements, to ensure that the accommodation is suitable to meet their needs with a view to being ready for registration by 31/10/26

Personal plans will be reviewed and clearly outline the supports required to maximize the resident's personal development. This review will also assess the effectiveness of the personal plans in place. 30/04/26

3 monthly reviews will be completed to assess the effectiveness of the personal plans

]

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents who are residing long-term in our Respite Services remain a high priority and are on our Admission, Discharge and Transfer list. Despite a number of potential alternative living options identified through the HSE and the provider, these properties did not fully support the individual's needs. Ongoing efforts and supports remain to ensure that suitable living arrangements are found which meet the assessed needs and are in line with the persons will and preference. Residents will supported and communicated throughout this process in line with their individualised need and support.

Residents will be supported to express their views and thoughts on how to make the respite experience better for them until they relocate to a residential home by supporting specific residents meetings for those who reside long-term separate to short term respite attenders. 30/04/26

Risk assessments will be completed by the PIC to manage the impact of the residents residing long-term in the Centre by 30/03/26

]

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/07/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/07/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Not Compliant	Orange	30/04/2026

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	31/05/2026
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/05/2026
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and	Not Compliant	Orange	30/09/2026

	support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	31/05/2026
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	27/03/2026
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Not Compliant	Orange	31/05/2026
Regulation 03(1)	The registered provider shall prepare in writing	Not Compliant	Orange	27/03/2026

	a statement of purpose containing the information set out in Schedule 1.			
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	27/03/2026
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/06/2026
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	30/06/2026
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/10/2026

Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/01/2026
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Not Compliant	Orange	30/04/2026
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Not Compliant	Orange	30/04/2026
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not	Substantially Compliant	Yellow	31/10/2026

	limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
--	--	--	--	--