Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Station House
Name of provider:	Praxis Care
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	19 June 2025
Centre ID:	OSV-0008392
Fieldwork ID:	MON-0038918

About the designated centre

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

Station house is operated by Praxis Care and is situated on the outskirts of a town in Co. Mayo. The centre provides full-time residential services for up to four adults, with intellectual disabilities, autism, and mental health issues. The centre comprises four bedrooms, all of which are en-suite, and communal bathrooms. The upstairs of the house is designed to provide an individual living area for one resident. There is a kitchen and spacious living areas/ lounges that provided ample private space for residents. There is a garden to the rear of the centre. Transport is provided to facilitate residents going on community activities. The staff team liaise with residents, multi-disciplinary members, primary carers and day services to provide residents with continuity of care. The staff team consists of a full- person in charge, manager, team leaders, support workers and assistant support workers. Staff are rostered daily and one sleepover staff and one waking night staff are available to assist residents at all times. Staff are on duty with support from management 24/7.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
Thursday 19 June 2025	10:40hrs to 19:00hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection completed to monitor the centre's compliance with the regulations. The findings will also be used to inform the renewal of the registration of the designated centre, which is required every three years.

The inspector found that residents living in Station House were provided with high quality, person-centred care where each resident's individual choices were listened to and respected.

As part of the announcement of the inspection, an easy to read document called 'Nice to Meet you' was provided with the aim of helping to explain to residents about what inspector was visiting, and about the purpose of the inspection.

There were three residents living in the centre at the time of the inspection. There was one vacancy, with no plans for anyone else to move in at this time. All three residents were met with throughout the day. In addition, three staff members were spoken with. This included a staff member who was in the role of team leader with additional responsibilities (TLAR) and who facilitated the inspection. In addition, the person in charge and person participating in management (PPIM) were present at the centre and available throughout the inspection.

The house was located on a busy road on the outskirts of a large town. It was within walking distance of coffee shops and other shops, such as a pharmacy. The service had two vehicles to support residents to go on trips to other locations. On the day of inspection, one resident had chosen to go to Dublin for the day. Another resident had chosen to go to the beach. One other resident attended a day service each weekday. There were enough staff on shift each day to support residents with their chosen activities.

Residents spoken with said that they liked living in Station House. Each resident had their own bedroom and bathroom, which were individually decorated and laid out to meet their needs. The bedrooms reflected residents' unique personalities and were decorated with items of interest or minimally decorated, in line with their preferences.

In addition, residents had access to spacious communal rooms. The design and layout of the house supported each resident to have an individual living room to relax in if they wished. The upstairs of the house was designed to create a separate apartment type living space for one resident. The inspector was told that there were plans in review to redecorate one room to an individual relaxation area for the resident.

The inspector found that residents' interests were respected in this centre. Residents had their own unique interests, such as going to the gym, karate, playing various sports, such as soccer, golf and bowling, gaming, comic con, lego building, music,

watching movies and computer skills. Where residents chose to up skill in areas, this was also supported. One resident enjoyed cooking their own meals and they spoke to the inspector about a healthy pizza that they cooked that evening. A positive risk taking approach was taken to support residents to achieve autonomy in their lives and to become more independent. For example, one resident was supported to increase their independence by going for short walks alone, with the aim of building this up to further support them to be independent.

The inspector found that residents were supported to pursue their personal goals by a dedicated and motivated staff team. Staff spoken with by the inspector were knowledgeable about residents' personalities and interests. They supported residents to have the autonomy to lead self-directed lives. Staff members spoke about residents in a caring, respectful manner. It was clear to the inspector that staff members respected residents, treated them fairly and promoted their rights. This was observed throughout the inspection also. Residents were seen to be very comfortable around their support staff and it was clear that they enjoyed each others company.

Residents had full autonomy about how they spent their days. Staffing levels and transport resources supported this. Residents were given opportunities to discuss future goals with a staff member who was their 'key-worker'. Goals chosen by residents for the future were worked on with support from their staff team. Some residents were interested in doing further training with a future goal to gain employment, while others preferred to have a less structured plan at this time. Residents spoke briefly with the inspector about this.

Residents were given information about, and opportunities to explore, new experiences. Their choices were respected if they declined or chose alternatives. Residents were active members of the local community and were supported to establish links and friendships in the wider community through common interests. Some residents did volunteer work each week. One resident spoke about this with the inspector and it was clear that this was a role that they valued and enjoyed. In addition, one resident did work experience one day each week in a local business. Visitors were welcome to the house, and on the evening of the inspection one resident received a visit from family members.

Overall, this inspection found that residents were supported to live self-directed lives and to pursue meaningful and individual goals for the future.

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

Capacity and capability

This inspection found that the governance and management arrangements in

Station House were effective. There was ongoing monitoring of practices by the provider and the local management team. There was good compliance with the regulations found on this inspection. Areas for improvement were required however, in ensuring that consultation with residents formed part of the provider's annual review of the quality and safety in the centre, and to ensure all notifications were submitted to the Chief Inspector of Social Services in a timely manner.

There was a clear governance and management arrangement in place. This included a person in charge, person participating in management (PPIM) and a team leader with additional responsibilities (TLAR) who managed the day-to-day running of the house.

The systems for the monitoring and oversight of the centre were effective in ensuring that a person-centred and safe service was provided. This included weekly and monthly audits by various members of the management team.

Staffing levels met the needs of residents and supported them to do individual activities. Staff members were provided with ongoing training and supervision to ensure that they had the skills and knowledge to support residents with their needs.

Overall, the centre was found to be well managed and effectively monitored to ensure that the centre was safe and met residents' needs.

Regulation 15: Staffing

The inspector reviewed the planned and actual rosters between 19 May 2025 and 22 June 2025 and found that they were well maintained and reflected the staffing levels that the inspector was informed about. This included three staff on each day (one team leader and two support workers), and two staff on each night, with one staff doing a waking night shift. Three staff members spoken with by the inspector said that there were enough staff on duty to support residents with their needs and to facilitate residents to do individual activities.

There were contingency arrangements in place if unplanned absences occurred, which included support from the designated centre that was located next door, or through the use of agency staff. The inspector was informed, and observed on the rosters reviewed, that this did not occur regularly as the centre was fully staffed, with the exception of one support worker role that was recently appointed and due to commence in the coming weeks.

Staff files were not reviewed on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the current training matrix for the centre and found that all staff members working in the centre were up to date with the mandatory training modules. Staff members were required to complete a range of training modules to support residents with their needs and to ensure a safe and high quality service. Training included; safe medication administration, behaviour support training, safeguarding, manual handling and fire safety.

Staff members were also required to undertake a range of E-learning modules to support them in their work including, awareness of risk, restrictive practices, person-centred planning, and human rights training. This demonstrated how the provider was committed to supporting staff members to enhance their skills, competencies and knowledge in supporting residents in a person-centred manner. In addition, the inspector noted on documents reviewed, and was told, that staff members were supported to attend workshops with the behaviour specialist involved with residents' care. This further promoted and supported a person-centred approach to behaviour supports.

Staff received supervision from their line manager monthly for the first six months after commencing employment, and bi-monthly after that. Team leaders provided the supervision to the support workers. The team leaders were provided with training to support them with this. A sample of three staff members' meetings were reviewed by the inspector and found to be completed in line with the provider's guidance. Staff spoken with said that they felt well supported and all staff spoken with expressed that they enjoyed their job.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were good systems in place for the management and monitoring of the centre. However, some areas for improvement were required as follows;

- Consultation with residents was not included as part of the provider's annual review on the quality and safety of care and support. This was required under the regulations and would ensure that residents' feedback and views on the centre would be used to drive quality improvement. This had been identified through a management audit, but the action had not been completed.
- There were gaps in the safeguarding documentation, which meant that a concern about a possible protection issue affecting one resident was not notified to the Chief Inspector as required in the regulations. This was submitted post-inspection; however improvements in the monitoring of this was required to ensure ongoing regulatory compliance with Regulation 31:

notification of incidents.

Notwithstanding that, there was a strong governance structure in place with clear lines of accountability for the management team. The provider had a range of policies and procedures, a sample of which were reviewed and found to be up to date. Each employee had defined roles and responsibilities which were clearly detailed in the provider's policies and procedures also.

There were good arrangements in place for the monitoring and oversight of the centre by the local management team and the provider. The inspector was shown the 'quality and governance' online system that was used for weekly and monthly auditing of the centre. Monthly audits completed by the PPIM since January 2025 were reviewed by the inspector. These audits included monitoring of the local management's weekly audits also. These audits were found to be comprehensive and clearly outlined actions identified, who was responsible for completing these actions and the time frames.There was a clear reporting process in place for communicating incidents and risks that occurred in the centre to the senior management team. This occurred weekly and demonstrated good communication and accountability between the management levels.

In addition, the provider ensured unannounced audits were completed six monthly as required by the regulations. These unannounced audits were completed by another manager on behalf of the provider and replaced the monthly PPIM audit. Overall, the systems in place were found to be effective in identifying and addressing actions to improve the care and support provided.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had an up to date policy and procedure in place that outlined the process and criteria for admissions to the service. This was reviewed by the inspector. The inspector reviewed the transition plan for the resident who was the latest admission to the centre where it could be seen that this was planned in a safe and person-centred manner to ensure a smooth transition to their new home.

In addition, the inspector reviewed all three residents' contracts of care. These were found to include information about the fees charged. The contracts of care were signed as agreed between residents, and or their representatives, and a provider representative.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider ensured that there was an up-to-date statement of purpose in place that included all the information required under Schedule 1 of the regulations. However, this required review to ensure that the floor plans and purpose of the rooms reflected the arrangements in the house at this time. This was completed and submitted post inspection; however required further review to ensure that it was accurate and reflected the resident bedrooms clearly.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

In general, the person in charge ensured that all information that was required to be notified to the Chief Inspector was submitted as required in the regulations. However, one notification about possible abuse was not submitted as required; however this was completed on the day of inspection.

Judgment: Compliant

Quality and safety

Station House was found to provide high quality, person-centred care and support to residents. Residents were supported to live a life of their choosing. Residents were consulted on a regular basis about their care, support and aspirations for the future.

Residents were protected through the ongoing review of incidents and discussions at team meetings where learning from incidents were taken. Safe practices were in place with regard to medication administration, admissions process and the management of risks.

A comprehensive assessment on the health, personal and social care needs of residents was completed. Care plans were developed with input from members of the multidisciplinary team (MDT), where required. Staff spoken with appeared knowledgeable about residents' needs and about how best to support them.

The service ensured a rights based and person-centred approach to care. Residents' autonomy and independence were promoted and residents were given information in a meaningful format, to support them with making choices and taking risks in their lives.

In summary, the care and support provided to residents was found to be person-centred, safe and regularly monitored.

Regulation 10: Communication

All residents communicated verbally. From a review of two residents' assessment of needs, the inspector saw that residents' communication preferences were assessed. There was clear guidance developed for staff about how to best communicate with residents. This was evident through personal plans called 'every day living plans' that were in place for all residents. Staff spoken with were knowledgeable about how to support residents through their preferred communications. This included the use of aids, such as a white board, for example. The inspector saw that a range of easy-to-read information and social stories were developed to support residents with various topics. The inspector reviewed key-worker meeting notes for two residents from January 2025 where it could be seen that easy-to-read documents were discussed with residents at their meetings with their support staff.

In addition, residents had access to telephones, mobile phones, televisions, music devices, computers, gaming consoles, fitness tracker devices and the Internet in line with their individual preferences.

Judgment: Compliant

Regulation 11: Visits

The provider had a policy and procedure in place for visiting which was available for review by the inspector. The inspector was told that visitors were welcome to the centre. This was observed on the day, where during the evening of the inspection one resident received family members to their home for a visit.

There were suitable facilities and rooms for residents to receive visitors in private if they so wished. Overall, it was clear from discussions and observations during the inspection that there were no restrictions on visitors to the centre and that residents enjoyed receiving visitors.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector found that residents were supported with their life choices and that they had opportunities for personal development and growth. Residents talked with the inspector about their interests and about the activities that they enjoyed. These included; playing golf, gaming, volunteer work and going on day trips.

In addition, residents had access to an external day service, depending on their preferences. One resident attended a day service throughout the week, where other residents chose to do activities from home. Residents were offered choices on pursuing education and work experience, to further support them in enhancing their living skills and independence.

Within the house, residents had access to a range of leisure and recreational activities that were meaningful to them. For example; gaming consoles, computers, televisions and lego sets.

Judgment: Compliant

Regulation 17: Premises

The house was found to be spacious, clean, bright and well maintained. Each resident had their own bedroom that was decorated in line with their individual preferences. Residents also had space to store personal belongings securely.

There were ample communal areas for residents to relax and have visitors. The rooms were bright, clean and contained comfortable furniture. There were suitable bathroom and laundry facilities to meet the numbers and needs of residents.

The kitchen had cooking equipment to enable residents to cook meals and do baking. The home had an enclosed back garden area which was accessible and well maintained. The management team spoke about plans to enhance the back garden area in consultation with residents.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a policy and procedure in place for risk management which was available for review by the inspector. The inspector reviewed the centre's risk centre where it was found that there was good system in place for risks to be identified, assessed, documented and reviewed.

Through a review of two residents' care plans, the inspector saw that risks identified as impacting residents were assessed and kept under review, with actions to reduce risks identified and completed. The local management team demonstrated a clear understanding of risk management through their discussions with the inspector.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the provider's policies and procedures for safe medicine administration. The TLAR showed the inspector the medication management arrangements, where it was found that there were good arrangements in place. This included safe arrangements for the ordering, receipt, safe storage, administration of prescribed medication, and the disposal of unused or spoiled medicines. The management audits included a review of the medication arrangements.

Two residents' individual assessments on their capacity to self-administer their medicines were reviewed by the inspector and found to be up to date. One resident was assessed, and supported, to self-administer a medical device, which supported them to be more autonomous and independent.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two residents' personal plans where it was found that comprehensive assessments were completed of residents' health, personal and social care needs. Support plans were in place where the need was identified, and which were found to be kept under review and updated if changes occurred. This meant that supports were identified and provided in a timely manner. Residents had access to MDT supports where required to support with their needs, for example; behaviour specialist and a dietitian.

Annual review meetings occurred to review residents' care and support. The inspector reviewed two residents' review meetings and found that these were attended by residents and their representatives. This meant that a collaborative approach was taken to support residents, which included the resident at the centre of the decision-making.

In addition, residents were supported to identify personal goals for the future through regular meetings with their 'key-workers'. Two residents' key worker meetings were reviewed by the inspector and demonstrated how staff members supported residents to understand various topics and promoted their autonomy to make decisions in their lives.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were policies and procedures in place for behaviour support and for restrictive practices which were available and reviewed by the inspector. Two supports plans for behaviour and stress reduction were reviewed by the inspector. These were found to provide clear guidelines to staff members on how to best support residents.

Staff spoken with were found to be knowledgeable about the specific supports that residents required. Support plans were developed with input from a behaviour specialist, who the management team said was available as required for support. It was evident through the documentation reviewed by the inspector and discussions with staff members, that every effort was made to establish the causes of behaviours. Furthermore, there was a culture of discussing, debriefing and learning from incidents to minimise risks of behaviours that occurred.

The centre used a low number of restrictive practices. Any that were in use were for the health and safety of residents and were used as a last resort and in consultation with residents. They had been clearly assessed with protocols that included clear rationales on their use. All restrictive practice protocols were available for review by the inspector. In addition, the provider had a Human Rights Committee in place. The minutes of May 25 meeting was reviewed by the inspector. This reflected the committee's discussion on the provider's policy and demonstrated a commitment to ensure that restrictions would not be used in the centre without consultation, clear rationales and assessment.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed the provider's policy and procedure for safeguarding and found that the procedures were followed where there were protection concerns in the centre.

Incidents that occurred were subject to a review to ensure each resident's protection and to lessen the possible impact on residents if a behaviour incident occurred. It was clear that the causes of incidents were reviewed and that actions were taken to reduce the risk of similar incidents occurring in the future. For example; changes to the environment were made, which supported residents to have their own space if they were upset, and supported all residents to feel safe in their home.

The inspector found that one incident of a safeguarding nature that occurred and was screened in September 2024 had not been notified to the Chief Inspector. This was submitted post inspection. Notwithstanding that, the resident involved was protected through control measures being put in place and actions undertaken to support them to be safe while on the Internet. This involved an education piece with the resident affected.

The training records reviewed by the inspector showed that all staff members completed training in safeguarding vulnerable adults. Safeguarding was also a regular agenda item at both staff meetings and residents' individual meetings with their 'key-worker'. Residents were supported to learn about how to self-protect through accessible easy-to-read information that was discussed with them. Residents spoken with said that they felt safe, and observations by the inspector during the inspection were that residents were comfortable and relaxed around each other.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote a rights based service. Residents were consulted about the running of the centre through regular meetings which were completed with their support staff/key-workers. It was clear through talking with residents and staff members, that residents were supported to make choices in their lives and that these choices were facilitated. For example, one resident who had an interest in comic con was supported to purchase items of interests and to attend events.

Residents were supported with information to help them make informed choices and to aid in their understanding of various topics. For example, residents had access to information on advocacy, human rights and protection. These were discussed with residents at the the meetings with their key-workers.

Residents were supported to pursue and develop individual interests. Residents' choices about whether they attended a day service and about how they spend their days were respected. Overall, it was clear from communications and observations that residents' choices about how they lived their lives were respected and promoted. Furthermore, it was evident that each residents' unique personality were respected and that they were treated with respect and dignity.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Station House OSV-0008392

Inspection ID: MON-0038918

Date of inspection: 19/06/2025

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: The Person in Charge will ensure that all safeguarding concerns are reported as per regulation. Commenced 01/07/ 2025 The Head of Operations will review incidents in monthly monitoring report to ensure all safeguarding concerns are reported under regulation. Commenced 01/07/2025 The Registered Provider will ensure that consultation with residents and their representatives is included in the provider's annual review. Commenced 01/07/2025 The Registered Provider will ensure that the annual review guidance is shared with leadership team for use during annual review. Completed 29/07/2025 The Person in Charge has included Service User and Family Feedback Survey for 2025 in Annual Review for 2025. Completed 18/07/2025	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The registered provider will ensure that the statement of purpose is updated to ensure that floor plans and purpose of rooms is accurately reflecting current use. To be completed by 15.08.2025.	

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 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	01/07/2025
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	29/07/2025
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	15/08/2025