



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

Issued by the Chief Inspector

Name of designated centre:	Corrig Woods
Name of provider:	Lotus Care Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	10 July 2025
Centre ID:	OSV-0008770
Fieldwork ID:	MON-0047600

About the designated centre

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

Corrig Woods provides support for up to five children aged between 6 and 18 years. The provider has outlined in their statement of purpose that they can provide care and support for children with a mild to moderate intellectual disability and other comorbid conditions such as Autism, Attention Deficiency Heightened Disorder (ADHD) and Oppositional Defiant Disorder (ODD), Sensory Processing Disorder, Global Developmental Delay and other neurodevelopmental disorders, who may present with additional needs. Corrig Woods is a 5 bedroom house with a large open plan living and kitchen areas that opens up into a balcony overlooking a large garden. All service owners have access to sizeable bedrooms. Each service owner can choose their own bedroom and can be personalised with their own belongings. The service users are supported 24/7 by a minimum two qualified staff members as per needs identified throughout both the day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Thursday 10 July 2025	07:50hrs to 15:30hrs	Aonghus Hourihane	Lead
Thursday 10 July 2025	09:15hrs to 15:30hrs	Carmel Glynn	Support

What residents told us and what inspectors observed

This was an unannounced inspection, carried out to monitor compliance with the regulations. The inspection was conducted to follow up on the implementation of the provider's compliance plan to an inspection in January 21 2025 where there were significant failures in the provider adhering to the regulations. The inspection was facilitated by the person in charge, team leader and deputy team leader. A senior manager was also present. The inspector also met with four staff members who were on duty. During the day, the inspectors had the opportunity to meet and interact with all three children residing in the centre.

Overall, the provider had made progress in many areas to come into compliance with the regulations. There was a much stronger governance structure in place, better oversight of care, and the provider's admissions policy was implemented with a clear understanding of the legal status of the children in the centre. There was increased information available to assist the provider in meeting its obligations to offer care and support to the children. However, the provider still had significant work to do especially in the areas of assessment/ personal planning as well as resident rights.

One inspector arrived at the centre at 7:50am, all three children were awake. One child remained in their room with staff. One child was watching their favourite cartoons on TV and the other child was wandering around the communal area with staff. The house was calm and tidy with lots of evidence that the centre was child friendly with games and toys freely available. There was a small bouncy castle in one sitting room and one child was observed to play on this during the morning. Staff were observed to prepare a breakfast for one child and other staff were seen to prepare medications for a child. Children were seen to utilise their own personal devices at various stages throughout the day.

Staff were observed to interact with children in a kind, caring and gentle manner. The children did not communicate through speech but they had vocalisations and one child used some sign language. The children were observed to be at ease in the company of staff and on a number of occasions a child came into the office and sat with the inspectors and played on the inspector's mobile phone. The interactions were natural and it showed that the children were generally at ease around staff. The staff member supporting them came in to ask them to get ready to leave, as they were going to the cinema. The staff member's interactions were kind and child appropriate, and it was evident that they understood the child's non-verbal communication.

An inspector did observe that for two children, there were two staff each present in their bedrooms for substantial periods of time during the morning. The staff were mainly observing the children as one child was watching the TV and another was playing on their games console. The inspector asked a staff member if they ever leave the children alone and they were told they don't, only while sleeping. The

inspector raised this concern with management immediately as there was nothing in the children's assessments or their risk management plans that stated they required full supervision by two staff while they were in their bedrooms. Management refuted that this happens but the inspector detailed to them the observations and raised concerns about the rights of children to dignity and privacy.

There was better evidence that the children were enjoying a good quality and varied lifestyle with documentary evidence that children visited local parks, went swimming, had planned trips away and generally appeared more active than during the last inspection. There was evidence that each child had key workers and that there was an array of areas that these sessions covered. There were examples of social stories that were used to aid the children to understand various situations, e.g., getting a hair cut, visiting the dentist. On the day of the inspection, one child attended the cinema and another child attended an appointment.

In June 2025 all three children had visited the beach in Wexford, two children had visited a visual playground in Dublin and two children had attended 'imagination play' in Offaly. In recent weeks, one of the children had visited a sensory play centre, had a visit to a family member, visited a pet farm, and went swimming. From narrative notes reviewed, it was evident that the children were offered choice in activities, for example on one child's weekly planner, it had morning activity of choice on one of the days, and narrative notes outlined that the child had communicated that they wanted to go to the shop, which they were supported to do and got some snacks.

The centre is located on the outskirts of a rural town. It has significant grounds that are well presented and there is an array of outdoor activities that children can avail of. There was evidence of outdoor play equipment including a sandbox and messy play area. The main house is set over two main levels and the current needs of the three children could be met within the space available. The centre was decorated in a manner that was child friendly with toys and games in plentiful supply. There was documentary evidence on file that two children would benefit from or were interested in cycling. The inspector noted that the provider had acquired two new bikes for the children which had recently been assembled.

The next two sections of the report outline 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 resident's lives.

Capacity and capability

There was a clearly defined management structure in place in the centre and the findings from this inspection indicated that the centre was generally well managed. The local management team were committed to promoting the best interests of

children and complying with the requirements of the regulations. There was evidence of improved practice in various areas.

The person in charge worked full-time and was responsible for the day-to-day operational management of this centre. They demonstrated clear knowledge of the service and knew the children well. They were supported in their role by a team leader and two deputy team leaders. There were on-call management arrangements in place for out-of-hours which were clearly displayed and communicated to all staff.

The inspectors found that the staffing levels were clear and as set out in the statement of purpose. The staffing levels seemed to be based on what was decided when the children were admitted and that events within the centre did not seem to affect the level of staffing. There was a small number of staff vacancies at the time of inspection.

Training records reviewed by the inspector and conversations with staff provided assurances that the staff were provided with ongoing training. Records reviewed by the inspector indicated that all staff had completed mandatory training. Additional training to support staff in their roles was also provided.

There was evidence that there were regular team meetings, staff attendance had greatly improved and minutes from these meetings were clear and disseminated amongst all staff. There was evidence that staff were receiving supervision on a regular basis and the provider had carried out a number of out of hours spot checks to ensure the service was operating in line with the regulations.

The local management team continued to carry out daily and weekly reviews of areas such as fire safety, health and safety, food safety and children's files and medication management. The person in charge provided a monthly governance report to senior management on a broad range of areas under their control.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced to manage the centre. Since the last inspection of the centre in January, the person in charge was no longer in charge of another designated centre, and was now full time person in charge of this centre only.

From discussions with the person in charge and evidence obtained on this inspection, this change had ensured that there was a stronger governance structure in place in the centre, and had contributed to increased compliance with the regulations.

The person in charge was aware of their regulatory responsibilities and was responsive to feedback throughout the inspection.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that there were adequate staff to meet the needs of the children living in the centre.

There were planned and actual rosters in place, which were specific to the service. The staffing complement of five day shift staff and three waking night staff were in place for the previous two month period reviewed.

The staff team were supported by the person in charge, who now worked full time in this centre, and a team leader, as well as two deputy team leaders who also worked shifts on the floor.

The person in charge reported that the provider was currently recruiting for two full time positions in the centre. There was some use of agency staff, with five shifts covered by agency staff during the month of May, and eight shifts covered by agency staff in the month of June.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff had received appropriate training required for their role.

An inspector viewed the training matrix for the centre. All of the staff had completed the mandatory training required, including fire safety, an introduction to children's first, safeguarding, CPI (Safety Intervention Foundation) and safe administration of medication training.

Staff had also completed additional training, such as the four online modules on human rights. Since the last inspection of the centre in January, the provider had delivered autism awareness training to staff, and staff had also completed an online e-learning programme in autism awareness.

There was a staff supervision schedule in place, with supervision of staff scheduled every 12 weeks.

Judgment: Compliant

Regulation 23: Governance and management

The findings from this inspection indicated that the centre was being well managed on a daily basis. The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including an annual review of the service. There was evidence of ongoing consultation with children, families and also commissioners of the service. The provider had ensured that the designated centre was resourced in terms of staffing and other resources in line with the assessed needs of the children.

Overall, there was a stronger governance structure in place. The person in charge was now solely responsible for this centre and there was evidence of better governance and oversight of the service.

However, there were areas that the provider needed to address through its management and oversight of the service to ensure compliance. The provider had recognised an issue with fire doors in at least April 2025 but this was still not resolved. The provider had introduced a cash based pocket money system for the children but had failed to give adequate guidance to staff, failed to recognise potential safeguarding concerns and failed to recognise or promote the rights of children.

The provider needed to be clear that the resources it was allocating to the centre in term of staffing levels were supported by clear assessments and balanced the needs of the children along with their rights.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The children residing in the centre all had contracts for the provision of services. These contracts were generally agreed and signed by the parents of the children but there was also involvement from the commissioners of services. The children were all admitted in accordance with the admissions policy and the statement of purpose. There was clear evidence available to show the legal status of children residing in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

An inspector reviewed the statement of purpose that was available in the centre on the day of the inspection. The statement of purpose aligned with the admissions policy and contained all relevant information as required by the regulations.

Judgment: Compliant

Quality and safety

During this inspection, the inspectors reviewed in detail the files of two children. There was a much improved level of compliance with the regulations but there were improvements required in relation to assessments and personal planning as well as ensuring that all aspects of the service operated in the promotion of the rights of the children.

The inspectors did not find any safeguarding issues on this inspection, were satisfied that staff had received adequate training and that safeguarding was an active issue at both team meetings and in the supervision of staff.

There was much stronger evidence that the children had a varied lifestyle, there was evidence of better communication with schools and the provider was now gathering pertinent information to inform the care of the children. There were intimate care plans in place to guide staff in this area of care, and detailed what the child could do independently and what they required support with, and guidance regarding upholding the privacy and dignity of the child.

There was evidence that the provider was now gathering better quality information in relation to all aspects of the lives of the children. Inspectors could see that the provider had relevant health information, information from the children's schools and was engaging on a regular basis with all professionals involved in the lives of the children. The provider needed to use all this information in a more streamlined manner to ensure that the assessment of need was fit for purpose, that it was child centred and that child friendly personal plans were developed consistently.

There were systems in place to support children to safely manage behaviours of concern. These included development of support plans, involvement of the provider's behavioral specialist, and limited use of restrictive interventions for the safety of children.

The provider needed to complete significant work on its management of children's finances and to ensure that all care practices introduced were supported by clear guidance and had been reviewed in line with best practice in the promotion of the rights of children.

The risk management process in operation was better than at the previous inspection with clear evidence in place that mitigation measures were impactful. The

provider recognised that they had more work to do and had plans in place to address this.

Regulation 13: General welfare and development

There was much better evidence available that all three children were engaged in various activities that aided their welfare and development. The children all had activity planners that were varied and although it was found that these were not always followed, the children were still going to places, pursuing interests and planning was better overall.

Some activities that were documented included visits to a sensory play centre, pet farms, playgrounds, park walks and swimming.

All three children attended school and there was evidence that key working sessions were taking place for all children to help them develop life skills. One child was learning about money and its role in life.

An inspector observed in the early morning that two staff stayed in two children's rooms to observe the children. One staff member told an inspector that they don't leave the children alone. This was not supported by assessments. The inspector expressed their concerns to management about children getting age-appropriate opportunities to be alone.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had significantly changed and enhanced its risk management policy within the centre. The provider had developed individual risk documents for each child as well as operating a risk register for the centre as a whole. In general, the operation of the individual risk documents worked well with clear evidence that mitigation measures were impacting on various risks that had been identified. The provider also had a clear system in place to respond to emergencies.

The person in charge stated that the centre was in the process of changing its approach to the management of risk at a centre level and that this was changing shortly. There were two children who did not have risk assessments as part of their risk plans associated with 'the unexpected absence of any resident'. One child did have a missing from the centre template but the information in this document did not relate to risk and also did not relate in full to the particular child.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. Daily and weekly fire safety checks continued to take place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training. Regular fire drills were taking place involving all staff and children. Fire drill records reviewed by the inspector indicated that children could be evacuated safely in a timely manner.

On the morning of the inspection, two fire doors did not close properly. The provider had maintenance on-site during the inspection to resolve these issues. The provider had recognised in its own auditing systems that there was an issue with a number of doors and there were plans to address this. The issue with fire doors had been on-going for a number of months and this is addressed under Regulation 23.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider needed to further review and enhance its assessment and personal planning process. The provider now had access to significantly more information on each child, such as from schools and health professionals, but the assessments available didn't always contain the information that was available in the centre. One child was attending regular occupational therapy as funded by a commissioner of the service, there were significant recommendations from a previous OT professional but this information didn't form part of the the current assessment and didn't feature in the child's personal plan.

A key component of the individualised assessment for the children relates to the staffing requirement to keep them safe and meet their needs. The assessment of need did not refer to required staffing levels. Two children were deemed to require support from two staff from 7am to 7pm daily. The assessment didn't review or take account of potential pertinent issues such as (a) sleeping patterns (b) school/holidays and (c) activities planned within or outside the centre. The assessment wasn't clear about the purpose or function of the staffing levels at all times. Staffing levels did not seem to be reviewed as part of any re-assessment.

The personal plans that were available were not accessible in a child friendly version and the two that were reviewed were more akin to summary assessments as opposed to a personal plan. Inspectors reviewed the goals for one child and again these were very basic and did not align with the child's assessment and or wishes.

Judgment: Not compliant

Regulation 7: Positive behavioural support

There was guidance in place for staff to support the children with behaviours that challenge.

Inspectors reviewed two positive behaviour support plans, which had been recently reviewed by the Behaviour Specialist. They were concise and easily understood to guide staff in proactive and reactive strategies. Staff had also received training in managing behaviour that is challenging.

The restrictive practices in place were reported in line with the regulations and were the minimal restrictions required to keep the children safe.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to support staff in the identification, response, review and monitoring of any safeguarding concerns. The centre was also supported by a safeguarding designated officer, and all staff had received up-to-date training in safeguarding. There were no active safeguarding concerns at the time of inspection.

There were intimate care plans in place which outlined clear guidance for staff in upholding the privacy and dignity of the child when supporting them with personal and intimate care.

The children residing in the centre seemed to get on well together. The fact that there was high levels of staffing in the centre meant that there was a much lower risk of safeguarding concerns taking place.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had introduced a system for each child to receive pocket money weekly in response to concerns raised at the last inspection pertaining to the promotion of life and independence skills for the children.

The system introduced was not supported by an adequate policy and was poorly governed. The system had significant weaknesses including weak financial controls and a fundamental lack of understanding of the purpose and function of pocket money.

Inspectors saw on one child's file that they had recently bought basic clothing items from their own pocket money when these should have been purchased by the provider. There were multiple examples of children paying for meals in the community when again this was the responsibility of the provider.

The provider operated a cash based system but multiple receipts on children's files were made using various debit cards and the provider couldn't account for or explain the process supporting the system. There was no guidance in place for staff.

The person in charge committed immediately to review the system and stated that children would be reimbursed money for any basic clothing items or meals that they purchased.

Judgment: Not 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	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	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Corrig Woods OSV-0008770

Inspection ID: MON-0047600

Date of inspection: 10/07/2025

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: Fire Safety - The centre is committed to maintaining the highest standards of fire safety. A risk-based response has been implemented to address previously identified issues with fire doors, including a full review and engagement with certified contractors for necessary remedial works. These actions are being prioritised and closely monitored by the Person in Charge & Regional Services Manager to ensure all measures are completed within defined timeframes. Fire safety has been embedded into regular audits and governance oversight to maintain a consistently safe environment for residents and staff. (Due date 04/09/25). Pocket Money - In response to identified concerns, the Provider has taken proactive steps to ensure the pocket money system in place is underpinned by clear policy, safeguarding principles, and a strong rights-based approach. On completion of same, all team members will receive guidance and training to support consistent, safe practices. (Due date: 14/08/25) Needs based staffing levels - The Provider recognizes the importance of aligning staffing levels with assessed individual needs while also promoting residents' rights to meaningful participation, education, and recreation. The Regional Services Manager has conducted a comprehensive staffing review to ensure that resources are allocated effectively and transparently. This is supported by regular workforce planning reviews and feedback from key stakeholders. (Completed: 31/07/25)	

Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: Age-appropriate opportunities to be alone: While high standards of supervision are in place to ensure safety, the centre acknowledges the importance of providing residents with appropriate age opportunities for independence and privacy. In response, the centre is reviewing all relevant risk assessments and support plans to ensure that supervision practices are appropriately balanced with residents' rights to privacy and autonomy. This was included as an agenda item in July team meeting and planned individual staff supervisions. (Completed: 23/07/24).	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The centre is currently transitioning to a more integrated and dynamic approach to centre-level risk management. As part of this process, the Person in Charge has identified and is addressing gaps in risk documentation relating to the potential for unexpected absences. Updated risk assessments for all residents are being finalised to ensure that risks related to being missing from the centre are accurately assessed and tailored to the individual. (Due Date: 07/08/25).	
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: Enhancing Personal Planning Processes: The Person in Charge acknowledges the need to strengthen its assessment and personal planning framework to ensure each child's needs, preferences, and developmental goals are fully reflected and met. The Person in Charge is taking immediate steps to update all assessments to ensure relevant clinical recommendations are incorporated, enabling a more holistic and coordinated approach to care planning. (Due date: 31/08/25). Staffing and Daily Support Needs: The Person in Charge is completing a comprehensive review of the assessment of need to ensure clear alignment between residents' individual	

requirements and the staffing resources allocated. Revised assessments will explicitly reference staffing needs, considering key factors such as sleep patterns, educational attendance, school holidays, and planned activities. The purpose and function of staffing arrangements will be clearly defined to ensure supports are both proportionate and meaningful. Ongoing reassessments will include regular reviews of staffing levels to support flexible, responsive care planning. (Due date 31/07/25).

Accessibility & Quality of Personal Plans: The Provider is committed to ensuring all residents have personal plans that are not only clinically and developmentally appropriate, but also accessible, engaging, and reflective of each resident's voice. Plans are being redesigned to include owner-friendly formats and will better reflect each resident's preferences, strengths, and aspirations. In addition, the quality and specificity of personal goals are being improved to ensure they are meaningful, measurable, and aligned with the resident's assessment and expressed wishes. (Due date 31/08/25).

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Pocket Money governance and residents' rights - Immediate action has being taken by the Provider to redesign the system to ensure that it protects residents' rights, supports their autonomy in a safe and structured manner, and is governed by robust financial controls. A revised, policy-led approach to pocket money will be implemented, with clear procedures, staff training, and documentation standards. This new system will ensure transparency, accountability, and, that the system works in the best interests of residents, reinforcing their rights, dignity, and protection from financial harm. This will provide clear distinction between the use of pocket money (for personal choice and learning) and provider responsibilities (for essential care needs). (Due date: 14/08/25).

Resident who was affected has been fully reimbursed. The Person in Charge has completed a full review of all individual files to ensure no further financial discrepancies exist. (Completed: 31/07/25).

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 13(3)(b)	The registered provider shall ensure that, where children are accommodated in the designated centre, each child has age-appropriate opportunities to be alone.	Substantially Compliant	Yellow	23/07/2025
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.	Substantially Compliant	Yellow	04/09/2025
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard	Substantially Compliant	Yellow	07/08/2025

	identification and assessment of risks throughout the designated centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	07/08/2025
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	31/08/2025
Regulation 05(4)(a)	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 reflects the resident's needs, as assessed in	Not Compliant	Orange	31/08/2025

	accordance with paragraph (1).			
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	31/08/2025
Regulation 05(4)(c)	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 is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Not Compliant	Orange	31/08/2025
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual	Not Compliant	Orange	14/08/2025

	orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	14/08/2025
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, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	14/08/2025