



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

Issued by the Chief Inspector

Name of designated centre:	Castlewood House
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	02 April 2025
Centre ID:	OSV-0008854
Fieldwork ID:	MON-0045030

About the designated centre

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

This centre provides respite services for up to six children with disabilities, aged six to 18 years. The centre comprises two units, including a five bedroom property and a one bedroom property, both on the same site. The centre is located in a rural setting in Co. Meath and is within driving distance of a number of towns. Transport is provided for residents to attend activities in the community, as well as driving residents to school.

The staff team includes the person in charge, nurses, social care workers and direct support workers, and the staffing arrangements are planned around the individual needs of residents.

The following information outlines some additional data on this centre.

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

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 2 April 2025	10:05hrs to 18:20hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

From speaking with staff, observing residents when they returned from school, and from reviewing documents, it was evident that residents were provided with an enjoyable stay during their time in this respite centre. The centre was laid out to accommodate the needs of the children staying there, and residents appeared relaxed and happy spending time in the centre.

On the day of inspection there were four children attending the centre, and they arrived to the centre after school in the afternoon. Residents were supported by staff to settle into the centre, for example, residents chose a snack on arrival, and took time to play in the garden and the sensory room. Residents could access all parts of the centre, and were observed to move freely between play areas, the kitchen, and the sitting room.

The sensory needs of residents had been considered, and a range of sensory play equipment was provided for movement, relaxation, and tactile, auditory and visual feedback. These included for example, coloured water footsteps, a tent and tunnel, sensory lighting, music, and beanbags. It was evident that residents also really enjoyed spending time outdoors on swings and on trampolines.

The inspector was introduced to the four residents staying in the centre. While the inspector was not familiar with the residents' communication preferences, one resident did speak to the inspector and appeared happy to be in the centre. They said were going to the playground later, and out for something to eat. It was evident that staff knew the communication preferences of residents, and interpreted their verbal and gestural expressions. Staff also used a range of picture aids to communicate with residents, for example, choice boards, and like and want symbols. It was clear that residents appeared happy and relaxed in the company staff.

The inspector met with the person in charge, the assistant director of services and two staff members, and they described a range of supports in place for residents. These included, for example, healthcare supports, communication strategies, and facilitating choice for residents. Regular communication was maintained with families both prior to each admission of a resident to the centre, during their stay and following discharge. This meant that staff in the centre were aware of any changes in residents' support needs, and families were made aware of how residents' overnight stays went in the centre. Staff also outlined they often linked with school staff, who provided information on residents' preferences

Residents were observed to be spoken with in a kind and gentle manner by staff, and while some minor improvement was required in the provision of activities, it was evident that staff were using every effort to establish residents' preferences for their stay in the centre. The rights of residents in terms of their needs and preferences was upheld, for example in food preferences and food culture, choosing their own

rooms, and personal information was securely held.

The next two sections of the report describe the governance and management arrangements, and how these impacted on the quality and safety of care and support residents received in the centre.

Capacity and capability

This was the first inspection of this centre, and the centre was registered in October 2024. The centre could accommodate up to six residents under the age of 18 years, and provided short respite breaks for children with disabilities in the area. At the time of this inspection approximately 25 residents were availing of services, and the provider was planning to gradually extend these service for up to 75 children.

The provider had put the resources, systems, and oversight arrangements in place, to ensure the services provided to residents was safe and effective. There was a clearly defined management reporting structure, and reporting procedures had been initiated to raise concerns, report safeguarding issues, and to manage risks in the centre. The centre was monitored on an ongoing basis, and effective actions taken to any issues raised through reviews or audits.

The provider had ensured effective recruitment procedures were implemented, and a full staff team was employed in the centre. Staff were knowledgeable on the support needs of residents, and had been provided with range of mandatory and additional training specific to the needs of residents. There was a full time person in charge in the centre.

Regulation 14: Persons in charge

There was a full-time person in charge in the centre. The person in charge had commenced in their post one week before this inspection, and was sufficiently aware of the needs of residents, and of the supports in place to meet their needs. They were also aware of the identified risks in the centre, and of the day-to-day administration of the centre.

The person in charge had a number of years management experience, and had completed a management course. The person in charge was responsible for one other designated centre; however, the assistant director told the inspector a person had been just recruited to take up the position of person in charge in the other centre. This meant that in the near future the person in charge would be responsible for this centre only, and the inspector was satisfied this would ensure the effective administration and operational management of this centre. At the time of the inspection the person in charge was attending this centre three days a week, and

the second centre two days a week.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff employed in the centre, and the skill-mix was appropriate to the identified needs of residents.

The staff team comprised of the person in charge, team leads, nurses, social care workers and direct support workers. There was one staff vacancy on the day of inspection, and a recruitment day had taken place the day before the inspection. In the meantime, staff in the centre were doing extra shifts to fill the vacancy hours. There were four staff on duty during the day, and three staff at night time, when the apartment was occupied. When residents were only staying in the main house, there were five staff on duty during the day and two staff at night time. The staffing levels at any given time were flexible, and were based on the needs of residents, for example, if residents did not require one to one staffing, and the main house was fully occupied, there were four staff on duty during the day.

The inspector reviewed a sample of rosters over a three month period, and consistent staff had been provided. Given, this was a respite centre, there had been phased introduction of residents to the centre, and at the time of the inspection, there was 25 residents availing of services in the centre. The consistent staffing, and the phased admission of residents, meant that staff had the opportunity to get to know residents and their needs, so as to appropriately support them during their stay in the centre.

The inspector reviewed three staff files, and all records as per schedule 2 of the regulations were available in staff files. This meant that the provider had safe and effective recruitment practices in place.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with a range of training to enable them to meet the needs of residents, and to keep residents safe. The provider had, in their statement of purpose outlined the mandatory training staff were required to complete, and all staff training was up-to-date.

Training records were maintained on an online systems for each staff, and the inspector reviewed a report of the status of staff training, as well as two individual staff training records. All staff had been provided with training in safeguarding, fire

safety, children first, and managing behaviours that challenge. Additional mandatory training provided included feeding, eating, drinking and swallowing (FEDS), manual handling, assisted decision-making, first aid, professional management of complex behaviours, medicines management and administering rescue medicine, and a suite of infection prevention and control (IPC) trainings. Training had also been provided in understanding autism and in percutaneous endoscopic gastrostomy (PEG) feeding, specific to the needs of residents attending the centre. The training provided meant that staff had the knowledge and skills to safely care for residents, respond to emergencies, and support residents' decision-making.

The person in charge outlined the arrangements for staff supervision, and a staff confirmed supervision meetings were facilitated every quarter. New staff were met every two months over a six month probationary period, and induction records were maintained in staff files.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in the centre had ensured the service provided was suitably resourced, was safe, effective, and was monitored on an ongoing basis.

Suitable resources were provided in the centre including sufficient staffing, staff training, a well maintained premises, transport, as well as a suite of policies and procedures to guide practice, for example, admission procedures.

There were systems in place to ensure the service provided to residents was safe and effective and included for example, personal planning processes, the identification and management of risks, safeguarding processes, and medicine management.

There was a clearly defined management structure. Staff reported to the person in charge, and as mentioned, the person in charge was responsible for two centres at the time of inspection. The assistant director and person in charge informed the inspector that this was a temporary arrangement, and the provider had identified the need for the person in charge to manage this centre only, and an active recruitment campaign was underway. Two team leads were employed in the centre, and supported the person in charge in their role. The person in charge reported to the assistant director of services who reported to the director of services and onward to the Chief Operations Officer and Chief Executive Officer. The service was governed by a board of management.

There was also ongoing monitoring of the services through a schedule of audits. The inspector reviewed a sample of eight audits since the centre opened and overall good levels of compliance were found in audits. Where issues were identified these were found to be rectified by the day of inspection, for example, ensuring opening dates on liquid medicines were recorded, displaying information on the safety

representative, completing staff training in manual handling, fire safety and PEG feeding, and ensuring all residents had a personal emergency evacuation plan in place. A six monthly unannounced visit was not reviewed by the inspector, and the annual review was not due for completion at the time of this inspection.

Two staff members told the inspector they could raise concerns with the person in charge regarding the quality and safety of care and support provided to residents. Staff meeting were held every month, and the inspector reviewed the minutes of the two most recent meetings. A range of items were discussed, for example, outcomes of management meetings, child protection, supervision requirements for residents, planning activities, risks, as well as discussing learning from incidents.

Overall the inspector found this new centre had embedded good management procedures and systems in order to provide a safe and effective service to residents, to ensure effective communication between the staff team and management teams, and were proactive in responding to issues as they arose in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were clear and transparent procedures for admission of residents to this respite centre, and the safety of residents was considered when planning respite stays.

The person in charge and assistant director outlined the procedures for referral and transition of residents to the centre. Referrals were received through the area respite co-ordinator, and the person in charge then arranged assessment and meetings with families, children disability network teams, and schools, where relevant. Once assessments were complete, and it was identified the centre could provide respite service to individuals, information about the centre was forwarded to families including the statement of purpose, the residents' guide, and a questionnaire specifically about residents' needs and preferences. The centre also requested details of medicines prescribed for individual residents, and once transcribed on to a medicine kardex, this was returned to families for their general practitioner (GP) to sign off. The inspector reviewed two residents' files, and documentation related to their admissions, and all documentation as per the described procedures had been completed.

Residents were the invited to visit the centre, and normally two day visits were completed before a resident stayed overnight in the centre. Staff members told the inspector that usually residents liked to choose the bedroom they would prefer to stay in, at the time of their day visits. Respite stays were planned around the needs and safety of residents. For example, the compatibility of residents had been assessed and considered in admissions to the centre, and if some residents needed their own space, or low arousal environment, this was provided in the apartment.

The admission processes meant that residents choices were considered as well as their safety, for their stay in this centre.

On admission, a schedule of checks were completed and documented for each resident, and a staff member explained this procedure to the inspector. Details of residents' personal items, medicines, and any pocket money were noted on admission, and again on discharge, and any missing items were documented.

While contracts of care were not reviewed on this inspection, there were no charges for residents in this centre.

Judgment: Compliant

Quality and safety

Residents were provided with a good standard of care and support as they availed of respite services in this centre, and the provider had ensured arrangements were in place to meet their needs and to keep residents safe.

Residents' needs had been assessed, and support was provided in line with the details set out in personal plans. The inspector found, given the provider's remit in supporting residents in respite care, there was sufficient information available in personal plans to guide practice.

Staff were knowledgeable on how best to support residents, including their health, communication, and emotional supports. Some minor improvement was required in the provision of activities in the centre. Residents were kept safe in the centre, and where safeguarding issues arose, these were reported appropriately and safeguarding measures implemented to reduce risks.

Safe and suitable procedures were in place for the protection of children, fire safety, medicines management, risk management and responding to adverse incidents. The premises was well maintained, and was suitable for the needs of the residents who attended the centre.

Regulation 10: Communication

Residents were supported with their communication needs while staying in the centre, and accessible information was provided to residents for choices, on procedures in the centre, and on information about their stay.

Residents' communication preferences and needs were detailed in their assessment of need, and information was available on how best to communicate with residents.

Some residents preferred to communicate verbally, while some residents used pictures and gestures to communicate. The inspector observed that picture boards were used in the kitchen, for example, and the person in charge explained that residents could use this to point to wants, or likes, for example, food choices. Each resident was also provided with a communication folder in their room, and contained pictures of emotions, as well as community and centre based activities.

Social stories were used to help residents anticipate what was planned, for example, for visits and overnight stays as part of the admission process, and for a trip to the Zoo.

Pictures were also used on chest of drawers and wardrobes to indicate to residents where each of their clothing items were stored during their stay. The systems in place for communicating with residents meant that they were supported during their stay in communicating their wishes and preferences, as well as being supported to express their emotions.

Judgment: Compliant

Regulation 12: Personal possessions

Each resident had adequate facilities for storing their possessions while staying in this respite centre, and appropriate systems were in place for residents' money where applicable.

As mentioned, each resident had their own room, and there was plenty of storage in each bedroom for residents' clothes and personal possessions. On admission, a record of all residents' possessions was made, as well as on discharge. If residents brought pocket money for their stay, this was recorded at the time of admission and at discharge also. Overall the inspector found there were appropriate arrangements to ensure residents' personal possessions and money were kept safe, and to ensure residents could bring their preferred belongings for their stay into the centre.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured residents were receiving appropriate care and support in line with their needs and preferences; however, improvement was required to ensure that the activities offered to residents were available at the time.

Residents did attend school on week days during their stay in respite, and transport was provided to schools by the provider. The inspector observed there was a range of indoor and outdoor play equipment and residents were playing on the swing,

trampoline and in the sensory room on the evening of the inspection. Staff later arranged for residents to go to a local playground, and residents appeared to be looking forward to this.

As mentioned, picture choices were used to help residents decide their activities; however, not all choices were available at the time they were offered to residents. The inspector observed that a resident had chosen to go to the beach using the picture choice book; however, the resident was told by a staff this would not be available for another few days, until the weekend. Therefore, the resident was not able to partake in the activity of their choice as offered to them. The inspector also discussed this with the person in charge, and some activities could only be provided on the days residents did not attend school. While this was reasonable, clearer communication with residents on the activities available each day was needed.

The inspector reviewed records of activities for three residents during their stay and found overall they were participating in a range of activities, for example, going to the playground, sensory play, bowling, going to the Zoo, going for meals, and playing video games.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was well maintained, spacious, and was laid out to meet the needs of residents who stayed in the centre. The centre was decorated in a bright and colourful way, in keeping with a child-friendly environment.

The centre comprised a two-storey five bedroom house, and a separate one bedroom apartment, both located on the same site. In the main house there was a large kitchen and adjoining utility, and a large dining room with seating for all residents. Suitable cooking and laundry facilities were provided. There was also a sensory playroom, and a separate sitting room. Each of the residents had their own bedroom when they stayed in the centre, and there was plenty of storage provided for their possessions. There was one bedroom with ensuite on the ground floor, and four bedrooms on the first floor, one of which had ensuite facilities. A large bathroom was provided on the first floor, as well as small bathroom on the ground floor.

Suitable play facilities were provided both indoors and outdoors, and to the rear of the centre was a large garden with trampolines, a swing, football goals and physiotherapy balls, and residents were observed to come and go playing in the garden. Indoor play areas were equipped with sensory flooring, sensory wall panels, beanbags, a tent and tunnel, a football table, and a range of art and craft equipment.

In the apartment there was a large kitchen dining sitting room, and indoor toys were also provided in this unit. There was a double sized bedroom, with adjoining

ensuite, and the apartment was suitable for its intended purpose to accommodate one resident.

The centre was fully accessible throughout, and a ramp was installed at the front and back entrances of the property, as well as handrails in bathrooms. The centre was clean and well maintained throughout, and suitable facilities were available for hand hygiene including wall mounted hand sanitisers and hand washing facilities.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a system in place for risk management and for reporting and learning from adverse incidents.

There was an up-to-date risk management policy that outlined the procedures for the identification and management of risks. The policy also included the measures for managing the risk of self-harm, unexpected absence of a resident, aggression and violence, and accidental injury to residents, visitors or staff.

Risks had been identified in the centre, and risk management plans outlined the measures in place to reduce the likelihood of harm. The inspector reviewed a sample of individual risk assessments for three residents, and found control measures were implemented. For example, some residents required the support of one to one staffing and this was provided. Other measures included providing a low-arousal environment in the apartment, a front gate lock due to poor road safety awareness, and staff training in positive behavioural support. The inspector discussed risks in the centre with a staff member, and they described a number of known risks as well as the control measures in place, for example, managing known risk of falls for a resident and unexplained absence for another resident. The staff member also described the action to take in the event of medicine refusal, which was a known risk in the centre.

Incidents were reported online and the inspector reviewed incident records and incidents had been reported to the person in charge. Where required, follow up actions had been implemented, for example, implementing safeguarding measures, referral of a resident for behavioural support, and reviewing the supervision requirements of residents with staff individually and at staff meetings. Where compatibility issues had arisen, these were considered when planning respite stays for all residents. Incidents were also reviewed by the assistant director, and learnings were discussed with staff at monthly staff meetings.

Overall the inspector found there was a proactive approach to identifying and managing risks in this centre, which meant that there were systems in place to ensure residents were kept safe when they stayed in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were safe and suitable fire safety arrangements in the centre.

The inspector reviewed the premises and all exits were clearly marked and observed to be clear. There was emergency lighting, and fire doors installed throughout the centre. Firefighting equipment including fire extinguishers and fire blankets were provided, and there was a fire alarm and fire detection devices installed. The fire evacuation plan was prominently displayed in both units. All fire equipment was regularly serviced, the most recent service being completed in March 2025.

Fire safety checks were completed by staff, including weekly emergency lighting, and fire alarm systems, and monthly fire-fighting equipment and bedding and furnishings. All records were observed to be complete for 2025.

Residents' needs had been assessed, and their support needs were developed into personal emergency evacuation plans (PEEP). The inspector reviewed a sample of three PEEP's and there were sufficient staff available during the day and night to support residents to evacuate, as per their assessments. All residents could evacuate with the support of verbal instruction. Regular fire drills were completed, and there was a schedule of eight fire drills planned for this year. Residents had been evacuated in a safe and timely manner during fire drills completed to date. The fire safety systems in the centre meant that staff and residents were prepared on the evacuation procedures in the centre, as well as ensuring precautionary measures were in place to prevent injury to residents due to fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe and suitable practices in place for medicine management.

The inspector reviewed medicine management with a staff member. Medicines were supplied by residents' own pharmacist in the community, and as mentioned, a record of all medicines received into the centre was recorded in each residents' individual admission form, and were also checked against medicine prescription records to ensure accuracy. Medicines were stored in individual presses and clearly marked with residents' photographs, and the key was held by a staff member on duty. Medicine presses were clean and well organised, and opening dates were observed to be recorded on medicine labels.

There were suitable arrangements for disposal of medicines, and these were

returned to families if required.

The inspector reviewed medicine records for three residents and up-to-date prescription sheets were in place and had been signed by the prescriber. Administration sheets were also complete meaning residents had received their medicines as prescribed. PRN (as needed) medicines stated the rationale for administering these medicines as well as the maximum dosage in 24 hours.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs had been assessed, and assessments included the support residents required to meet their needs and to keep them safe.

The inspector reviewed two residents' assessments and plans, which were collated together, and these were based on information received from families, community allied health care professionals, hospital specialists, and general practitioners. The documentation clearly set out how best to support residents with their health, social, personal, communication and emotional needs, and included information for example, on how residents communicate, their likes and dislikes, restrictive practices, preferred activities, behaviours of concern, and social relationships.

A staff member described some of these supports, for example, behavioural support for one resident and nutritional support for another resident, due to be admitted in the near future. The inspector found that given the nature of the service and the remit of the centre in providing respite services, there was sufficient information on residents' needs, and their support requirements to guide practice in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

Risks relating to behaviours of concern had been identified, and behavioural guides were available in personal plans, to guide staff on how best to support residents during periods of emotional distress. Where required additional support to develop behaviour support plans had been sought from a childrens disability network team, and in the meantime, measures were in place to ensure all residents were appropriately supported.

Behavioural guidelines included the known behaviours of concern, potential triggers, de-escalation strategies and reactive strategies. There were some environmental and physical restrictions in use in the centre, and families had been informed of the use of these restrictions, and had consented to these. The rationale for use of

restrictions were clearly set out and were relative to the risks presented. Restrictive practices had recently been reviewed and staff were aware of the rationale for use of restrictions. The behavioural support provided in the centre, meant that residents were positively supported by staff, to minimise potential triggers to their behaviour, while safely supporting them with their emotional wellbeing.

Judgment: Compliant

Regulation 8: Protection

Residents were protected in the centre, and safeguarding incidents had been appropriately reported and responded to.

There was a child safeguarding statement available in the centre, and all staff had been provided with training in children first and in safeguarding adults. Two staff members explained child protection procedures in the centre, and were knowledgeable on the actions to take in the event a safeguarding issue arose. This meant that should a safeguarding incident occur, prompt and effective action would be taken to reduce the risk of harm to residents.

The Chief Inspector of Social Services had been informed of five incidents of alleged abuse since the centre was registered in October 2024. At the time of incidents the person in charge contacted personnel in the Child and Family agency (CFA), and was informed that incidents did not meet the criteria for children protection and welfare referrals. Documentary evidence was available to confirm these discussions with the CFA. All alleged incidents of abuse were found to be safely managed at the time, and safeguarding measures were implemented to protect residents going forward. These included for example, reviewing the compatibility of residents when arranging respite stays, and following up with staff on the supervision requirements for residents, in particular, at change of shift. All actions identified in notifications, to safeguard residents, were complete on the day of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents overall were supported with their choices when they stayed in the centre, and these choices formed the basis of how the centre was organised during their break. Residents chose the bedroom they would like to stay in during their break in the centre, and in general this was discussed with them prior to their first admission to the centre. The staff made sure that the bedroom was decorated to their individual style, for example, using colourful bedding in their rooms, and providing

sensory steps and beanbags.

The food provided was planned around the individual needs, choices and cultural preferences of residents, for example, providing gluten free meals, Halal products, planning main meals with residents, and offering a range of choices for breakfast. In addition, the inspector observed there was a range of choices should a resident chose an alternative meal, and lots of healthy food snacks and drinks.

As mentioned, residents chose the activities they would like to do while staying in the centre, including centre-based and community activities. A meeting was held with residents attending the centre at weekends, and included discussing meal choices, fire safety, activities, safeguarding, and advocacy.

Consent had been received from residents' families or representatives for photographs, and for restrictions used in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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 Castlewood House OSV-0008854

Inspection ID: MON-0045030

Date of inspection: 02/04/2025

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 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The Person in Charge has completed a review of the picture choice books in the Designated Centre. The Person in Charge has divided the choice books into two separate options, one for activities which are available and can be facilitated during school days and one for activities available on weekends / school holidays. The residents are offered the choices which can be made available depending on the duration of their stay.</p> <p>In addition, the Person in Charge has revised the admission booklet. Residents are supported to express their choices of activities and menus for the duration of their stay in Respite, and it is now clearly captured at the beginning of their visit. The Person in Charge and the Assistant Director will review a sample of resident admission booklets during their monthly governance audits to ensure this is embedded in practice.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	10/05/2025