

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

## Issued by the Chief Inspector

Name of designated centre:	Garascal
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	14 October 2025
Centre ID:	OSV-0008995
Fieldwork ID:	MON-0046921

## About the designated centre

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

The centre is managed by a person in charge supported by a local respite manager. The centre can support a maximum of seven children up to 18 years of age with a diagnoses of intellectual disability and/or Autism. The children are supported 24 hours a day with a staff on waking night duty. The staff team consist of a range of social care workers and support workers. The staffing complement is dependent on occupancy of the centre and the assessed needs of the children attending the service at a given time. The centre staff facilitate transport to and from each child's school. Each child will have their own room when attending for their respite break.

**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
Tuesday 14 October 2025	10:10hrs to 18:15hrs	Karena Butler	Lead

## What residents told us and what inspectors observed

On the day of this announced monitoring inspection, the inspection findings were positive. The children were receiving a good standard of person-centred care from a staff team who were aware of and ensured their assessed needs were being met. Some improvements were identified under one regulation, Regulation 5: Individual assessment of need and personal plan. Identified areas for improvement will be further discussed later in this report.

The inspector had the opportunity to meet all three children that were attending the centre for a respite break. The inspector overheard each of the children being greeted on their return from school to the centre. Staff and centre management were observed to give children big smiles as they welcomed them back.

One child had alternative communication methods and did not share their views with the inspector. They appeared relaxed in the centre and in the presence of their support staff. The children were observed in the centre once they arrived back from school and have dinner out. The inspector had the opportunity to speak with the other two children. Both confirmed that the staff were nice, that they felt safe, and that they were happy coming on their respite breaks. One of the children gave lots of thumbs up and nodded their head to show they were happy. The third child smiled when answering their questions and also gave the inspector a big hug on several occasions. They had previously coloured beautiful bright drawings for the centre management which had been hung up in the office with pride. The inspector observed staff and management engaging enthusiastically with this resident, for example giving lots of 'high fives'.

On the day of the inspection, each of the children attended school and were collected from school by the centre staff. On the way back from school the children stopped to have their dinner out. Two children smiled and nodded when asked had they enjoyed their dinner. Upon return to the centre, the children engaged in different activities. Two children relaxed in different areas of the house watching their favourite shows on their phones. The third child completed sand play with their support staff in the kitchen.

Children attending this respite centre were found to participate in activities depending on their interests. For example, art, playgrounds, bowling, and baking.

In addition to the person in charge and the local respite manager, there were three staff members on duty during the day of the inspection. The inspector had the opportunity to speak with each staff member. The person in charge, respite manager and staff members spoken with demonstrated that they were familiar with the children's support needs and preferences. They were observed to interact with the children in a patient and gentle manner.

The provider had arranged for staff to have training in human rights. A staff

member spoken with communicated how they had put that training into every day practice. They communicated that prior to having the training they may have supported children in line with known preferences and in their best interest. Now since completing the training they use more visual aids to gain the children's opinions and support them to make choices.

The inspector had the opportunity to speak with three family representatives on the phone from children that had attended the centre at different times over the weeks prior to this inspection. All three confirmed that they had no concerns and confirmed that if they had any concerns they would be comfortable raising them. One family representative stated that the respite breaks were a "life changer for the family". They said 'the respect their child gets from the staff is unreal'. They said that 'staff involve their child in shopping, food preparation and choices'. That "staff go above and beyond". They explained that in advance of respite stays that 'staff ask is there anything that they as a parent would like them to work on with their child while they were on their respite break'. They said that 'staff keep them updated and that their mind rests so easy that staff take the time to update them and meet their child's needs'.

The inspector conducted a walk around of the centre. The house appeared tidy and clean. This facilitated in the arrangements for good infection prevention and control (IPC).

Each child had their own bedroom and bathroom facilities were shared. There was sufficient storage facilities in each room for the children to bring in their personal belongings while on their respite stay. There was a sensory room in the centre with soft flooring, water tubes, different textured materials for touching, and different sensory lights. In the hall a sensory board was mounted on the wall that had different items for playing with or touching. For example, locks, switches, and brushes.

The centre had a front garden that was mainly used for parking. The back garden had different spaces which opened out onto a large open grass covered area. There were different play equipment for use, for example a trike, a basketball net, a swing and a climbing frame. The provider also had a garden room which was due to have a swing constructed inside it for children to be able to use a swing in times of bad weather.

At the time of this inspection there were no visiting restrictions in place. While there were some complaints raised in the centre, they were found to be dealt with. They will be discussed in more detail under that specific regulation.

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

## Capacity and capability

This inspection was the first inspection of this centre since it was registered. This inspection was announced and was undertaken as part of an ongoing monitoring with compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The governance arrangements were effective and ensured the centre was appropriately monitored. For example, the provider had completed audits of the centre as required, such as a six-monthly unannounced provider-led visit. Complaints were also found to have been reviewed and dealt with appropriately. Furthermore, there were suitable arrangements in place for admissions and contracts of care. For example, the inspector found that the children were afforded a contract for their parents to sign that laid out the terms and conditions of their stay.

A review of the rosters across three months demonstrated that there was sufficient staffing in place to meet the assessed needs of the children. Additionally, the person in charge ensured that there were appropriate training and staff development arrangements in place. For example, formal staff supervision was occurring as per the frequency decided by the provider.

#### Regulation 14: Persons in charge

There was a suitably qualified and experienced person in charge employed to manage the centre. They held a qualification in social care. They demonstrated a good understanding of the children and their needs. For instance, what children were compatible for attending respite breaks together.

The person in charge was employed on a full-time basis managing two designated centres. They were supported in their role by a local respite manager.

They were also found to be aware of their legal remit to the regulations and were responsive to the inspection process. For example, they were aware that it was their responsibility to ensure the reporting of any adverse incidents that occurred in the centre to the Chief Inspector of Social Services (The Chief Inspector).

Judgment: Compliant

#### Regulation 15: Staffing

There were sufficient staff available at the time of this inspection to meet the

assessed needs of children.

The inspector reviewed a sample of rosters over a three month period from August to October 2025. The review demonstrated that there were planned and actual rosters maintained. The rosters included the full names of staff and identified a lead staff for each shift.

While some minor issues were identified as to how the records of the actual rosters were being presented and resulted that on occasion it was difficult to know for sure which staff member worked each shift. This was down to how the new system the provider had started to use regarding how information was presented. The person in charge committed to escalating these issues and ensuring that those issues would be fixed. In the meantime that they would revert back to using the old system of actual rosters that had been in use prior to this system.

As previously mentioned, the inspector had the opportunity to speak with three family representatives on the phone. One representative believed the staff were "doing a brilliant job". That they were "brilliant, nice and respectful"

Two staff personnel files were reviewed as part of this inspection which included Garda Síochána (police) vetting (GV) certificates. In addition, the inspector reviewed a further sample of four staff members' GV as well as international clearance for one of those staff members. The inspector found that provider and person in charge had arrangements for safe recruitment practices.

Judgment: Compliant

## Regulation 16: Training and staff development

This regulation was found to be compliant as there were appropriate arrangements in place to support training and staff development. The inspector reviewed the training oversight document for training completed. Additionally, a sample of the certification for nine training courses completed by staff. This review confirmed that staff received a variety of training courses to support them carry out their roles safely and effectively.

Staff training completed included:

- children first safeguarding, as well as safeguarding of vulnerable adults
- medication management, and competency review
- Autism awareness
- fire safety
- feeding, eating, and drinking
- training related to positive behaviour support that included de-escalation techniques
- first aid or cardiac first response
- training related to IPC, such as hand hygiene, and standard and transmission

based precautions.

Staff had received additional training to support residents. For example, staff had received training in human rights. Further details on this have been included in 'what residents told us and what inspectors observed' section of the report.

The inspector also reviewed the supervision files for four staff members. From that review, it was found that there were formalised supervision arrangements in place. Supervision was found to be an opportunity for staff to raise any concerns they may have.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found that there were appropriate governance and management systems in place at the time of this inspection.

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by the person in charge and they were supported by a respite manager in addition to their manager the head of care who was the person participating in management (PPIM) for the centre.

The provider had carried out unannounced six-monthly provider-led visits in September 2025 as required by the regulations. 16 actions arose from that review and they were found to have been completed by the time of this inspection.

There were other local audits and reviews conducted in areas. For instance, there were on-call management in-person checks completed every weekend. From a sample of two audits in October 2025 and from communication with the person in charge, the inspector found there were weekly spot check audits completed. The respite manager or person in charge were responsible for completing those checks and they reviewed different areas deemed relevant at that time. For example, a review of the environment to ensure if it was safe and clean, and a review to ensure pre-admission checks were occurring as required. In addition, there were monthly audits completed by the person in charge or respite manager. Areas included in the audit were complaints, risk management, restrictive practices, and health and safety. Those oversight systems would help ensure that any issues affecting the quality of care or safety would be identified and addressed quickly, which would lead to consistent safe and positive experiences for the children.

Team meetings were occurring monthly and the inspector reviewed the meeting minutes for August and October 2025. Topics included an update on the children, complaints, health and safety, restrictive practices, IPC, safeguarding, and staff were found to be asked at meetings if they had any concerns. The inspector observed that any incidents occurring within the centre were reviewed for shared

learning with the staff team including clinical input received, where applicable, for incidents.

From all three staff spoken with, they communicated that they would feel comfortable going to the person in charge if they were to have any issues or concerns.

Judgment: Compliant

#### Regulation 24: Admissions and contract for the provision of services

The inspector found this regulation to be compliant due to there being suitable arrangements in place for admissions and providing the children and their families with a contract of care that laid out the services that would be provided for their respite breaks.

The inspector reviewed a sample of those re-assessment documents that were completed in advance of three children's last two stays in the centre. This review confirmed that up-to-date information was reviewed in relation to the children and their assessed needs prior to each respite break. This ensured that staff were able to provide care in line with their assessed needs. A family representative confirmed to the inspector that management phone in advance of a respite break to check for changes.

The person in charge had a compatibility framework document to support them in knowing what children required special consideration and who might they be compatible with for their respite stays. This would support children to have a smoother more enjoyable respite break if they were in with children they were compatible with. In addition, it would facilitate a safeguarding culture as children with particular presentations who may cause distress to certain individuals were not scheduled on respite breaks together.

The children and their families were given the opportunity to visit the centre prior to their first admission. This would support the children to become familiar with the centre and it would help reduce any anxiety they may have.

Additionally, from a sample of three contracts of care reviewed, the inspector saw that the services provided and any fees to be charged were included in the document as required by regulations. A family representative confirmed that they had received a contract of care and had signed it.

Judgment: Compliant

#### Regulation 34: Complaints procedure

There was a complaints policy dated January 2023, and associated procedures in place. An accessible version of the procedure was available for children, and a copy of the complaints policy was available in the centre. There was also a designated complaints officer nominated.

The inspector observed any complaints made had been suitably recorded, reviewed and attempts were made to resolve any identified issues. From a review of the complaints log and associated paperwork, the inspector observed that there were four complaints since the centre opened. Three of the complaints related to the same issue occurring for the same complainant. The inspector found that the provider had arranged for a control measure to be put in place to minimise the chances of re-occurrence and up until and including the day of this inspection the issue had not recurred since. All complaints were found to be closed at the time of this inspection.

Judgment: Compliant

## Quality and safety

This inspection found that the children attending this service were supported in line with their assessed needs and appeared happy coming on their respite breaks. Some improvements were required in relation to the information gathered in children's assessment of need documents, and to the level of detail provided in their care plans to ensure they adequately guided staff.

There were systems in place to meet children's assessed needs with regard to positive behaviour support, communication, and general welfare and development.

For example, there were communication plans in place to promote effective communication. The children had access to opportunities for recreation in line with their preferences. When required they had a positive behaviour support plan in place to guide staff as to how best to support them should they be experiencing periods of distress.

There were suitable arrangements in place to ensure the children were safeguarded in the centre and in the community. For example, there was safeguarding policy in place, dated February 2023, to guide staff to recognise and escalate any safeguarding concerns.

There were suitable fire safety management systems in the centre. For example, there were detection and alert systems in place.

## Regulation 10: Communication

Communication was facilitated for the children in accordance with their needs and preferences.

The person in charge and two staff members spoken with were familiar with how the children communicated and how best to communicate with them.

A review of three children's files showed that communication plans were in place to guide staff on how best to communicate with them. One child's plan explained that while they had a communication device in place they refuse to use it and prefer to use gestures or take staff to what they want. Some plans did not include all applicable information with regard to knowing if the child was happy, sad or in pain. Due to this information being known to staff, this is being actioned under Regulation 5: Individual assessment and personal plan.

There was information available in an easier-to-read version to help support the children's understanding of certain topics. For example, in relation to making a complaint, information on the national advocacy service, and the fire evacuation plan contained pictures. There was a copy of the staff roster and the children's schedule on the kitchen notice board and they were in picture format.

All staff were due to complete communication training that included some simplified manual sign language on the 24 October 2025. The training was being facilitated by a speech and language therapist.

From a family representative spoken with, they communicated that 'staff use visual aids to support communication with their child and work with their child to help them make choices.'

On review of other arrangements in place to meet the requirements of this regulation, the inspector observed that children had access to the Internet, televisions, and a phone. One family representative confirmed that they witnessed their child being supported by a staff member to connect to the Internet when they arrived on a respite break.

Judgment: Compliant

## Regulation 13: General welfare and development

The person in charge had ensured that children had access to opportunities for leisure and recreation. Children engaged in activities in the respite centre and the community.

Children were supported to achieve some personal goals in order to enhance their

quality of life and independence. For example, one child was supported to understand the importance of hand hygiene and wearing clean clothes. Staff completed individual key-working sessions with the child related to this. The inspector reviewed the last session that had taken place in September.

From a review of two children's files over their last two respite stays, the inspector observed that the children were being offered and were participating in activities of their preference. Ranging from sensory play, garden games, going to playgrounds, attending the cinema, and going shopping. The person in charge confirmed that some of the documentation related to the recording of activities required enhancement and that they would be further exploring this with the staff team.

Judgment: Compliant

### Regulation 17: Premises

This regulation was found to be compliant as at the time of the inspection the premises was adequate in terms of layout and design for the assessed needs of the children.

The premises was found to be clean and in a good state of repair. The facilities of Schedule 6 of the regulations were available for children's use. For example, there was access to cooking and laundry facilities. There were appropriate play facilities available for use.

Each child had their own room for their respite break with adequate storage for any belongings they may want to bring with them.

There were colour coded equipment used for cleaning the centre and preparing food. There were appropriate facilities in place to facilitate good hand hygiene, for example the inspector observed that hand wash and disposable hand towels were available. This helped to prevent children from contracting healthcare-related illnesses.

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which was regularly serviced. For example, fire extinguishers were installed in March 2025,

The inspector reviewed three children's personal emergency evacuation plans (PEEPs). This review confirmed that for the most part the plans provided clear

guidance to staff on how to support the children in an emergency evacuation. While one plan had one statement of conflicting information observed, this is being actioned under Regulation 5: Individual assessment of need and personal plan.

Staff were found to have received training in fire safety and periodic fire drills were completed in order to assure the provider that the children could be safely evacuated from the building at all times. From a review of five fire drill records, the inspector found that alternative doors were being used for evacuation as part of the practice drills. This was in order to assure the provider that the children could be evacuated from all areas of the building if required.

There were fire containment doors in place where required and they were fitted with self-closing devices. All fire containment doors, which would facilitate containing a fire in the case of an emergency, closed as required.

While some flammable items were found to have been stored under the stairs which would compromise the safety of the only escape route from upstairs, the person in charge arranged for the items to be removed and stored elsewhere.

Therefore, based on the information provided and observed, the inspector was assured that there were appropriate fire precautions systems in place which would facilitate children's safety in an emergency situation.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

This regulation was found to be substantially compliant. The inspector found that while residents were receiving care, for the most part in line with assessed needs or recommendations from allied healthcare professionals, their assessment of need documents, and support plans required review.

The inspector reviewed three children's assessment of need documents and found that while a lot of clear and detailed information was provided in the majority of areas, some information required further elaboration. For instance, one child's assessment stated that they previously had involvement from a speech and language therapist but it did not explain in what context they had received support, whether it was in relation to their communication or diet. It did not provide information on whether recommendations had been provided in relation to the child's care and support requirements. In two assessments the documents explained that the children speak a simplified manual sign language and that one of those children had adapted some signs themselves. However, no elaboration was provided on what signs they used.

The inspector found that in the case of one child they had a psychologist assessment completed with some recommendations given. However, some of those recommendations were not occurring in practice, such as a timer to be used to

support with transitions. While not all recommendations may have been applicable for the respite setting, it was not evident if they had been reviewed by the centre management to assess their suitability or the need to trial them in this setting.

The inspector observed that a communication plan reviewed for one child did not guide the reader as to know when they are happy, sad or in pain. From speaking with the person in charge and the staff members on duty, this information appeared to be known but not reflected in the plan itself. This had the potential that not all staff may have the same knowledge of the children and could result in inconsistency of care provided.

Overall, while staff were familiar with the children's needs, the written assessments and plans required improvement to ensure they were a reliable guide for everyone. This would help provide safe and consistent care.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Children were supported to experience support with behaviour that may cause themselves or others distress. When required they had access to the support of allied health professionals. For example, they had access to a behaviour therapist.

The inspector found that a referral for behaviour therapy input was submitted when deemed to be required. One resident had a behaviour support plan in place and the plan outline potential warning signs of behaviours as well as both proactive and reactive strategies that staff needed to follow to support the child in times of distress.

Restrictive practices were found to be logged and reviewed monthly by the person in charge and respite manager. They were then reviewed again every six months by the restrictive practice committee. From a sample of three children's files, consent for the use of restrictive practices were signed off by their parent.

Judgment: Compliant

### Regulation 8: Protection

This regulation was found to be compliant. There were suitable arrangements in place to protect the children from the risk of abuse.

Examples of some of the suitable arrangements in place included:

- staff were suitably trained to recognise and escalate any safeguarding

concerns

- staff received additional training in communicating effectively through open disclosures
- there was a reporting system in place with a designated liaison person (DLP) who was the nominated safeguarding officer for the organisation
- a staff spoken with was able to identify who the DLP was to the inspector, and the identity of the DLP was displayed in the centre.

It was found that concerns or allegations of potential abuse were reviewed, reported to relevant agencies, and reviewed to determine if any learning arose from the incident that could be adopted by staff. From speaking with one family representative in relation to an incident that had occurred, they were satisfied with how it was dealt with and felt that learning had been taken and implemented by the centre management.

A staff member spoken with was familiar with the steps to take should a safeguarding concern arise including a witnessed peer-to-peer incident or an unwitnessed disclosure.

There were measures in place to safeguard any finances held in the centre. For example, there was a weekly and monthly audits completed by the respite manager or the person in charge. Staff members completed daily finances checks. From a review of three children's files, the inspector observed that there were intimate care plans in place that clearly guided staff as to the supports the children required. This included additional information that was added to one plan as a result of learning taken from a notified allegation. For instance, if a child was refusing to have their incontinence wear changed then staff were guided to explain to the child that first they needed to get changed and then they could watch their favourite television show. The person in charge said this method has been working very well since it was adopted.

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
<b>Capacity and capability</b>	
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
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Garascal OSV-0008995

Inspection ID: MON-0046921

Date of inspection: 14/10/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>All assessments and personal plans will be reviewed and updated to ensure that they contain clear, comprehensive, and current information reflective of each child's assessed needs. Recommendations from allied health professionals will be reviewed and clearly documented in relation to their relevance and application within the respite setting. Communication and support plans will be enhanced to guide consistent staff practice and ensure children's needs are met safely and effectively.</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 05(1)(a)	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 prior to admission to the designated centre.	Substantially Compliant	Yellow	18/11/2025
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 accordance with paragraph (1).	Substantially Compliant	Yellow	18/11/2025