



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

Issued by the Chief Inspector

Name of designated centre:	Willow Brook
Name of provider:	Lotus Care Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	07 January 2026
Centre ID:	OSV-0009073
Fieldwork ID:	MON-0047675

About the designated centre

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

Willow Brook is a designated centre operated by Lotus Care Limited. The centre can provide residential care for up to five children and young people aged between 6 and 18 years who present with a range of disabilities, including intellectual disabilities, autism spectrum disorder (ASD), and disabilities as defined in the Disability Act 2005. Each child has their own bedroom, bedrooms are an en-suite. The centre is presently operating separate individual units and all amenities are provided within the respective units. The centre had a large garden with a swing and trampoline. Staff are on duty both day and night to support children who avail of this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 7 January 2026	07:30hrs to 15:30hrs	Aonghus Hourihane	Lead

What residents told us and what inspectors observed

This was a risk-based inspection carried out to assess the provider's compliance with the regulations. This was the first inspection of the designated centre, following a site visit completed in June 2025 as part of the provider's application to register the centre.

The inspection was facilitated by the person in charge and the house manager, the regional operations manager attended to receive feedback.

A number of non-compliances with the regulations were identified during this inspection. Concerns were noted in relation to the provider's overall governance and management of the centre (Regulation 23).

The inspector identified significant concerns regarding assessments of need and the associated personal plans (Regulation 5), as well as risk management arrangements (Regulation 26), which required substantial improvement. The provider was unable to evidence that one young person's right to education was being fully supported. In addition, concerns were identified in relation to young people's links with the community and access to meaningful activities (Regulation 13).

The centre is located on the outskirts of a town in County Laois. It is a large, two-storey property providing accommodation for up to five young people. There are large gardens to the rear of the centre, and recreational equipment was available for use by the young people.

At the time of inspection, two young people were residing in the centre. The layout supported separate living arrangements, with each young person having their own living and sleeping quarters. Both units had separate entrances and exits, as required. Each young person had an en-suite bedroom, decorated in line with their individual wishes and needs.

The provider was operating two distinct services within the centre, with separate staff teams allocated to each young person.

The inspection commenced at 07:30. There were four staff members on duty. Both young people were in bed at that time, and staff were observed carrying out their duties. The centre presented as calm, clean, and tidy, and was warm and decorated in a manner that was both young person friendly and homely.

While some visual notices were displayed on walls throughout the centre, these were purposeful and did not detract from the homely environment. In one sitting room, toys were stored in a manner consistent with regular use, and there was evidence of books and artwork displayed naturally throughout the centre.

The inspector observed one young person during the morning routine within the centre. The other young person attended school for a short period and later visited their family. The inspector met both young people briefly; they presented as happy and content and were observed to engage positively with their allocated staff.

The inspector spoke with four staff members, all of whom demonstrated good knowledge of the young people they supported. Staff spoke warmly and in a caring manner when discussing the young people's needs and behaviours. Throughout the inspection, staff were observed to treat the young people with kindness and respect.

There was extensive evidence that staff were conducting regular key-working sessions with the young people. These sessions covered a broad range of topics and were tailored to the individual needs of each young person. In some cases, multiple sessions took place each week, supporting the development of strong, trusting relationships. Topics addressed included emotions, rights, safeguarding, and communication.

There was some evidence that young people were accessing the community. A visit to Dublin Zoo had taken place in recent months, along with participation in activities around Halloween and attendance at a Christmas party.

However, the inspector raised concerns with management regarding an over-reliance on "social drives" as a primary activity for one young person. There was a need to expand opportunities for community engagement and meaningful activities in line with assessed needs, particularly where one young person was not accessing education and the other was only attending for a short period daily.

Both young people's families had visited the centre. One family attended on a weekly basis to visit their loved one. A number of compliments had been received by the provider regarding the care and attention provided to the young people.

The following sections of the report outline the findings of this inspection in more detail, specifically in relation to the governance and management arrangements in place within the centre, and how these arrangements impacted on the quality and safety of the young people's lives.

Capacity and capability

The findings of this first inspection indicated that there was a clear management structure in place to govern the centre. The provider had recently appointed a new full-time person in charge, who also had other managerial responsibilities in the organisation. The person in charge had started to have a regular presence in the centre. They were supported in their role by a house manager who worked full time, had in depth knowledge of the young people and was responsible for the day-to-day operation of the centre, and by the regional operations manager. The regional

manager outlined how two new deputy team leaders had been recently appointed to further strengthen the governance arrangements and to ensure more effective oversight of the service.

While there was evidence of good practice in many areas reviewed, further oversight and improvements were required to ensure that the service provided was safe, to ensuring that the young persons' needs were fully understood and met, to risk management, to the further development of personal plans, to ensuring timely access to allied health services and to some health assessments.

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the young persons, statement of purpose and the size of the designated centre. The inspector noted that there were adequate staff on duty to support both young persons on the day of inspection. The staffing rosters reviewed indicated that a team of consistent staff was in place.

The provider had systems in place for reviewing the quality and safety of the service including a schedule of weekly, monthly and six-monthly audits. These included regular reviews of medication management, health and safety, infection, prevention and control, fire safety and staff training. The provider also had plans in place to carry out a six monthly and the annual review of the service.

The first six monthly review had taken place in December 2025 and the management team awaited the written report.

It appeared that audits/ reviews completed to date had failed to identify the issues found on this inspection and/or failed to place enough urgency on getting plans in place to address the issues.

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge. The person in charge was new to the service and was in charge of one other designated centre. They were supported in their role by a house manager.

The person in charge was suitably qualified and experienced for the role. They had started to have a regular presence in the centre and were known to young people and staff. They were knowledgeable regarding their statutory responsibilities and the support needs of the young people.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured there was adequate staff on duty in the designated centre at all times. The number and qualifications of staff on duty was dictated by the needs of the young people. The children were assessed as requiring 2:1 staffing during the day time and there were two waking and two sleeping staff on duty at night.

The inspector examined the planned and actual rosters for two weeks through the period of November/December 2025. There was a consistent staff team in place and the provider did not use agency staff on a regular basis.

The centre operated two rosters for the different units in the centre and the provider did this in response to the needs of one young person.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that all staff working in the centre had access to a suite of training including refresher training. The provider operated a training matrix to ensure that any issues with staff training was picked up at the earliest possible point. The provider had identified that the staff team had access to a variety of training in the centre including fire safety and safeguarding. The provider also provided training to staff in line with specific needs of the children attending the service in areas such as autism and staff had also had a briefing on childhood trauma.

There was a schedule of supervision for all staff and evidence that staff had received supervision in the closing months of 2025, in line with the provider's policy. There was planned supervision in place for all staff scheduled for various dates in February 2026.

Judgment: Compliant

Regulation 23: Governance and management

The management systems currently in place were not sufficiently robust to consistently ensure that the service provided was responsive to, and met, the full range of identified needs of all young people. As a result, the effectiveness of oversight and assurance systems were limited.

Improvements were required in respect of the governance arrangements within the centre. In particular, enhanced management oversight, quality assurance, and monitoring processes were necessary to ensure that care and support were delivered in a manner that was safe, effective, and aligned with regulatory requirements. Deficits were identified in the management of risk, the development

and implementation of comprehensive personal plans, and the coordination of care. These shortcomings adversely impacted the timely access to allied health services and healthcare supports as required. One young person required a full multidisciplinary assessment led by an appropriate professional to address an identified healthcare need that was impacting on the young person's quality of life, this needed to be addressed with the urgency it required.

There were concerns regarding the effectiveness of management systems within the designated centre. The existing audit and oversight tools failed to adequately identify, escalate, or address key areas requiring improvement. Audits did not sufficiently assess or respond to young people's individual needs, particularly in relation to health, education, and the quality and implementation of personal plans.

Further concerns were identified in relation to the identification, assessment, and management of risk within the centre. The provider's risk management policy was not effectively implemented and failed to identify key risks associated with health and educational needs. Risk mitigation measures were not consistently accurate and often repetitive, resulting in an ineffective approach to risk management in the designated centre.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The inspector saw that the young people and their representatives had been provided with a contract for the provision of services. The contract detailed the facilities and services that would be provided to the young people while residing in the centre. The two contracts reviewed were signed by the appropriate representatives of the young people availing of the service.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector during the inspection. It was available in the centre and it contained the required information as outlined in Schedule 1 of the regulations and had been reviewed and updated since the centre opened.

Judgment: Compliant

Quality and safety

The provider needed to ensure that the measures in place to promote the health, welfare and development of all young people were strengthened and that it clearly understood its obligations under the regulations to the young people it was caring for. The provider needed to urgently and pro-actively address known issues for one young person in relation to education and a health care matter.

There were examples of good practice and management that spoke to the inspector were committed to addressing the identified issues. The management team were frank in their discussions with the inspector, they generally accepted the areas that needed to be improved and discussed how many of these areas were ones that they themselves wanted to change.

The area of education provision was one that needed particular attention especially for one young person. The provider was not meeting its clear obligations under the regulations; it had failed to gather appropriate information such as school reports, failed to do any assessment of educational attainment and failed to take pro-active steps to secure a school placement or in lieu of this put in place an appropriate alternative.

The provider had also not addressed a significant presenting health care need. This issue was presently not well understood and the provider had failed to get a full and complete assessment as to the underlying causes. The lack of a complete assessment hampered all aspects of the provider's response. The actions in the personal plan for this matter were inadequate and failed to appreciate its significant impact on the young person's health now and into the future.

The provider's risk management system was presently not fit for purpose or user friendly. The system in its current format was not identifying the significant issues, risk ratings applied were not reflective of what was happening in the centre and as such the mitigation measures were very generic and ineffective.

Both young people appeared to have settled into their placement and both appeared to be making progress. It was clearly evident from incident reporting that the staff team was working together to recognise and address issues as they arise. However they needed better guidance on when to use certain intervention such as PRN (pro re nata- as needed) medication to ensure consistency in approach.

The management team and staff were making significant efforts to engage with and understand both young people. There was lots of work being completed in relation to the promotion of rights and the team was engaging proactively with families to ensure they were central in the lives of their loves ones.

Regulation 11: Visits

The provider facilitated and promoted visits to the centre for the young people and there was clear evidence available that families had visited the centre on a consistent basis.

There was ample appropriate, comfortable and private space for visitors to meet and spend quality time with loved ones. Given the current layout of the centre, families had plenty of options on where to meet and spend time with the young people.

The registered provider also facilitated visits outside of the centre. There was evidence that staff members supported the young people to meet family outside of the centre in accordance with their will and preference.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had failed to ensure that one young person had opportunities to attend or avail of education. The assessment for this young person did not contain appropriate education attainment targets. The provider had further failed to ensure that there were efforts to ensure continuity of education when the resident was admitted to the service six months ago.

There was confusion in the service as to whether the young person had a school placement or not. There was no education report from the young person's most recent school placement, there had been no contact between the service and this school. There were no active applications to any local schools or consideration of home tuition.

There was time built into the young person's schedule for education on a daily basis but with no plan and no guidance it was unclear what was expected of the staff team to achieve during this period.

The provider needed to significantly review its responsibilities to ensure that young people had opportunities to play, develop and maintain personal relationships and links with the community. The inspector reviewed the daily activities for one resident over a 20 day period and there was a significant reliance on 'social drives' as the primary activity outside of the residential unit.

Judgment: Not compliant

Regulation 17: Premises

The designated centre is a large home with five bedrooms and is currently separated into two units. The centre was clean, tidy, well maintained and was generally decorated to meet the needs of the current young people in the service.

The provider had in place an outdoor area to the rear of the property where appropriate outdoor recreational equipment was in place. The young people had individual bedrooms with ample storage and the rooms were personalised to reflect the interests of the young people. Both bedroom were en-suite

Toys and recreation equipment were freely available in the centre. The young people presented as comfortable in their surroundings. The kitchen areas were spacious with sufficient food storage.

Given the current occupancy rate there was ample rooms available for the current young people to relax, engage in activities or have time alone.

The premises provided the facilities as outlined in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

There was ample storage available for both dry and fresh food in both kitchens in the centre. The staff team offered a good choice of different meals to the young people and it was evident that they were involved in both the purchase and where appropriate the preparation of their meals. There were clear protocols in place to ensure that all food was labeled the day it was opened and the date the items were no longer to be used by. This process was working well in the centre.

One young person had an active referral to a nutritionist, the other young person had a plan from a dietitian. Given the presenting health needs the provider needed to ensure that the recommendations from the dietitian were followed and also that all meals offered were meeting the young people's dietary needs.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider's system in the designated centre for the assessment, management and ongoing review of risk was ineffective and did not serve its intended

purpose. There were three large risk management documents to cover the two young people and the centre itself. The inspector was concerned about how risk ratings were being applied in the centre, there was only one identified 'medium' risk but from discussions with the management it was clear that more existed. The provision of and access to education for one young person was rated as low with control measures in place such as an 'education plan'. This young person had not attended or received any formal education since their admission and there was no education plan in place.

The provider had identified a significant medical concern for one resident but the initial risk rating was low, and the subsequent control measures were limited and ineffective. The risk assessment failed to identify or appreciate the significance of the health concern, it failed to comprehend the very significant potential impact on the young person's health if the matter was not fully understood and actions implemented.

Overall the inspector was concerned that the risk management process did not serve its purpose and that the documents in place did not aid or assist management and staff in the delivery of appropriate safe care.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had policies, procedures and contracts in place pertaining to the management of fire containment. There was clear evidence that the provider was doing daily, weekly and monthly fire checks happening.

The young people in the centre all had personal evacuation plans in place. The provider needed to ensure that these were reviewed as they read more like assessments as opposed to evacuation plans. The provider committed to reviewing this.

The provider was carrying out fire drills both at daytime and night time and no significant issues were identified. The young people were getting out of the building in a timely manner.

There were two fire doors that were closing too fast upon simulation on the day of the inspection. This presented as a potential safety issue for the young people and could also overtime compromise the integrity of the door.

The provider ensured that maintenance was called immediately to review and amend as required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had failed to ensure that the individual assessments for residents were comprehensive in nature. The personal plan for one young person needed significant work especially in relation to a significant health care matter.

The provider had recognised and acknowledged the significant health care matter. However, there was no overall assessment or diagnosis of the issue. The health management plan developed was generic and proposed only monitoring of the concern with no concrete or measurable actions outlined. The provider had referred the resident to a nutritionist in October 2025 but this had not been followed up and there was no time frame on when this might be realised. The provider failed to appreciate that they needed to do more, a full multidisciplinary assessment of the issue was required and following this the personal plan needed to be updated.

The personal plans for both residents lacked clear and measurable goals. The assessment documentation for one resident contained clear guidance, recommendations and tools for those caring for the young person. None of these recommendations were recognised or contained in the personal plan and as such the provider was failing to ensure that the staff team was using all tools to meet the full needs of the young person.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The inspector reviewed the restrictive practices used in the centre to keep young people safe. In general, the provider operated a restriction free environment and the restrictions in place were deemed essential to ensure the young people were safe at all times.

The restrictions in place primarily related to environmental restrictions and safety equipment for travel purposes. The provider logged all restrictions, they were reviewed by a restrictive practice committee and management team carried out reviews and audits of restrictions on a very regular basis.

The two young people residing in the service both had positive behavioural support plans developed by an appropriate professional. One plan for one young person had been developed at the time of their admission. The young person had 18 recorded incidents since and although the incidents were appropriately reviewed this had not led to the actual plan being updated and so the guidance to staff was the same even though there was far greater knowledge and understanding of the young person's needs.

The staff team were utilising PRN medication to manage and de-escalate certain incidents for one resident. The positive behavioural support plan did not offer clear guidance to staff as to the threshold for when it was appropriate to consider the use of PRN medication. The inspector reviewed all the incidents and it was clear that staff needed better guidance and clarity as to when it was appropriate to use PRN medication to manage incidents.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had arrangements for safeguarding young people from all forms of abuse. Staff had completed training in safeguarding children from abuse. The training was completed on-line. The details of the designated safeguarding officer were available.

The provider invoked its safeguarding policy and procedures as needed, there was input from the designated safeguarding officer as required. The staff team understood their role in safeguarding young people from abuse at all times as young people attending the service were vulnerable due to their age and nature of their disability.

There were no active safeguarding concerns and no active safeguarding plans needed presently to keep young people safe. The provider had in place a number of arrangements that promoted high standards in relation to safeguarding. These arrangements included the provision of high staffing ratios and the layout of the centre which assisted greatly to manage safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the rights of young people were protected and promoted. The staff that met with the inspector knew the young people well and spoke positively about them. There was evidence that young people where possible were taking part in the running of the centre and provider had weekly meetings with young people to promote choice in the centre.

The files of the two young people reviewed showed that there was considerable efforts by staff to get to know the young people, their wishes preferences and desires. The dignity and privacy of the young people were promoted in these documents.

There was evidence that staff had done individual sessions with the young people in relation to helping them to understand their rights and to explain that advocacy services were available to help them should they want this.

There was evidence that staff were actively promoting the religious beliefs of one young person and assisted them to practice their beliefs at times that they wished to do so.

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	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Willow Brook OSV-0009073

Inspection ID: MON-0047675

Date of inspection: 07/01/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Person in Charge has been appointed to Willowbrook and will work alongside the House Manager, supported by two Deputy Team Leaders currently in post. The PIC will provide consistent oversight of the center and ensure its overall effectiveness to include management of risk, the development and implementation of comprehensive person plans and coordination of care. The PIC will ensure that all care and support are delivered safely, appropriately, and in full compliance with regulatory requirements. The resident has completed a multidisciplinary assessment to address identified healthcare needs. Due to be completed on 27/02/26.</p> <p>The PIC has completed a comprehensive review of all the resident risk assessments, updating them in collaboration with health and education services to align with the risk management policy completed on 15/01/26. In addition, the PIC has undertaken a full review of all personal plans and comprehensive needs assessments to ensure alignment and accuracy. Completed on 23/01/26.</p> <p>The resident's educational placement was confirmed by school personnel within 6__ working days of this inspection. The resident had a pre-organized appointment which they attended post this inspection on the 15/01/26 in relation to the concern raised on the day of this inspection. Relevant information and details have been recorded in their personal plan and discussed at recent team meeting to ensure all staff are informed and aware. Completed on: 22/01/26.]</p>	
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The PIC re-established contact again with the residents' previous school to clarify their education status and needs, addressing the lack of continuity highlighted during this</p>	

inspection. A structured education plan is now in place, combining supported school attendance and external learning, with clear guidance for staff. This plan commenced on 26.01.2026. External educational supports have also been identified to strengthen this approach and to ensure education time is purposeful and consistently supported.

Completed on: 15/01/26

All activity planners were reviewed to ensure the resident's schedule supports meaningful engagement and active participation in the community. Passive activities explanations have been enhanced with structured, interest-led opportunities that promote social connection and personal development. Several new activities are now in place, with further activities due to commence from 02.02.2026. Due to be completed on 02/02/26. The PIC will continue to monitor education engagement and activity participation through regular reviews to ensure plans remain appropriate and responsive to the resident's needs.]

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

The person in charge has completed a full review of the residents' nutrition and dietary needs in the Centre. For one resident a dietician appointment has been confirmed for 18.02.2026. Another resident's recommendations from the dietician have been actioned and will continue to be implemented in their weekly meal planner. A follow up dietician consultation for one resident was completed on 26.01.2026. The PIC will continue to review weekly meal planner to ensure the residents 's dietary needs are being met.

Completed on:26/01/26]

Regulation 26: Risk management procedures

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

Following the inspection, a full review of risk management processes has been completed to address concerns raised. Completed on: 11/01/26

All residents and center-level risks have been re-assessed to ensure that risks are accurately identified and appropriately rated. Focus has been placed on education and health-related risks, which were previously under-rated. Risk registers have been simplified and aligned to ensure consistency between individual and center-level risk documentation. Completed on:11/01/26

Pre-identified access to education for one resident has now been secured, with a school placement finalised within six days of the inspection. Education is now clearly identified as a key risk area within the individual risk management plan, with defined control measures and oversight by educational professionals. This approach will be applied to all future admissions to ensure continuity of education from the point of placement.

Completed on: 15/01/26

The resident's health needs have been re-assessed in consultation with relevant healthcare professionals. Risk assessments have been updated to reflect the seriousness of the health concern, with clear and effective control measures in place to guide staff practice and escalation. Completed on: 19/01/26

Risk management documentation has been revised to ensure it is clear, proportionate

and accessible to the staff team. Risk management has been discussed at team meeting on the 22/01/26 to ensure staff understanding and confidence, and risks will be formally reviewed on a monthly basis and in response to any change in resident's needs. Completed on 22/01/26.]

Regulation 5: Individual assessment and personal plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
 Following the inspection, a full multidisciplinary assessment has been completed for the resident, including consultation with the GP, Dietitian and Psychiatry to ensure a comprehensive understanding of the presenting health concerns is documented in the health management plan. A follow-up GP appointment has been scheduled for 19.02.2026 to support ongoing assessment and clinical oversight. Psychiatry appointment was completed on 28/01/26. The outcomes of the MDT assessment have been consolidated into the resident's personal plan, which was fully implemented on 28.01.2026 to include clear, specific and measurable actions to address the identified health needs. Completed on: 28/01/26
 Personal plans for both residents have been fully reviewed and updated to ensure that all recommendations, guidance and tools identified through previous assessments are accurately reflected and actively used in practice. External training has being sourced. In collaboration with the residents, the PIC has developed clear and measurable goals within each personal plan to guide care, health, risk and support for the year ahead (completed on 21.01.2026).
 Updated personal plans have been reviewed with the staff team in collaborations with Lotus Care's Behavioral Support Specialist at the monthly team meeting on 22.01.2026 to ensure staff understanding and consistent implementation. Personal plan review and progress against goals will remain a standing agenda item at team meetings to support ongoing oversight and timely updates in response to changing need. Completed on 22/01/26]

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
 Following the inspection, Lotus Care's Behaviour Support Specialist, in collaboration with the resident's psychiatrist and the PIC, have reviewed and updated individual's Positive Behaviour Support Plan. Clear, specific guidance has now been documented to outline when PRN medication is appropriate, including thresholds and clinical considerations for staff. Completed on: 28/01/26.
 The updates have been communicated to the staff team through formal training (delivered on 22/01/26 by Behavioural Support Specialist, ensuring that all staff understand and can consistently apply the guidance. The PIC will continue to monitor the implementation of the plan and ensure regular reviews are completed in line with best practice and the young person's evolving needs. Completed on: 22/01/26]

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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.	Not Compliant	Orange	12/01/2026
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Not Compliant	Orange	30/01/2026
Regulation 13(4)(a)	The person in charge shall ensure that residents are supported to access opportunities for	Not Compliant	Orange	15/01/2026

	education, training and employment.			
Regulation 13(4)(b)	The person in charge shall ensure that where residents are in transition between services, continuity of education, training and employment is maintained.	Not Compliant	Orange	15/01/2026
Regulation 13(4)(c)	The person in charge shall ensure that when children enter residential services their assessment includes appropriate education attainment targets.	Not Compliant	Orange	26/01/2026
Regulation 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.	Substantially Compliant	Yellow	12/01/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	27/02/2026

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.	Not Compliant	Orange	23/01/2026
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	23/01/2026
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.	Not Compliant	Orange	14/01/2026
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health,	Not Compliant	Orange	14/01/2026

	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.			
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).	Not Compliant	Orange	23/01/2026
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Not Compliant	Orange	23/01/2026
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there	Not Compliant	Orange	23/01/2026

	is a change in needs or circumstances, which review shall be multidisciplinary.			
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	22/01/2026