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

Issued by the Chief Inspector

Name of designated centre:	Rose Cottage
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	30 July 2025
Centre ID:	OSV-0007750
Fieldwork ID:	MON-0038723

About the designated centre

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

This service provides residential care and support to three adults with disabilities. The house is located in Co. Louth and is close to a large town. Transport is provided so residents can go for drives and access community-based amenities, such as; shopping centres, hotels, shops, pubs and restaurants. The house is a compact terraced bungalow with a large, well-equipped kitchen/dining room (including a small TV area), a small separate sitting room, a large communal bathroom, an external laundry facility and very well maintained gardens to the rear and front of the premises. There is also ample on-street parking at the front of the property. Each resident has their own bedroom, which are personalised to their style and preference. The house is staffed twenty-four hours by a team of staff nurses, a social care worker and a team of health care assistants. There is also an experienced person in charge who is supported in her role by an experienced team house manager. Three staff members work during the day to support the residents while one staff member works waking nights.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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 30 July 2025	09:00hrs to 17:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out to monitor compliance with regulations and standards and to help inform a registration decision. The findings from the inspection presented a mixed picture, highlighting both positive aspects and areas that require improvement. 13 regulations were reviewed throughout the inspection, of which 10 were found to be compliant, while three areas were identified as needing improvement.

The inspection process revealed concerns about the suitability of the premises in meeting residents' needs. At the time of the inspection, there was only one toilet in the house, which was insufficient. Consequently, there were occasions when one resident had to urinate in the garden due to the wait for access to the bathroom. This situation is unacceptable, and the provider's response was not as prompt as it should have been. This issue will be discussed in greater detail later in the report.

The inspector also noted that improvements were necessary regarding the communication supports provided to the two residents. There was limited guidance available for staff on how to communicate effectively with the residents. An audit conducted by the provider in November 2024 identified the need for improvement in this area; however, there was an eight-month delay in having a Speech and Language Therapist complete the assessment, and the report had yet to be made available for the staff to utilize. Although it was positive that the assessments were completed, the provider's response was inadequate.

In contrast, the review of information indicated that appropriate governance and management arrangements were now in place. However, there was a period during which these arrangements failed to accurately identify areas needing improvement, resulting in delays in enhancing services for residents. For example, there were instances in the past where residents negatively affected one another, and the response to these incidents was inadequate. In recent months, though, both the identification of incidents and the responses to them have improved, leading to better service for the residents.

When the inspector arrived at the residents' home, both residents were relaxing in bed while staff members prepared to assist them with their morning routines. Although the home was clean, it required significant cosmetic improvements, including new paint, flooring replacement, and a new worktop in the kitchen.

The inspector met with the two residents living in the centre, the person in charge, and three staff members during the inspection. One of the residents frequently moved in and out of the office area where the inspector was located. This resident often sat down for a drink before engaging in other activities and was observed completing puzzles with staff members and going out with them. The inspector noted that social activities were being trialled for this resident; for example, on the morning of the inspection, they went bowling with two staff members. After

returning from the outing, the resident had lunch before requesting a drive, which staff members promptly arranged. This resident primarily communicated through non-verbal means, and staff effectively responded to their gestures and vocalisations. While the resident occasionally appeared agitated, staff provided appropriate reassurance and support.

The resident seemed happy in their environment, and records indicated that efforts were being made to ensure they maintained an active lifestyle. There was also evidence of increased support from the provider's multidisciplinary team in recent months to meet this resident's needs.

The second resident communicated mainly by guiding staff to indicate their wishes and initiating familiar routines. For instance, during the inspection, this resident brought their outing bag to the staff, indicating a desire to go out, which was promptly facilitated. Reviews of daily notes and discussions with staff revealed that this resident often declined to participate in activities, preferring to relax in their room. On the morning of the inspection, when staff encouraged the resident to engage in activities, they chose to watch television instead. The resident appeared comfortable in their environment and enjoyed interactions with those supporting them. There was evidence to demonstrate that their needs were being closely monitored, and systems were in place to promote positive outcomes for them.

During the inspection, a family member of a resident contacted the service. When informed that the inspector was present, they requested to speak with them. The family member expressed satisfaction with the service, explaining that they were happy with the care being provided.

In conclusion, the inspection revealed a mixed picture regarding the quality of care at the centre. While there were several positive aspects, such as compliance with most regulations and efforts to engage residents in activities, significant areas for improvement were also identified. One concerning issue is the inadequate number of toilets, which directly impacts residents' dignity and rights. The delay in addressing this matter demonstrates a failure to prioritise residents' needs.

Additionally, the lack of clear communication strategies for residents, along with an eight-month delay in necessary assessments, highlights an urgent need for improvement. Enhancing these strategies is essential in supporting residents to communicate but to also aid staff members in communicating with the residents.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

The inspector reviewed the governance and management arrangements of the

provider and found that there had been a period where monitoring of the service being provided to the residents fell below the required standard. Recent changes to staff and management practices have improved the service being provided to the residents.

The inspector did find that there were appropriate measures in place concerning the staff team and training being provided to the staff team. The provider and the person in charge had made changes to ensure that the number and the skill mix of staff were appropriate to meet the needs of the residents.

Regulation 15: Staffing

The inspector sought to verify that the provider and the person in charge had sufficiently staffed the service to meet the residents' needs. The inspector found that the staff team consisted of; the person in charge, the house manager, staff nurses, a social care worker, and health care assistants. Each day, three staff members were scheduled to work, with one staff member on duty at night. A nurse or social care worker was assigned daily and was responsible for organising the day's activities.

The inspector reviewed the current roster along with the rosters from March of this year. While there had been some changes to the team,overall there was a consistent team in place meaning that residents were receiving continuity of care. During the initial meeting, the person in charge informed the inspector that changes had been made to enhance the skill mix within the team. In recent months, two additional staff nurses had been added.

After issues with staffing levels were raised, the provider increased the daily staffing numbers from three to four when three residents were living in the service. Following the discharge of one resident, the provider decided to maintain a roster of three staff members each day to support the two current residents. A review of the rosters showed that safe staffing levels were consistently upheld, and the skill mix of the staff team was suitable for supporting the two residents.

During the inspection, the inspector spoke with the three staff members, who demonstrated a good understanding of the residents' needs and they interacted with the residents in a respectful manner.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector requested confirmation that the staff team had access to and had completed the necessary training. Having reviewed the training records of the staff

members the inspector found that training needs were regularly assessed and staff attended training as required.

Staff members had completed training in various areas, including:

- Fire safety
- Safeguarding vulnerable adults
- Dysphagia
- Infection prevention and control (IPC)
- a human rights-based approach
- Epilepsy and buccal midazolam (rescue medication post seizure)
- First aid
- Safe administration of medication
- Children first
- Manual handling.

In addition, the inspector examined the systems in place to ensure that staff members received appropriate supervision. The records of three staff members were reviewed, and the inspector found that the staff members were being provided with guidance regarding best practice. The inspector also found that the staff members had been provided with additional training focusing on rights and safeguarding in recent weeks.

Judgment: Compliant

Regulation 23: Governance and management

As part of the inspection process, the inspector conducted a review of the provider's governance and management arrangements. The review identified that there was a period where the provider's management and oversight systems had failed to identify areas that required improvement. For example, incidents were occurring where residents were negatively impacting each other. Although few of these incidents were physical, residents were being affected by their peers, and this was not being appropriately addressed. Issues relating to the suitability of the property in meeting the needs of the residents were also not being addressed until recently.

When reviewing the governance and management arrangements, the inspector found that the provider had a reporting system in place where the services management team complete a document called the monthly statistical report. Data is input under topics such as:

- Safeguarding
- Restrictive practices
- Adverse incidents
- Staffing matters

The inspector reviewed monthly reports completed in February and March, as well as the two most recent reports completed for May and June. The comparison of the reports identified that there was an increase in adverse incidents being recorded in recent months. For example, in February, four adverse incidents were recorded, and in March, no incidents were recorded; in contrast, twenty-two incidents were recorded in May, and in June, there was a further increase with 76 adverse incidents being recorded. The stark increase in recorded adverse incidents from February (only four) to June (76) raises concerns about how incidents were previously managed and documented.

Changes to the services management team in April of this year led to a focus being placed upon accurate recording of incidents occurring in the residents' home. Staff spoken to during the inspection identified that all incidents were now being recorded. Previously, incidents were being managed but not recorded. This raised concerns regarding the oversight of the care and support being provided to the residents.

The inspector found that the provider had completed the required 6-monthly unannounced visits to the service that assessed the care and support being provided to the residents. The inspector reviewed the report from the most recent visit completed on the 21.05.25 and the report from the visit carried out on the 26.11.24, and the findings from a visit conducted on the 28.05.24 in order to compare the findings.

The reports from 2024 did not identify that residents' behaviours were negatively impacting each other, nor did the reports identify that the premises were no longer suitable in meeting the needs of the residents. The inspector found when reviewing the annual review, that a total of 24 adverse incidents were recorded in 2024, which further raised concerns regarding previous recording practices.

Since April of this year, the number of incidents being recorded has increased significantly. Following the recording and reporting of these incidents, the provider has responded to address concerns being raised and to take steps to ensure that all residents were adequately supported.

The report from the most recent unannounced visit was completed on the 21.05.25. This report accurately reflected the need for improvements to be made regarding the service being provided to the residents. The report identified that a number of areas were not compliant with the regulations and a large action plan was put in place following the review and added to the services quality improvement plan.

In recent months, there has been:

- increased multidisciplinary input for all residents
- increased positive behavioural support
- the staff team have been provided with additional training
- the provider has taken steps to enhance the skill mix of the staff team
- the provider has increased the staff-to-resident ratio, meaning that residents can be supported on a two-to-one basis when accessing the community
- one resident was supported to move to another of the providers services,

which better suited their needs
- the provider plans to complete repairs and building works to the residents home.

During the inspection, the inspector found that the new measures taken to enhance the service being provided to the residents were leading to positive outcomes for the residents and some of these will be discussed in more detail later in the report.

In summary, the recent changes to the governance and management arrangements of the service have led to improvements in recording and responding to incidents. The implementation of an action plan, alongside increased multidisciplinary support and enhanced training for staff, demonstrates the provider's commitment to improving residents' care.

Judgment: Compliant

Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. The inspection also involved studying the provider's restrictive practices and adverse incidents. This review showed that, per the regulations, the person in charge had submitted the necessary notifications for review by the Office of the Chief Inspector.

Judgment: Compliant

Quality and safety

The inspection findings indicated that improvements were necessary to ensure residents received the best possible service. These needed enhancements related to the residents' home and how the facilities had negatively impacted their rights. The issues will be discussed in more detail under Regulation 17: Premises and Regulation 9: Residents' Rights.

The inspection process revealed that comprehensive assessments of the residents' needs had been completed and personalised support plans had been developed. Guidance documents were created to help staff provide the best possible support to the residents.

The inspector assessed several areas, including communication, health care, safeguarding, risk management, positive behaviour support systems, and overall welfare and development. The review found these areas to be compliant with

regulations.

In conclusion, while the inspection highlighted the need for improvements in the residents' living conditions and the impact on their rights, it was also found that there were a number of areas that were complaint with appropriate systems in place.

Regulation 10: Communication

As mentioned in the opening section of the report, both residents used non-verbal forms of communication to express themselves. The inspector aimed to review the communication supports in place for each resident. A six-monthly unannounced visit report from 26.11.24, indicated that improvements were needed to better assist residents with their communication needs.

For one resident, the inspector found that information about their communication methods had been updated on 28.07.25. This document outlined the resident’s communication styles, how they processed information, and provided examples of how staff members should interact with them. This document was developed by staff members. Additionally, the resident's communication needs had been assessed by a Speech and Language Therapist on 16.07.25; however, the report had not yet been finalized.

Upon reviewing the second resident’s information, the inspector found limited details regarding the resident's communication methods or guidance on how staff should communicate with them. Although this resident had also been assessed by a Speech and Language Therapist on 16.07.25 a formal report or guidance document had not been completed.

In summary, the inspection findings indicated that the provider had failed to fully address the improvements identified in an audit conducted in November 2024. There was insufficient information regarding how one resident communicated, and there had been significant delays in completing the Speech and Language assessments. This situation did not demonstrate that effective supports were in place to address the residents' communication needs.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Both residents had been supported to establish person-centred plans. The inspector reviewed these alongside social goals which were identified for the residents. There was evidence that the residents were supported to engage in activities outside of their home on a daily basis if they wished to do so. The additional staff meant that

the residents were now supported on a 2:1 staffing ratio, engaging in activities separately. For example, on the day of the inspection, one resident was supported on an outing with two staff in the morning and in the afternoon, the other resident was supported by two staff to go on an outing.

The inspector reviewed daily notes for both residents' studying recordings for the previous two-week period. Residents had gone out for coffee, gone for walks, visited parks, and gone out for tea with staff members.

Following the review of information, it was evident that the residents were now being supported to engage in regular activities outside of their home, which demonstrates an improvement, as an audit from May of this year identified that the residents were engaging in limited activities due to residents' presentation and staffing numbers. The provider had therefore adequately responded to the issue and both residents now had the opportunity to engage in regular social activities.

Judgment: Compliant

Regulation 17: Premises

The providers' unannounced visit report conducted on the 21.05.25 found that the premises were not compliant with the regulations and were not suitable to meet the needs of the then three residents. Since then, one resident transitioned out of the service in early July however, issues remain. For example, there is only one bathroom in the premises, and there have been occasions where one resident has urinated in the garden of their home due to having to wait to use the bathroom. This is not appropriate. Of concern is that these incidents had not been raised before April this year, identifying a period where recording practices were not as strong as they should have been.

Prior to the inspection, the provider had agreed that work would be carried out in the coming weeks. All rooms in the house were due to be painted, a kitchen counter top was due to be replaced, and flooring in a number of areas in the house was due to be replaced. While these works would enhance the appearance of the house, they would not address the issue regarding only one toilet being available to the residents and the staff members supporting them each day.

The person in charge informed the inspector that discussions had been had regarding adding another toilet to the premises, however, no formal decision had been made regarding how or when this would be achieved. During the inspection, the provider submitted written confirmation stating that the building works would commence in late August, and it was planned that a second toilet would be added to the premises.

In conclusion, the inspection highlighted significant compliance issues within the premises, particularly regarding the inadequate bathroom facilities for residents. Despite the planned renovations and improvements, the lack of a second toilet

remains a pressing concern that directly impacts the dignity and well-being of the residents.

Judgment: Not compliant

Regulation 26: Risk management procedures

The inspector reviewed the risk assessments and records of adverse incidents for residents from June to the date of inspection.

The evaluation of the risk assessments demonstrated that they were linked to the residents' assessments of need and individual support plans. The risk assessments were concise and well-written, providing the necessary information to ensure the safety of the residents. The inspector noted that the risk control measures were appropriate for the level of risk identified.

Additionally, the review of the incidents indicated that the staff team was effectively responding to these situations and maintaining the safety of residents. In examining the minutes from staff meetings, the inspector found that incidents were discussed, and lessons learned were actively promoted.

In summary, the evaluation of the information confirmed that appropriate risk management arrangements were in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

During the review of the residents' information, the inspector found that their social and health needs had been properly assessed. There was evidence of increased multidisciplinary team (MDT) involvement in recent months, indicating that the residents' needs were being closely monitored.

The inspector also saw that care and support documents had been created for the residents. Upon reviewing a large sample of these documents, the inspector determined that they accurately reflected the residents' current needs and outlined how staff members should respond to and support them.

Judgment: Compliant

Regulation 6: Health care

After reviewing the information of the two residents, the inspector confirmed that the provider had ensured appropriate healthcare had been provided to them. The inspector found that health screenings had been conducted, and the residents were accessing healthcare professionals as needed. Health care plans had been developed, were regularly reviewed, and accurately reflected the residents' needs.

As mentioned earlier in the report, the residents have recently received increased support from the provider's multidisciplinary team. This support included input from psychiatry, dietetics, occupational therapy, and speech and language therapy. Residents attended appointments with their general practitioner (GP) and they were also referred to neurology when necessary. Furthermore, there was evidence of clinical nurse specialists providing support to both the residents and the staff team as needed.

In summary, the review indicated that the health needs of the residents were closely monitored, and proactive steps were being taken to maintain their health.

Judgment: Compliant

Regulation 7: Positive behavioural support

The two residents in the service were being supported by the provider's positive behaviour support team, each having a well-developed positive behaviour support plan in place. The inspector reviewed these plans and found them to be focused on understanding the residents' behaviours. The plans provided insights into the reasons behind these behaviours and outlined practical strategies for preventing or responding to incidents when they occurred. There was evidence that the presentation and incidents involving the residents were under close review by the provider's multidisciplinary team. If necessary, adjustments were made to the care and support of the residents to reduce adverse incidents.

An in-house review of one resident's presentation was conducted on June 3, 2025, by the provider's clinical nurse specialist in positive behaviour support. Following this, the resident's positive behaviour support plan was reviewed and updated. The inspector also examined a sample of adverse incidents that had occurred in June. Many of these incidents involved residents engaging in ritualistic behaviours that negatively affected those around them. As mentioned earlier in the report, more than 70 adverse incidents were recorded in June.

In contrast, only seventeen incidents were recorded at the time of the inspection in July, demonstrating a significant reduction in incidents. The person in charge and the staff team noted that the decrease in the number of residents in the house was an important factor, along with an increased staff-to-resident ratio. Staff members also discussed changes in their approach to supporting the residents. For example, after reviewing one resident's needs, it was decided to implement a trial to help the

resident identify which staff member was assigned to support them. At the time of the inspection, this initiative was proving successful and was reducing the residents' anxiety.

In summary, the inspector found that the residents' needs in this area were under close review, and that steps were being taken to help reduce adverse incidents and promote positive outcomes for the residents.

Judgment: Compliant

Regulation 8: Protection

As part of the pre-inspection process, the inspector reviewed all safeguarding incidents reported to the Office of the Chief Inspector over the last twelve months. A common theme observed during this inspection was the increase in recorded incidents starting in April. Before this, there were incidents involving residents affecting their peers, but discussions with staff indicated that these incidents had not been accurately documented prior to April.

Many of the incidents identified involved residents engaging in ritualistic behaviors that sometimes impacted others. The inspector noted that the person in charge had raised concerns since beginning their role, and the provider had responded by making changes to resident numbers, increasing staffing support, and providing additional multidisciplinary support for the residents.

The number of safeguarding incidents has significantly decreased in recent weeks due to these changes. For example, twenty-seven safeguarding incidents were recorded between April and June, while only one safeguarding incident was recorded in July. This indicates that those supporting the residents had made improvements in the care provided and had successfully safeguarded the residents.

Judgment: Compliant

Regulation 9: Residents' rights

It is the provider's responsibility to ensure that each resident's privacy and dignity are respected in their personal living space. The findings from this inspection revealed that the provider had failed to do this.

As stated under Regulation 17, there had been instances where a resident was reported urinating in their garden because the only bathroom on the premises was occupied. Such incidents had not been identified as an issue prior to April 2025. Since that time, staff members have received additional training in human rights and safeguarding, which has enabled them to recognise that these incidents negatively

impact the resident's rights. Recently, five complaints were raised by the staff regarding the resident's need to urinate in the garden due to the bathroom being in use.

This indicates an improvement in how the staff team is supporting the residents, which is a positive development. However, it is important to note that there was still only one toilet available on the premises at the time of the inspection. Although the provider now has a plan to address this issue, this issue still impacted negatively on the residents rights to privacy and dignity.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Rose Cottage OSV-0007750

Inspection ID: MON-0038723

Date of inspection: 30/07/2025

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 10: Communication</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 10: Communication:
One resident communication passport has been updated and made very specific and is available in the resident's personal plan.

The Speech and Language Therapist will complete residents communication assessment by 30th September 25</td></tr>
<tr><td>Regulation 17: Premises</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 17: Premises:
The additional WC facility in the house will be completed by 22.9.2025.</td></tr>
<tr><td>Regulation 9: Residents' rights</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The additional WC facility in the house will be completed by 22.9.2025.

Residents have an up-to-date Rights Assessment in their Personal Plan
Residents are supported to make complaints as required
All Rights issues are submitted to the Rights committee</td></tr>
</table>

Residents are supported to contact Advocacy Services if required.

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30/09/2025
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Red	22/09/2025
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space,	Not Compliant	Orange	22/09/2025

	personal communications, relationships, intimate and personal care, professional consultations and personal information.			