Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Valleyview
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	13 May 2026
Centre ID:	OSV-0001705
Fieldwork ID:	MON-0050232

About the designated centre

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

Valleyview is a designated centre operated by Sunbeam House Services CLG. Valleyview is located in a rural town in County Wicklow. It provides full-time residential care for male and female adults with intellectual disabilities. The service can also support residents with complex medical issues. Due to their ages, most residents are retired and are supported by staff in the centre with their social and leisure activities. The centre compromises two interconnected bungalows. Residents have their own bedrooms, and there is ample communal living space including gardens. The centre is staffed by a person in charge, deputy manager, staff nurses, social care workers, and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

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 13 May 2026	10:00hrs to 18:15hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the regulatory monitoring of the centre. The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre. Overall, the inspector found that the centre was operating at a good level of compliance with the regulations, and that residents were happy and in receipt of a safe and quality service.

However, some improvements were required in relation to the premises, fire safety, the maintenance of healthcare records, notification of incidents, and the audit systems. These matters are discussed further in the report.

The centre comprises a large single-story building with two interconnected bungalows. The bungalows are similar in size and layout, and both accommodate four residents. The centre is located in a picturesque setting, and within close walking distance to a small town with many amenities and services. There are also two vehicles available in the centre for residents to access their community and beyond.

The inspector carried out a walk-around of the centre with the person in charge. The premises were observed to be bright, clean, comfortable, and well equipped. Each resident had their own bedroom which were personalised to their individual tastes. Some bedrooms were limited in space, especially for residents who required mobility equipment. The management team told the inspector that plans were being developed to reconfigure some rooms to better meet the residents' needs.

There was sufficient communal space, including sitting rooms, kitchens, dining spaces, accessible bathrooms, utility rooms, and space for residents to receive visitors. The kitchens were well equipped, and there was a good selection and variety of food and drinks for residents to choose from. The gardens looked onto pleasant views of the countryside, and provided an inviting space for residents to use. However, potholes in the driveway required attention, this matter is discussed further later in the report under Regulation 17: Premises.

The inspector observed that specialised equipment was available to residents; for example, mobility equipment such as individualised chairs and overhead hoists. The equipment was up to date with its servicing requirements. However, the bath in one of the bungalows was broken since January 2026, which meant that residents had to use the bath in the other bungalow until it was fixed.

The inspector observed good fire safety precautions, such as fire detection and fighting equipment throughout the centre. However, the fire containment measures required improvement as there were no fire doors in the conservatory section of the premises that connected the bungalows. This risk had been identified by the

provider; however, there was no time frame for when the doors would be installed. The premises and fire safety are discussed further in the quality and safety section of the report.

The inspector observed that the notice boards in dining areas displayed information for residents on human rights, independent advocacy services, restrictive practices, HIQA inspections, making complaints, and community activities.

The inspector observed a warm and relaxed atmosphere in the centre; for example, residents' favourite music was played, home cooked meals were prepared, and residents and staff appeared to have a warm rapport as they conversed together. The inspector had the opportunity to meet residents as they went about their activities. Some residents were busy with different community activities, such as attending community clubs, day services and going to the local shops. In-house activities included knitting, watching television, listening to music, spending time in the garden, reading, and having beauty treatments.

Resident communicated using individual and various means, including words and gestures. Some residents were happy to speak with the inspector about what it was like to live in the centre.

Three residents spoke together with the inspector. They said that they knew and liked all the staff working in the centre. They liked their bedrooms and said that they had enough space for their belongings. One resident showed the inspector their prized possessions, such as sensory aids. The residents said that they enjoyed the food in the centre, and that the staff were good cooks. They also liked to eat out and have takeaways. They spoke about their hobbies and interests, such as going on holidays, attending day services, going to the pub, reading, watching sports and keeping up to date with current affairs. Family visits were also very important to them.

One resident spoke with the inspector on their own. They said that the centre was a lovely place to live and that no improvements were needed. They liked crafts, games, shopping with their key worker, spending time with their family, gardening, and going to a local community centre. They were also looking forward to an upcoming holiday with staff. The resident said that they got on well with the other residents, and had no worries, but they could speak with staff if they had any concerns. They liked the food in the centre, and sometimes baked. They had participated in a fire drill, and knew how to evacuate the centre if the alarm sounded.

The inspector also spoke with different members of staff working in the centre, including the person in charge, the deputy manager, the operations manager, a social care worker, a nurse and a healthcare assistant. They all gave good feedback on the quality and safety of the care and support residents received. The inspector spoke to them about a range of matters, including safeguarding procedures, fire safety, and residents' care plans, which are discussed further in the next sections of the report.

Overall, the inspector found that residents were in receipt of a safe and high-quality service, and that adequate arrangements were in place to meet their assessed needs and wishes. Some improvements were required to meet full compliance with Regulation 6: Healthcare, Regulation 17: Premises, Regulation 23: Governance and management, and Regulation 28: Fire precautions.

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

Capacity and capability

Overall, there were good management systems in place to ensure that the service provided to residents in the centre was safe, consistent, and appropriate to their needs. The provider had ensured that the centre was well resourced, for example, staffing arrangements were appropriate to residents' needs. However, improvements were required in relation to the notification of incidents, and how audit reports were maintained and addressed.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and was supported in the management of the centre by a deputy manager. The person in charge reported to an operations manager, and there were good systems, such as regular meetings, for them to communicate and escalate information.

The provider and person in charge had implemented management systems to ensure that the centre was safe and monitored. Annual reviews and unannounced visit reports, and a suite of audits had been carried out, which identified actions to drive quality improvement. The April 2026 annual review was comprehensive, and had consulted with residents and their families. Their feedback was positive and indicated that they were satisfied with the quality and safety of care and support provided in the centre. However, the 2025 unannounced visit reports were not available in full for the inspector to view during the inspection.

The inspector found that the person in charge had not notified the Office of the Chief Inspector of Social Services (Chief Inspector) of the use of restrictive practices in the centre. This issue had been noted in the provider's April 2025 unannounced visit report; however, this matter had not been addressed. This demonstrated a deficit in the effectiveness of the provider's oversight systems.

There were arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision meetings. Staff could also contact an on-call service for support outside of normal working hours.

The staff skill-mix and complement was appropriate to the number and assessed needs of residents. There were no vacancies, and residents received good continuity of care. Staff completed relevant training as part of their professional development which supported them in their delivery of appropriate care and support to residents.

Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed the most recent staff team meetings from March 2026, which noted discussions on audit findings, restrictions, incidents, and staffing matters.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. They were found to be suitably skilled and experienced for the role, and possessed relevant qualifications in nursing and management.

The person in charge had a clear understanding of the service to be provided in the centre, and of residents' individual personalities and care and support needs.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix, comprising the person in charge, a deputy manager, nurses, social care workers, and healthcare assistants, was appropriate to the number and assessed needs of the residents living in the centre.

There were no vacancies in the complement, and staff leave was covered by permanent staff working additional hours and regular relief staff to ensure that residents received continuity of care and support. Residents spoken with told the inspector that they knew all the staff and liked them. The person in charge and operations manager were also satisfied with the staffing arrangements, and said that the staff team were consistent, great, and committed to meeting residents' needs and wishes, such as accompanying them on holidays. The inspector found that staff spoken with were well informed on the topics discussed, such as residents' care plans, interests and personal preferences.

The inspector viewed a sample of the recent 2026 planned and actual staff rotas. An improvement was required to ensure that the hours worked by staff were clearly described on the rotas, and the person in charge made the necessary amendments during the inspection.

Staff Schedule 2 files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training records viewed by the inspector showed that staff were up to date with their training requirements. The training included safeguarding of residents, administration of medication, communication, human rights, manual handling, supporting residents with modified diets, management of behaviours of concern, management of complaints, infection prevention and control, and fire safety.

The person in charge provided informal support and formal supervision to staff working in the centre. The inspector reviewed three staff supervision records, and found that they had received formal supervision in line with the provider's policy. Staff could also utilise an on-call service outside of normal working hours if they required support.

Judgment: Compliant

Regulation 23: Governance and management

There were good management systems to ensure that the service provided in the centre was safe, consistent and continually monitored. The inspector found that it was well resourced to support the delivery of effective care and support. For example, the staffing arrangements were appropriate to residents' needs, they could access multidisciplinary team services, and vehicles were available for residents to access community services. However, improvements were required to ensure that audit reports were available in the centre and that associated actions were implemented.

There was a clearly defined management structure with associated lines of authority and responsibilities. The person in charge was based in the centre, and supported in their role by a deputy manager. The person in charge reported to an operations manager. There were effective arrangements, such as regular formal meetings, for the management team to communicate and escalate information. The operations manager also frequently visited the centre as part of their oversight arrangements.

The provider and local management team carried out a suite of audits, including unannounced visit reports and annual reviews, and detailed audits on health and

safety. The audits identified actions for quality improvement. However, the management team were not able to retrieve the two 2025 unannounced visit reports in full during the inspection. They contacted the provider's quality team for support, but they were also unable to retrieve the full reports. Therefore, it was not possible to verify the comprehensiveness of the reports.

Additionally, the inspector read in meeting minutes that the April 2025 unannounced visit report had identified that not all incidents were reported to the Chief Inspector as per the requirements of the regulations. However, the inspector found that this finding had not been addressed; this matter is discussed under Regulation 31: Notification of incidents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed the centre's incident records and notifications submitted to the Chief Inspector since the previous inspection of the centre in 2024. Incidents, such as allegations of abuse, minor injuries, and loss of power had been notified.

However, the inspector found that the person in charge had not notified the Chief Inspector on the use of restrictive procedures in accordance with the requirements of the regulation. This discrepancy had been noted in the provider's April 2025 unannounced visit report of the centre. The person in charge submitted the outstanding notifications before the inspection concluded.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a high standard of care and support. However, improvements were required in relation to the maintenance of healthcare records, the premises and fire safety precautions.

Residents were found to be safe and have a good quality of life in centre. They told the inspector that they liked living there and were able to make decisions and have choice in their lives. They were supported to engage in a wide range of social and leisure activities in accordance with their interests and preferences, and there were sufficient resources to facilitate their choices. For example, the staffing levels were sufficient and vehicles were available for residents to access services and amenities outside the centre.

The inspector observed that staff engaged with residents in a respectful manner, and were able to effectively communicate with them. There were arrangements to promote and uphold residents' rights in the centre, such as key worker meetings to help them choose and achieve personal goals, and training for staff to inform their practices.

The registered provider and person in charge had ensured that residents received appropriate health care. Within the centre, nurses oversaw residents' healthcare needs and associated supports. Residents also had access to the provider's and community-based multidisciplinary team services. However, the maintenance and accessibility of some residents' healthcare records required improvement to ensure that care plan interventions were followed and that outcomes from screening programmes were recorded.

Residents got on well living together, and appropriate arrangements were in place to safeguard them from abuse. For example, staff had received relevant training to support them in the prevention and appropriate response to abuse. Staff spoken with, including the person in charge and operations manager, told the inspector that residents were safe and they had no concerns for their wellbeing. The inspector found that previous safeguarding concerns had been managed appropriately, and that staff had a good understanding on how to report safeguarding concerns.

The premises comprised two large interconnected bungalows. The bungalows were clean, bright, nicely decorated, and generally well-maintained. Residents had their own bedrooms, and there was sufficient communal space, including space for residents to receive visitors. There was also adequate storage space for the array of mobility equipment used by residents. However, some upkeep of the premises and its facilities was required, and had been reported by the person in charge to the provider's maintenance department. Additionally, some bedrooms were small in space, and there were plans to enlarge the rooms.

There were good fire safety precautions implemented in the centre. Staff completed regular checks on the fire safety equipment and precautions, and there were arrangements for the servicing of the equipment. Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire. The effectiveness of the plans was tested as part of scheduled fire drills. However, the fire and smoke containment measures required improvement as the doors connecting the bungalows were not fire doors, which impacted on how effectively they would prevent the spread of smoke and fire.

Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported to communicate in their own individual means. Residents communicated using various and multimodal means. The inspector observed that they were listened to and understood by staff when they conversed. Staff had completed communication

training, and the inspector reviewed two residents' care plans and found that they outlined clear information on how residents' communicated for staff to refer to.

The provider had ensured that residents could access different media forms in the centre, including television, newspapers, radio and the Internet. Residents could also use their phones and smart devices to keep in contact with their family.

Judgment: Compliant

Regulation 11: Visits

Residents could freely receive visitors in the centre and in accordance with their wishes, and they told the inspector that they looked forward to their family visiting.

There was a visitor protocol on the notice board at the entrance to the centre, and it outlined that visitors were very welcome. The premises also provided suitable communal facilities and private space for residents to spend time with their visitors.

Judgment: Compliant

Regulation 17: Premises

The premises were found to be appropriate to the number and needs of the residents. The premises comprised two bungalows connected by a conservatory area. The bungalows were very similar in size and layout. Residents spoken with during the inspection told the inspector that they liked the premises, and were satisfied with the facilities and their bedrooms. Overall, the premises were observed to be clean, bright, comfortable, and nicely decorated; however, some upkeep and maintenance was needed.

There was sufficient communal and living space, including kitchen and dining facilities, sitting rooms, bathrooms and nice garden spaces. Residents' bedrooms were decorated in accordance with their personal tastes. However, some bedrooms were small with layouts that were not ideal for residents with mobility needs. For example, in one bedroom, the en-suite bathroom was not accessible for the resident to use. The provider's multidisciplinary team were scheduled to assess the rooms to inform proposals to enlarge and reconfigure the spaces to better meet residents' needs. The kitchens were also due to be refurbished in the coming months.

The provider had ensured that specialised mobility equipment such as overhead hoists and electric beds was available to residents, and there were arrangements to ensure that the equipment was kept in good working order. However, a height-adjustable bath in one of the bungalows had been broken since January 2026 due to

a damaged part. A replacement part was being soured, and in the meantime, residents were using the bath in the other bungalow.

The inspector also observed that additional upkeep and maintenance was needed in areas, such as:

- potholes in the driveway
- flooring in a bedroom was damaged
- repainting was needed in areas, such as dining rooms (this was scheduled for later in the summer).

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to be involved in the purchase, preparation and cooking of their meals as they wished.

The inspector observed that the kitchens were well equipped with cooking appliances and equipment. There was also a wide selection and variety of food and drinks in both bungalows for residents to choose from. Residents spoken with told the inspector that they liked the food in the centre and that the staff were good cooks. Some residents also liked to bake. Residents also enjoyed eating out and having takeaways. The inspector read that during the residents' February 2026 house meeting they were asked about the food in the centre; they said that they were happy with it and had enough choice.

Some residents required modified diets. The inspector viewed two associated care plans. The plans had been prepared by the provider's speech and language therapy service to guide staff in preparing residents' meals. Staff had also received training in supporting residents with modified diets to guide their practices. The inspector spoke with some of the staff working during the inspection about the care plans, and found that they had a good understanding of how to prepare residents' food and drinks.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the registered provider had implemented good fire safety systems in the centre. However, the fire containment measures were found to require improvement.

There was fire detection and fighting equipment, and emergency lights in the centre, and it was regularly serviced. Staff also completed daily and weekly checks of the equipment, exits and escape routes. The fire panel was addressable and there was information beside it on the different zones in the centre. However, the information required updating to reflect recent changes to the functions of some rooms.

There were fire doors throughout the premises. The inspector released a sample of the doors, including bedroom doors, and observed that they fully closed. The exit doors had easy-to-open devices to aid a prompt evacuation. However, the conservatory doors that connected the bungalows were not fire doors. This posed a risk that fire and smoke would not be adequately prevented from spreading. The risk had been identified in the provider's own audits; however, there was no time frame for when the doors would be installed.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own individual evacuation plan which outlined the supports they required in evacuating. Fire drills, including night-time scenario drills, were carried out to test the effectiveness of the evacuation plans. One of the residents spoken with told the inspector that they knew to evacuate the centre if the alarm sounded. Staff had also completed fire safety training, and told the inspector that residents evacuated well with staff support and knew where the assembly points were.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, the registered provider and person in charge had ensured that residents received appropriate health care. However, the maintenance of associated documentation required improvement to ensure that residents' care plans were adhered to and that screening outcomes were recorded.

Within the centre, there were nurses on duty to oversee residents' health care. Residents also had access to the provider's multidisciplinary team and community services as they required. For example, general practitioners (GPs), dentists, opticians, dietitians, and specialist services.

Written care plans outlined the supports and interventions required by residents. The inspector reviewed two residents' care plans, and found that they were up to date. However, one resident's plan outlined that their daily fluid intake was to be recorded. The inspector reviewed the records for May 2026 and found inconsistencies in the recording. The inconsistencies posed a risk to the resident's health as it could not be verified if the resident was receiving sufficient daily fluid amounts as per their care plan.

The inspector also found that while one resident had availed of a national screening programme in 2024, there was no information on the outcome of the screening. This required improvement to ensure that any potential follow-up action was completed.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The provider had prepared a written safeguarding policy, which underpinned the systems and outlined the associated arrangements.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance for them in the centre to easily refer to. Staff spoken with during the inspection were aware of the procedures for responding to and reporting potential safeguarding incidents.

The inspector found that safeguarding incidents in the centre had been appropriately reported, responded to, investigated, and managed. For example, the inspector reviewed three safeguarding concerns, made since the previous inspection in 2024, and found that they had been reported in line with the provider's policy, and that associated safeguarding plans had been prepared.

The inspector reviewed two residents' care plans, and found that they contained information on their personal and intimate care needs for staff to follow to help ensure that they supported residents in a manner that respected their privacy and dignity.

Judgment: Compliant

Regulation 9: Residents' rights

This inspection found that residents were supported to exercise their rights and have control and make choices in their lives.

Residents spoken with told the inspector they liked living in the centre, and could make choices in their lives, such as their activities, routines and meals, and they were supported to achieve personal goals. Residents and their families had been consulted with as part of the annual review. Their feedback noted that residents felt respected, that their rights, including the right to privacy, were upheld, and that they could make decisions in their lives.

Residents had been allocated key workers who supported them to plan personal goals. Their goals were in line with their wishes and interests, such as going on hotel breaks and to theatre shows. Resident spoken with told the inspector that they had active lives, and could choose their own routines and activities. For example, they liked eating out, visiting family, attending community groups and clubs, shopping, crafts, sports, beauty treatments, games, using sensory equipment, and streaming entertainment. Some residents were also looking forward to upcoming holidays with staff.

Residents could also attend house meetings where common agenda items, such as; activities, meal planning, health and safety, and the use restrictive practices were discussed.

The inspector observed that residents were treated with respect and dignity during the inspection; for example, staff spoke warmly with them and responded to their needs and requests promptly. Staff had also completed human rights training to support their understanding of how to promote residents' rights in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Valleyview OSV-0001705

Inspection ID: MON-0050232

Date of inspection: 13/05/2026

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC has re-typed the actions into the system that were deleted by accident and has addressed these actions. Completed: 06-06-26 The Governance/Support checklist, used between PIC and PPIM, has been amended to capture Notifications to HIQA and dates for each quarter. Completed: 15-06-26 The Provider has a system in place to remind the PICs to ensure that all relevant documents are attached to the Safeguarding Workflow. Completed: 15-06-26	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The Governance/Support checklist, used between PIC and PPIM, has been amended to capture Notifications to HIQA and dates for each quarter. Completed: 15-06-26	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Repainting of the kitchens, utility, dining and sitting rooms commenced on 03rd June and completion date planned for 19th Aug 2026. Completion date: 19-08-26	

• The door handle for the bath was installed on 29th May. Completed: 29-05-26

• New flooring for main bathroom, clinical room and one bedroom expected to be installed.
Completion date: 31-07-26

• The Provider sealed the potholes with tarmac on 25th May. A Business Case was submitted to the funder on 9th June 2026 for funding for the whole driveway to be re-surfaced with tarmac. Completion date: 30-12-26

• The Provider acknowledges that an update of the location is required. This would include:
- new flooring (for the rest of the house as part of the refurbishment)
- new kitchens
- resizing some bedrooms

On 09-06-26, the SHS Occupational Therapist, together with SOM, PIC and DSM, conducted an assessment of the location to determine the full requirements. OT report expected by 29-06-26. A meeting is scheduled to take place on 18-06-26 with SOM, PIC, DSM, OT, Strategic Planning Co-ordinator, Housing Manager and Maintenance Manager to discuss a plan for the refurbishment. Once quotations are obtained, a Business Case will be submitted by 30-09-2026. The overall expected completion date of refurbishment: 30 June 2027.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The PIC has ensured that the correct version of the Fire Control Panel is now on display beside the alarm system unit in each house. The Staff Team were informed of the updated version via email on 05-06-26 and it was further discussed and minuted at a staff meeting on 11-06-26. Completed: 15-06-26

• The Provider acknowledges that the conservatory area requires two fire doors with 60-minute resistance and FD60 door set installed as per the findings of the ORS Risk Assessment Report completed 13th January 2022. The fire door engineer will be visiting the location on 16-06-26 where they will review the doors and take measurements. The installation of fire doors is expected to be completed by end September.
Completion Date: 30-09-26

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
On the daily planner, the PIC has now allocated a designated staff member to complete the Fluid Balance Chart and to record on CID. The PIC will ensure that they will have oversight of this. All staff were informed at the staff meeting on 11-06-26.
Completed 15-06-26

Health screening appointments and follow-up are added to the Client Profile Folder Audit which is updated every quarter by the keyworking pod and signed off by the PIC.

All staff were informed at the staff meeting on 11-06-26.
Completed: 15-06-26

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2027
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.	Substantially Compliant	Yellow	15/06/2026
Regulation 23(2)(b)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit	Substantially Compliant	Yellow	15/06/2026

	to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2026
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	15/06/2026
Regulation 06(1)	The registered provider shall provide	Substantially Compliant	Yellow	15/06/2026

	appropriate health care for each resident, having regard to that resident's personal plan.			