



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

## Issued by the Chief Inspector

|                            |                        |
|----------------------------|------------------------|
| Name of designated centre: | Edel Quinn House       |
| Name of provider:          | St Joseph's Foundation |
| Address of centre:         | Limerick               |
| Type of inspection:        | Announced              |
| Date of inspection:        | 20 July 2026           |
| Centre ID:                 | OSV-0001814            |
| Fieldwork ID:              | MON-0042254            |

## About the designated centre

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

Edel Quinn House is a purpose built single storey bungalow located in a village but within short driving distances to some nearby towns. The centre comprises of seven bedrooms, one of which is used for overnight staff, two sitting rooms, a kitchen-dining room, a utility room, a small office and bathroom facilities. The centre has a maximum capacity of six residents. At the time of this inspection five residents were living in the centre full-time and one other resident was availing of the centre on a shared care basis. The centre supports both male and female residents over the age of eighteen years who have a diagnosis of intellectual disability with/without autism. The staff team is comprised of a person in charge, social care workers, a day supervisor/nurse and care assistants.

**The following information outlines some additional data on this centre.**

|                                                |   |
|------------------------------------------------|---|
| Number of residents on the date of inspection: | 6 |
|------------------------------------------------|---|

## 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 |
|---------------------|----------------------|---------------|------|
| Monday 20 July 2026 | 09:15hrs to 17:35hrs | Conor Dennehy | Lead |

## What residents told us and what inspectors observed

The current inspection was carried out as part of a group inspection on 20 and 21 July 2026 that had been agreed in advance with St Joseph's Foundation. As part of this group inspection, inspection activity was conducted for eight designated centres operated by St Joseph's Foundation to inform registration renewal applications for all eight centres. During this inspection activity, a specific set of regulations was focused upon. Staff files for seven of the centres involved were reviewed in St Joseph's Foundation's head office on 20 July 2026 as part of the group inspection.

During this inspection good compliance was found overall which indicated that residents were being well-supported in the centre. Five residents were living in the centre on a full-time basis while a sixth resident availed of the centre every second week on a shared care basis. All six of these residents were present during the inspection. The centre could support another shared care resident on alternate weeks but there was no-one under consideration for this shared care vacancy at the time of this inspection. During the inspection, the inspector met all six residents and also spoke with a relative of one resident, the person in charge and two staff members. Some regulatory actions were identified during this inspection relating to staffing levels, resident finances, self-administration of medicines and fire safety checks but these did not pose a high risk to residents.

On arrival at the centre to commence the inspection, just one of the six residents was initially present. The person in charge informed the inspector that this resident had chosen not to attend a trip to the cinema with some of the other residents. The person in charge introduced the resident initially present to the inspector. This resident did communicate verbally and the person in charge interpreted that the resident the resident spoke about attending an upcoming Nathan Carter concert.

This resident had an interest in music and was later heard singing along to an Abba song in their bedroom. The resident's bedroom was also seen to have various pictures and posters on display of different music artists. During the initial stages of the inspection, this resident was overheard to interact jovially with the person in charge and a staff member that was present in the centre. The All-Ireland hurling final from the day before this inspection was a regular topic in the resident's discussions. The person in charge and staff member also supported the resident in a respectful manner. For example, the person in charge was heard to talk with the resident about their dinner choice and to offer the resident the choice to change their decision on what they wanted for this meal.

Food in the centre received positive responses in resident surveys that had been completed in advance of this inspection. A survey had been completed for each of the six residents with two of these indicated as being answered with staff support while staff had answered for residents in three others. For the sixth survey, it was initially unclear who had answered this survey but the person in charge informed the

inspector that staff had supported a resident in answering the survey. These surveys asked various questions covering areas such as residents' bedrooms, staff support and activities with positive responses entered for the vast majority of questions asked. One survey did indicate though that staff did not know the needs of a resident. When highlighted to the person in charge, they advised that staff felt they did know the needs of this resident.

All of the residents who had initially been elsewhere at the start of the inspection, returned to the centre during the mid-afternoon. Some of these residents did not significantly interact with the inspector but one was seen to smile when greeted by the inspector. Another resident also said hello while a third also waved at the inspector. It was noted that the staff on duty at this time engaged with residents in a positive, respectful and friendly manner. For example, when one staff member came on duty they chatted to one resident about the All-Ireland hurling final before warmly greeting another resident. Soon after residents had returned to centre, a physiotherapist came to the centre. The person in charge told the inspector that this physiotherapist came to the centre on a weekly basis to provide a session for residents. This was done as they had found some residents engaged better with this physiotherapist in the centre rather than elsewhere.

The relative of one resident also attended the centre near the end of the inspection. This relative told the inspector that they were happy with things in the centre and that the resident was happy coming to the centre. Communication from the centre was commented on positively by this relative who also said that management of the centre were approachable. The relative highlighted how they knew the staff working in the centre and that staff supported the resident to go on certain outings. This resident later shook the inspector's hand as he was leaving the centre. The atmosphere in the centre at this time was calm with three other residents seen sat together at a dining table having a meal with staff present.

In summary, six residents were met during this inspection. While direct verbal feedback from these residents on life in the centre was limited, surveys read for all residents contained positive responses. The relative of one resident also provided positive feedback. Staff on duty and the person in charge interacted with residents in a respectful and friendly manner. Regulatory actions identified during this inspection will be discussed elsewhere in this report.

The next two sections of the report present 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 service being delivered.

## Capacity and capability

Good overall compliance was found during this inspection which indicated that the centre was being appropriately managed and monitored. An action was identified though relating to staffing levels.

Edel Quinn House was registered until December 2026 with no restrictive conditions. The centre had previously been inspected in February 2025 where good compliance levels were found. In June 2026 the provider submitted an application to renew the registration of the centre for a further three years beyond December 2026. With a view to informing a decision on this application, the current inspection was conducted to assess compliance with the regulations in more recent times.

Overall, the current inspection found a good level of compliance with the regulations. There was also evidence that residents were being well-supported. This provided assurances that the management and monitoring systems were operating effectively to ensure that residents received a safe and quality service. Specific regulatory requirements were also being met such as the provider ensuring that unannounced visits to the centre were being conducted. Some recent instances were identified though where staffing levels were below what was outlined in the centre's statement of purpose.

## Regulation 15: Staffing

This regulation requires that specific documentation and records for all staff working in a centre be obtained. Such documentation and records includes evidence of Garda Síochána (police) vetting, proof of identity and evidence of any relevant qualifications completed by staff. The staff files of three staff members who worked in this centre were reviewed on 20 July 2026 as part of the group inspection for this centre. All three of these staff files were found to contain all of the required documentation and records.

Aside from staff documentation, staffing in a designated centre must be in keeping with the needs of residents and the centre's statement of purpose. The statement of purpose provided for this centre, as seen during this inspection, was dated 7 July 2026 and stated that four staff were to be provided by day to support residents. However, discussions with the person in charge and staff indicated that just three staff were to support residents by day. It was subsequently clarified that there had previously been four staff by day in the centre to help support a previous resident who no longer resided in the centre.

Consequently, a revised statement of purpose was submitted the day following this inspection which stated that residents were to be supported by three staff by day. While this change was noted, it was also highlighted by the person in charge and one staff member spoken with that there could be times when staffing levels by day were reduced. In addition to this, a risk assessment related to staffing in the centre, which had been reviewed on 19 July 2026, referenced five occasions from 25 May 2026 on where the centre had been down one staff during the day. No instances

were highlighted where night staffing levels were lower than the details outlined in the centre's statement of purpose.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The overall findings of this inspection indicated that the centre was being appropriately managed which helped to ensure that residents received a safe and quality service. Key regulatory requirements under this regulation were being met also. These included an annual review for the centre for 2025 being completed. This was reflected in a written report which assessed the centre against relevant national standards while also including some feedback from residents and their relatives. Unannounced visits to the centre by representatives of the provider, another regulatory requirement, had also been conducted. These visits were recorded in written reports and had been carried out in June 2026, November 2025 and May 2025.

Aside from these regulatory requirements, various audits were being conducted in the centre to provide for a focus on specific areas. Based on documentation provided during this inspection, audits that had been completed in the centre for 2026 covered areas such as finances, medicines, personal plans and safeguarding. Some of these audits had been completed by the person in charge. This individual oversaw the running of the centre at a local level and was included in the outlined organisational structure for the centre in the statement of purpose. This organisational structure provided for lines of accountability and reporting from staffing working in the centre to the provider's board of directors.

Judgment: Compliant

### Quality and safety

Residents were found to be supported to take part in various community activities while no safeguarding concerns were found during this inspection. This provided assurances that residents were being supported to enjoy a good quality of life. Some actions were identified though relating to internal fire safety checks and self-administration of medicines.

This designated centre was seen to be provided with appropriate fire safety systems. Checks of such fire safety systems were being conducted but some gaps were observed for some internal staff checks in this area. Fire drills were being carried out regularly in the centre with low evacuation times recorded. Further

records were kept in the centre relating to residents' finances and their prescribed medicines. A restriction had been identified by the provider relating to residents' finances while self-administration of medicines had not been explored with residents of the centre.

It was noted though that residents took part in community based activities such as going to the cinema or GAA matches. In addition, it was found during this inspection that appropriate measures were in place to safeguard residents and to protect them from abuse. Matters related to safeguarding were discussed with residents at weekly residents' meetings. Meals plans were also covered during these meetings with guidance available for staff to support residents who required specific diets.

## Regulation 12: Personal possessions

There were particular arrangements in place related to residents' finances. Such matters are discussed further in the context of Regulation 9 Residents' rights. However, for the existing arrangements in place, it was seen that residents were being supported with their finances that were kept in the centre. As part of this support, financial logs were maintained for residents where transactions using residents' money were recorded and doubled signed by staff. Related receipts for such transactions were also kept. The inspector viewed the financial logs for two residents and found that transactions for July 2026 were being recorded and receipted with stated balances matching up.

Arrangements had been made for any resident money to be stored securely in the centre. Resident bedrooms were also provided with storage facilities for residents' clothes and personal belongings to be stored. Logs of residents' personal possessions were being kept. Five of these logs had been updated in June or July 2026 and included a good level of detail on the possessions that residents owned. However, one resident's personal possessions log was last indicated as being reviewed in February 2026 and only included four entries. From viewing this resident's bedroom and discussions with the person in charge, it was clear that this resident had more possessions such as a personalised duvet cover, a television and a tablet. None of these were included in the resident's personal possessions log. It was acknowledged by the person in charge that this resident's personal possessions log required updating

Judgment: Compliant

## Regulation 13: General welfare and development

The inspector was informed by staff that this centre had access to one vehicle to support outings and that the centre could access a second vehicle if required.

Taking into account documentation reviewed and discussions with staff and the person in charge, residents were facilitated to take part in various activities and outings in the community. Such activities and outings from 2026 included:

- One resident attending Croke Park recently to see an All-Ireland hurling championship semi-final.
- Residents attending a local St Patrick's Day Parade.
- Resident attending the cinema, concerts and pantos.
- Residents going on day trips to towns, a wildlife park and a donkey sanctuary.

Such findings were consistent with the requirements of this regulation and indicated that residents were being supported to enjoy a good quality of life

Judgment: Compliant

### Regulation 17: Premises

The premises provided for this centre was seen to be clean, homely and well-presented overall on the day of inspection. Various photographs of residents were seen to be on display around the centre which added to the homeliness. Communal space present included a kitchen-dining room and two sitting rooms. Bathrooms facilities were also present in the centre which were observed to be reasonably presented although they were older in style and appearance. Each resident had their own individual bedroom with five of these seen by the inspector. These bedrooms were found to be nicely furnished and personalised. To rear of the premises was a garden area. This area was well-presented also and included garden furniture and various plants and flowers.

Judgment: Compliant

### Regulation 18: Food and nutrition

This regulation requires that residents are provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences. During the introduction meeting, the inspector was informed that two residents required particular modified consistency diets and that two residents required a gluten free diet to meet their needs. When reviewing the personal plans of such residents it was seen that these plans contained guidance for staff about these required diets. The centre was also seen to be equipped with appropriate facilities for food to be stored hygienically in.

As part of this, it was seen that a specific area was present in the centre's kitchen-dining room for gluten free food to be stored and prepared away from other food which could contain gluten. Pictures were also noted to be on display in the kitchen-dining room showing three meal options for dinner for residents. During the inspection one resident was heard to be asked about their dinner choice with this resident also seen to be supported to make a cup of tea. Based on notes of resident meeting reviewed from 7 May 2026 on, residents were also consulted around meal plans for the centre. This provided assurances that residents were being offered choice at mealtimes which is another requirement of this regulation.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy in place that had been reviewed in September 2023. This policy addressed specific risks, such as self-harm, as required for under this regulation. The provider's risk management policy also provided for the management and ongoing review of risk. In keeping with the policy, this centre had a risk register in place. This risk register highlighted identified risks for the centre with each risk having a corresponding risk assessment in place. Such risk assessments outlined control measures to mitigate the identified risks. The risks outlined in the risk register reflected risks indicated from incident records reviewed for 2026 and the needs of residents as outlined by staff and the person in charge. For example, risk assessments were in place for two residents who had coeliac disease.

Judgment: Compliant

### Regulation 28: Fire precautions

The centre was equipped with key fire safety systems including a fire alarm, fire extinguishers and emergency lighting. Such systems were subject to maintenance checks by external contractors to ensure that they were in proper working order. For example, based on documentation provided, the fire alarm had received six maintenance checks between April 2025 and July 2026. Internal staff checks on the fire safety systems were also being generally conducted based on further records reviewed. However, some gaps in these internal staff checks were noted. These included 15 instances since 24 February 2026 where daily checks of emergency exits were not recorded (including 19 July 2026 and 18 July 2026).

Any supports that residents needed to evacuate the centre were outlined in a personal emergency evacuation plan (PEEP) for each resident. These PEEPs had been reviewed in May 2026 and it was noted that outlined supports in these were in

place. For example, one resident's PEEP highlighted a potential need for an evacuation sheet with such a sheet seen to be present in the resident's bedroom. Records of six fire drills completed during 2026 were also read with these having low evacuation times recorded.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

This regulation requires that each resident is encouraged to take responsibility for their own medicines, in accordance with his or her wishes and preferences. Despite this, from discussions with the person in charge, this area had not been assessed nor explored with residents at the time of this inspection.

Aside from this, medicines prescription and administration records reviewed for two residents for July 2026 confirmed that these residents were receiving their medicines as prescribed. Medicines documentation for residents included protocols for PRN medicines (medicines only taken as the need arises). These protocols outlined the circumstances for when such medicines were to be given. It was noted though that two PRN protocols did not indicate when a second dose of particular medicines for two residents could be administered within a 24 hour period. This was highlighted to the person in charge who advised that it would be rare for these residents to receive these PRN medicines.

PRN medicines and other medicines were kept in the medicine storage facilities present in the centre. Such facilities were found to be secure and included a fridge to store medicines in if required. The inspector reviewed a sample of medicines kept in these storage facilities and found them to be appropriately labelled and in-date.

Judgment: Substantially compliant

## Regulation 6: Health care

It was observed on the day of inspection that residents were facilitated to take part in a session by the provider's physiotherapist. The person charge also informed the inspector that these sessions occurred weekly and that each resident had their own general practitioner which they attended for annual checkups. They also outlined how residents could access other health and social care professionals such as opticians and dentists.

Healthcare documentation relating to four residents was reviewed during this inspection. From this, it was found that the healthcare needs of residents had been assessed within the previous 12 months. In addition, where residents were assessed

as having a particular health need, a corresponding support plan was put in place for each need. Reviewed healthcare support plans for residents covered areas such as dental care, epilepsy, foot care and osteopenia.

During this inspection, the inspector was informed that one resident was being assessed for possible dementia, and it was noted that this resident did have a support plan in place related to cognitive decline. The person in charge informed the inspector that this resident's needs could still be met in the current centre. However, it was noted that the resident had been previously considered for transition to another of the provider's centres which offered more nursing support.

Judgment: Compliant

## Regulation 8: Protection

Since the February 2025 inspection, the Chief Inspector of Social Services had received nine safeguarding notifications from this centre. It was noted though that there had only been one such notification received since October 2025. Documentation reviewed for four of the safeguarding notifications received, confirmed that they had each been subject to a preliminary screening in accordance with relevant national policy. Where required, safeguarding plans were put in place following these notifications with these plans outlining measures which were intended to prevent any safeguarding matters from reoccurring.

At the time of the current inspection, two safeguarding plans were active for the centre with staff spoken with demonstrating a good awareness of these plans. Such staff were also knowledgeable of how to respond in the event that a safeguarding concern did arise. This included an awareness of the provider's designated officer (person who reviews safeguarding concerns). Contact information for this designated officer was seen to be on display in the centre. The provider's designated officer had completed a safeguarding audit in the centre during June 2026 which indicated good compliance in this area. Further records reviewed during this inspection (such as incident and complaints records for 2026) along with observations and discussions during the inspection identified no immediate safeguarding concern.

Judgment: Compliant

## Regulation 9: Residents' rights

For residents of this centre, particular arrangements were in place related to their finances which meant that residents did not have direct access to and control over their own finances. This had been a long-standing matter that had been raised on

multiple inspections of the other provider's other centres during 2025 and 2026. Such financial arrangements had been recognised by the provider as being a restriction on residents. During this inspection, it was communicated that the provider was in the process of implementing a new spend management system for residents which was intended to increase residents' access to and control over their own finances. This spend management system was due to be trialled in three of the provider's other designated centres but had yet to be introduced in the current centre.

Aside from this, staff on duty and the person in charge were observed and overheard to interact with residents in a respectful manner throughout the inspection. Resident meetings were also taking place with residents. Notes of these meetings reviewed from 7 May 2026 on confirmed that these meeting were taking place on a weekly basis. These notes further highlighted that various topics were being discussed with residents including shopping, weather alerts, safeguarding, complaints, and activities. It was also seen that notes a recent meeting referenced residents being informed about this inspection.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title                                     | Judgment                |
|------------------------------------------------------|-------------------------|
| <b>Capacity and capability</b>                       |                         |
| Regulation 15: Staffing                              | Substantially compliant |
| Regulation 23: Governance and management             | Compliant               |
| <b>Quality and safety</b>                            |                         |
| Regulation 12: Personal possessions                  | Compliant               |
| Regulation 13: General welfare and development       | Compliant               |
| Regulation 17: Premises                              | Compliant               |
| Regulation 18: Food and nutrition                    | Compliant               |
| Regulation 26: Risk management procedures            | Compliant               |
| Regulation 28: Fire precautions                      | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 6: Health care                            | Compliant               |
| Regulation 8: Protection                             | Compliant               |
| Regulation 9: Residents' rights                      | Substantially compliant |

# Compliance Plan for Edel Quinn House OSV-0001814

Inspection ID: MON-0042254

Date of inspection: 20/07/2026

## 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 15: Staffing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing:<br><br>The provider can assure the Chief Inspector that the Statement of Purpose was updated on 21/07/2026 to reflect the staffing arrangements currently provided in the centre. The provider can further assure the Chief Inspector that ongoing recruitment to fill current vacancies is in progress through the HR department. This will ensure that the qualifications and skill mix of staff within the centre remain appropriate to meet the needs of residents.<br><br>The PIC can confirm that the roster is closely monitored. Relief, locum and agency staff are available to support the centre and ensure that appropriate staffing levels are maintained. The PIC can also assure the Chief Inspector that the staffing risk assessment will remain in place for the foreseeable and will be regularly monitored and reviewed by the PIC to ensure that appropriate staffing levels and skill mix are maintained. The organisation policies and procedures will be enacted in relation staff absenteeism |                         |
| Regulation 28: Fire precautions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br><br>The PIC can assure the Chief Inspector that the fire safety folder will be reviewed fortnightly by the PIC. Fire safety will become an agenda item on the monthly team meeting to ensure that staff remain aware of their fire safety responsibilities and procedures.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |
| Regulation 29: Medicines and pharmaceutical services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |

In order to address the self-administration of medication, the Provider can assure the Chief Inspector that the current medication policy will be reviewed to incorporate an assessment of self-administration of medication for all service users.

The PIC can assure the Chief Inspector that they have contacted the residents GP to determine the interval duration between PRN doses. Clarification on same is currently pending. The PIC will follow up with the GP.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

In regard to financial arrangements for service users the provider wishes to confirm that it is currently trialling in 3 of its designated centres a spend management system. It is expected that this system will be rolled out the entire service which includes the Edel Quinn Centre once the trial phase has successfully been completed.

## 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 15(1)        | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Substantially Compliant | Yellow      | 28/02/2027               |
| Regulation 28(2)(b)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions.                                                                                                                                                 | Substantially Compliant | Yellow      | 26/08/2026               |
| Regulation 29(5)        | The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own                                                                     | Substantially Compliant | Yellow      | 19/09/2026               |

|                     |                                                                                                                                                                                                       |                         |        |            |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|------------|
|                     | medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.                                                             |                         |        |            |
| Regulation 09(2)(c) | The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights. | Substantially Compliant | Yellow | 30/11/2026 |