



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

Issued by the Chief Inspector

Name of designated centre:	Hazelville Home
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	21 July 2026
Centre ID:	OSV-0001820
Fieldwork ID:	MON-0042061

About the designated centre

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

This service is provided in a purpose built single storey property located in a large rural village. A maximum of ten residents can be accommodated; each resident has their own bedroom and share communal, dining and sanitary facilities. The facility comprises of 10 single bedrooms, one of which has an en-suite. There is a bathroom and a shower room, a laundry room, a staff toilet and two staff offices. There is a large kitchen / dining room, a prayer room, a sitting room, a utility room and two storerooms. There are front and rear gardens that are well maintained and wheelchair accessible. The provider describes the service as suited to residents who require a retirement or pre-retirement service; residents who require full-time support and care and who are unable to attend additional / external day services due to health needs. Full-time residential services are provided and the staff team is comprised of nursing staff and care assistants led by the person in charge; 24 hour nursing care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 21 July 2026	09:30hrs to 17:10hrs	Kerrie OHalloran	Lead
Tuesday 21 July 2026	09:30hrs to 17:10hrs	Louise O'Sullivan	Support

What residents told us and what inspectors observed

Overall, from meeting and speaking with residents, staff and management of the centre, observing practices and reviewing records pertaining to the care and support provided, the inspectors found that residents were being provided with a good service.

Residents in this centre appeared to be happy and comfortable in their home and with their peers. Staff were knowledgeable of residents' assessed needs and throughout the inspection day residents and staff were seen and overheard to be interacting in a positive and respectful manner. Some review was required under Regulation 5 Individualised assessment and personal plan, Regulation 16 Training and staff development, Regulation 23 Governance and management, Regulation 9 Residents' rights. These will be discussed in the next two sections of the report.

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.

The centre is registered to support ten residents. At the time of the inspection, nine residents were living here. There were no plans to admit any new resident to the centre at this time. This inspection was announced and residents had been informed that the inspection was taking place. The inspectors had the opportunity to meet all nine residents over the course of the day. The inspector met with the person in charge, person participating in management, and four staff members.

On arrival to the centre the inspectors completed an introduction meeting with the management of the centre. After this they completed a walk around of the premises. Each resident had their own bedroom. Bedrooms were individualised and personalised to residents likes and interests. Residents had access to storage in their bedrooms and ample storage was available in the centre.

In the morning the inspectors met the residents as some were up and ready for their day ahead, others were resting in bed as they wished. The inspectors were greeted by a number of residents in the kitchen area. The inspectors introduced themselves to the residents. Some residents were enjoying refreshments, while other residents were relaxing. Residents appeared happy and content in their home. One resident discussed the latest and upcoming county sporting events that were taking place. They enjoyed having fun with the inspectors about who was going to win an upcoming match.

The inspectors also observed some activities that took place in the centre during the inspection day. The residents had planned music therapy. Residents appeared to enjoy this, they gathered in their large sitting room, singing songs and some residents held small percussion instruments and appeared to enjoy this. Throughout the day the inspectors seen residents enjoy other activities in their home, such as arts and crafts, watching television, reading magazines and listening to music. Some residents liked to go for a rest in their room during the day and residents were supported with this.

The inspectors spoke to four staff members who were knowledgeable of the resident's assessed needs, likes, dislikes, and communication needs. Staff discussed things residents liked to do, such as baking and cooking pancakes at the weekend. A staff member also discussed how they were supporting one resident to a scheduled appointment on the day of the inspection. Staff were observed and overheard to be treating residents in a dignified and respectful manner.

Residents living in this centre had varying communication methods, while some residents verbally communicated with the inspectors, others used words, gestures, expressions and body language. The staff supporting the residents appeared to be very familiar with resident's methods of communication. The inspectors were informed that dinners and desserts from Monday to Friday are delivered to the centre. These were seen to be prepared for residents, an inspector observed a staff member prepare dessert for one resident removing it from the plastic containers it had been delivered in and presenting it to the resident in glassware.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre and were presented to the inspectors on the day of the inspection. The inspectors received nine forms, with one form not completed. The feedback in general was very positive and indicated a high level of satisfaction with the service provided in the centre. This included the staff, activities and food. One resident commented that they loved their home.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in the centre, and how these arrangements affected the quality and safety of residents' care and support.

Capacity and capability

This designated centre was one of eight designated centres operated by St. Joseph's Foundation that were inspected as part of the regulatory requirement relating to the renewal of registration of designated centres. The overall inspection programme was conducted over a two-day period by a team of five inspectors. The inspection of this designated centre took place over one day and was carried out by two inspectors.

Overall, this inspection found that residents were in receipt of care and support from a consistent staff team. However review was required under Regulation 16 Training and staff development, to ensure all staff had completed training and supervision was taking place on a quarterly basis.

The provider had oversight measures in place, such as a management structure and the staff spoken with on the day of the inspection said they felt supported in their role. Staff spoke about the different skills that the staff team bring to complete activities with residents such as arts and crafts and baking.

The provider had completed a number of internal audits. Some of these audits identified areas for improvement, which was also found on this inspection. Review was required to ensure the actions identified in the internal audits completed were being met.

The skill mix of staff and the number of staff on duty each day was appropriate to meet the assessed needs of the residents. A consistent staff team was employed in the centre.

Regulation 15: Staffing

The provider had ensured that staff numbers and skill mix was appropriate in supporting the assessed needs of the residents. The staff rosters in place showed the staffing levels and skill mix available to the residents at all times of the day. A selection of dates of the staff rosters were viewed for June and July 2026. This review showed consistent staff members and staff levels were working in the designated centre. There were no staff vacancies at the time of the inspection. Staffing levels match those as set out in the designated centre's statement of purpose. The staff members working with residents during the inspection knew them well and spoke with the inspectors about how they supported them with their daily routines and activities.

As part of the group inspection that was carried out, an inspector reviewed a sample of the staff files for the eight designated centres that were being inspected. An inspector reviewed a sample of three staff files for this designated centre, comprising of one nurse, one health care assistant, and one agency health care assistant. The records reviewed were found to contain the documentation required under Schedule 2 of the Health Act 2007 :Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

A follow-up request was made to the provider regarding the contract and start date for the staff files reviewed. The requested assurances was submitted promptly, providing assurance that the staff member's employment records were complete and appropriately maintained.

Overall, the records reviewed demonstrated that the provider had systems in place to maintain staff records for this designated centre in accordance with the requirements of Regulation 15.

Judgment: Compliant

Regulation 16: Training and staff development

The inspectors reviewed the training matrix in place. This had identified the staff team and this included records for staff that worked relief in the centre.

Staff working in the centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. This included training in areas such as fire safety, safeguarding, and manual handling training which all of the staff team had completed. However, some review was required to ensure all training was completed to support the assessed needs of the residents. This included four staff that required refresher training in feeding, eating, drinks and swallowing (FEDS) training while One staff had not yet completed this training

The person in charge provided details of the dates supervision that had taken place with the staff team to date in 2026. This was completed with staff on a quarterly basis. Some review was required to ensure all staff were supported with regular supervision. From the records reviewed, nine staff had not completed training in quarter one of 2026 and three staff in quarter two 2026.

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centre had leadership, governance and management arrangements in place with clear lines of accountability. The person in charge was employed full time in the centre and at the time of the inspection had a remit over two designated centres.

The provider was in the process of implementing a new electronic system, this system would record all audits completed in the centre, along with rosters, staff training and supervision schedules. The person in charge showed the inspectors this system and highlighted that in the coming weeks this system would be in full use. The inspectors reviewed the staff roster on this system.

The person in charge had scheduled staff meetings to take monthly. An inspector reviewed the minutes of these meetings from 2026. Topics discussed during the

meetings held to date included safeguarding, staff training, incidents and the changing needs of the residents in the designated centre.

The registered provider had completed a six monthly unannounced quality review, along with an annual review of the designated centre. The annual review included feedback from the residents and family representatives. This was captured in this review through the last six monthly unannounced audit that had taken place.

Other audits were conducted in areas such as medicines management, fire safety and personal plans. Some review was required to ensure that the management systems in the centre were highlighting actions to be completed were being monitored to ensure that these actions were being addressed. For example, on the day of the inspection an action had arisen from the pharmacy audit in August 2025 which outlined the medicines fridge temperature to be under eight degrees. On the day of the inspection, it was noted that records showed this had been recorded at ten degrees on a number of occasions with no follow up actions in place to address. The medicines audit had identified one person was required to complete online medicines refresher training but this had also not been completed on the day of the inspection. Actions also had been identified to ensure residents' goals were reviewed to ensure they were person-centred and meaningful. These were also findings on this inspection that required review.

Judgment: Substantially compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe.

During this inspection, the inspectors found that residents appeared to be happy and content in their home, and in the company of each other. However, some review was required to ensure residents were being supported to achieve goals that were important to them. Some resident's goals reviewed were based on their health care needs.

On the day of the inspection, the inspectors observed the residents being supported to enjoy music therapy, another resident was also supported to go to a medical appointment during the day. The residents were also observed completing art and craft activities and one resident went to the local shop with support from staff. From activity records residents also enjoyed baking, going for drives and going for meals out.

The centre was seen to be clean, tidy and homely. Resident's bedrooms were seen to be decorated with their personal items. Some review was required as painting was required to one bedroom and the repair of holes in the wall for one resident's curtains which had been taken down due to a risk in place.

Overall, this inspection found that resident was supported to have a meaningful and good quality life. Some review was required under regulations in this section, which will be outlined below.

Regulation 12: Personal possessions

Residents in this designated centre were in the process of being supported to access and retain control of their personal possessions. A new system would be coming into place in the coming weeks in this designated centre and would result in the residents being provided with their own bank card to access their finances, with the support of the staff team and family members. As per previous inspection findings arrangements were in place related to residents' finances which meant that residents did not have direct access to and control over their own finances. This will be reviewed under Regulation 9 Residents' rights.

The inspectors reviewed the current systems the provider has in place to support residents with their finances. A sample of finance records for residents was reviewed. These records were seen to be clear and well maintained. Records were being maintained for residents to request their money, and logs were being maintained to ensure this was being accounted for.

Residents' bedrooms had storage of personal items and clothing. All residents were provided with the necessary equipment required to support their individual assessed needs in their bedrooms, which included hoists. The inspectors reviewed a sample of residents' personal inventory lists which had outlined all residents' belongings in their home.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were observed to participate in activities including music therapy, arts and craft and group outings such as drives. Staff also described supporting residents with individual outings, such as going to the local shop or a scenic drive. The inspectors were informed that two residents had enjoyed an overnight break away. The centre had access to two vehicles to support residents with outings and activities as they wished.

From a review of the documentation in place the majority of activities were centre-based or delivered in a group setting. There was limited evidence that residents were routinely supported to access community based activities that reflected their individual preferences, interests, or aspirations they might have.

Judgment: Substantially compliant

Regulation 17: Premises

The premises were laid out to meet the needs of the residents. As outlined in this report the premises were spacious, well decorated and maintained. Residents chose the specific styles they wanted their bedroom laid out. The registered provider had systems in place to ensure that equipment in the centre was maintained and in good working order. As an example; the heating system was serviced. While one of the oven doors in the kitchen had damage to the front of it, which appeared to be wearing of the paint, an inspector was informed that the oven was in working order.

Overall, residents' bedrooms were well maintained and personalised. One bedroom which was vacant at the time of the inspection required some painting. While holes from curtain poles were in place in another resident's bedroom as they had been removed, an alternative measure had been put in place. This had no impact on the residents in the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date care plans on file. An inspector reviewed three FEDS care plans and found that there was guidance regarding resident meal time requirements including food texture modification and their likes and dislikes.

Staff spoken with were knowledgeable regarding FEDS care plans and were observed to adhere to the directions from specialist services such as speech and language therapy. The centre had a meal service in place for weekdays that provided residents with dinners and deserts, this was observed by an inspector to be well-presented to residents and staff spoke to an inspector about how they adjust the residents meals as per their support plans. Residents were observed to access drinks and snacks throughout the inspection day when they requested.

Residents were consulted with on menu planning. Pictures of products and meals were displayed and used as a support in menu planning. An inspector was informed by a staff member that if a resident changed their mind about an option, the staff

would help them to pick another meal from the products in the house or go out for dinner. An inspector reviewed the records that were in place to ensure the fridge and freezer temperature were maintained, along with reheating records for any food items. These were all seen to be in place.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place which provided for the identification, assessment and management of risk. A risk register was in place for the centre which outlined identified risks. Each risk had a risk assessment in place that outlined control measures for mitigating the risk. When reviewing these risk assessments, it was noted that they had been reviewed recently. A system for recording incidents was also in operation which is important as part of a risk management system. An inspector reviewed a sample of three residents individual risks. These were also found to be recently reviewed and contained clear control measures in place to mitigate from the risk identified.

Judgment: Compliant

Regulation 28: Fire precautions

On the walk around of the premises, it was seen that fire containment measures were in place. Automatic closure mechanisms on doors were working, emergency lighting was in place and suitable fire fighting equipment was available. Records reviewed indicated that all equipment was being serviced as required.

Fire drills had taken place including a minimal staffing fire drill. Learning and recommendations had been documented and discussed with the staff team following drills that had taken place. For example, a recent drill in June 2026 had an extended evacuation time and in a July 2026 evacuation a resident initially declined to evacuate. Actions were put in place to address this. This included increased staffing on duty during the night in the centre and a review of emergency equipment such as evacuation mats and emergency bag location. The centre had a planned upcoming date to complete another drill in the centre to ensure these measures were effective.

Systems were in place to review the effectiveness of fire safety measures in the centre. As part of these daily checks were in place on fire escape routes, weekly checks on the fire alarm system and emergency lighting. On review of the records in place, it noted some gaps were present which required review. For example, records

for daily checks on exit routes had gaps from late June to mid-July 2026 and the fire panel weekly check had only been completed twice for June 2026.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were procedures in place in relation to the receipt and storage of medicines. The provider had appropriate lockable storage in place for medicinal products. An inspector reviewed the medicine procedures in place for the centre and found for the most part that the system in place was effective in ensuring medicine received was in line with the residents' prescription.

A staff spoken with on the day of inspection was knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. In addition, all medicine reviewed by an inspector were in date and opening dates were clearly labelled.

Residents were supported with prescribed as necessary PRN medicines (medicines only taken as the need arises). Protocols were in place for which were seen to provide clear guidance for staff. Records were also in place and maintained to ensure the effectiveness of this medicine was recorded.

However some review was required:

- Not all medicines in the centre had labels in place. For example, two residents' emergency medicines did not have labels in place.
- Residents living in this designated centre had also not been supported to have assessments completed regarding the self-administration of their medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed a sample of residents' personal plans. These plans contained information to guide and support staff on the assessed needs of the residents, including their communication supports, likes and dislikes and a detailed personal profile.

Residents had been supported with an annual planning meetings which supported the residents with goals and aspirations they would like to achieve on an annual basis. While residents had individual goals documented within their personal plans, these were predominantly focused on health care needs and clinical outcomes rather

than reflecting residents' personal aspirations, interests, or achievements they wished to pursue. For example, one resident had a goal of purchasing a foot stool that was recommended by their occupational therapist, while another resident's goal was around their positioning. As a result, opportunities to support residents in achieving meaningful personal goals and enhancing their quality of life was not consistently identified or planned.

Judgment: Substantially compliant

Regulation 6: Health care

The person in charge had ensured residents were being supported to access appropriate allied health care professionals as required.

- Health care management plans were subject to regular review and updated to reflect current assessed needs as required.
- Feeding eating and drinking recommendations were being followed by the staff team to ensure the well-being of each resident.
- Residents were being supported to have annual health checks and assessments when required.
- Residents were supported to attend consultants where required to manage medical conditions. On the day of the inspection, one resident was supported by staff to attend a scheduled hospital appointment.
- Residents had access to their own medical practitioner.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. Policies and procedures were in place to ensure residents were safeguarded.

On the day of the inspection the inspectors were informed there was no open safeguarding plans in place for the centre. An inspector reviewed three safeguarding plans that had been closed. The inspectors saw that the provider had good systems in place which ensured safeguarding procedures were in place and the person in charge had ensured that the procedures in place to support such incidents were followed. For example, safeguarding incidents reviewed had ensured safeguarding plans in place, these safeguarding plans had been reviewed within the dates identified in the plans. Plans were also documented as closed and the date the safeguarding plan closed.

An inspector reviewed three intimate care plans that were in place in resident's personal plans. These were seen to be reviewed regularly and contained clear guidance to staff and the supports required for residents living in the centre.

A safeguarding folder was in place in the designated centre. Safeguarding was discussed at regular residents meeting and was seen to be an agenda item at team meetings also. Easy-to-read documents were in place for residents to access about safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspectors found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre. The inspectors observed the following examples of this:

- Residents meetings were taking place on a regular basis. Weekly meetings discussed items such as meal planning and activities for the week ahead. These meetings were keeping residents informed. Items such as complaints, safeguarding, and centre updates were all included as part of these meetings.
- Minutes of residents meetings documented responses and interactions by residents who were non-verbal or had varying communication needs. This promoted a sense of participation for all residents in the meetings that took part in the meetings to ensure their input was recorded as per their individual communication needs.
- Staff informed the inspectors resident could decide what they wanted to do or what meals they wanted and any changes would be accommodated for residents. Residents were observed and overheard having caring and fun interactions with each other throughout the course of the inspection day.
- Residents were consulted with regard to their care and if they would like to attend their multi-disciplinary meetings.

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.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially 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 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Hazelville Home OSV-0001820

Inspection ID: MON-0042061

Date of inspection: 21/07/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge wishes to assure the Chief Inspector that the staff members with the outstanding refresher training on Feds identified during the inspection have been notified and will have the training completed by the 1st of September. The PIC wishes to confirm that Feds training is on the centres training matrix and that the PIC will ensure that all training occurs within the appropriate timeframes. Furthermore, all staff being inducted into the Designated Centre will be informed of the training required based on the assessed needs of the residents within. The person in charge wishes to confirm that a supervision schedule has been devised and the Person in Charge will ensure that supervision takes place as per policy. This will be discussed and highlighted to all staff at the next Team meeting within the Designated Centre.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Person in Charge wishes to assure the Chief Inspector that the issue with regards to the medication fridge temperature has now been resolved and the temperature is now reading at the appropriate level. Staff will continue to monitor this on a daily basis. The PIC wishes to assure the Chief Inspector that this will be discussed at the Designated Centre's next Team meeting to ensure any anomalies are reported and acted on in a timely manner. The Person in Charge can confirm that the outstanding online refresher training on Medication Management has now been completed and the monthly audit schedule will be maintained and any follow up actions are closed out in a timely manner. The Registered Provider wishes to acknowledge that staff in the Designated Centre will require additional educational support in identification and tracking of meaningful goals	

for the residents. It is envisaged that this support will be provided to staff by the 1st of December 2026. The Person in Charge wishes to assure the Chief Inspector that greater oversight will be given with regards the identification and implementation of goals within the designated centre going forward. Goal setting and goal tracking will be discussed with the relevant keyworkers and associated keyworkers through supervision and also during the centres Team meetings.

Regulation 13: General welfare and development

Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:

The Person in Charge has introduced a weekly tracker to track the use of transport in the designated centre to ensure that all residents are offered community-based activities in accordance with their individual will and preferences. The PIC wishes to assure the Chief Inspector this will be discussed with the residents during the residents' weekly meetings and also during their monthly keyworker meetings. In addition to this, the Person in Charge will review the residents' weekly schedules to ensure there are more varied in house and community-based activities being offered to all the residents.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The Person in Charge will ensure that the daily checks and weekly fire panel testing is being completed as per schedule. The PIC wishes to assure the Chief Inspector that this will be discussed at the Designated Centre's next Team meeting and the importance of the completion of these checks will be reiterated to all staff. The Person in charge will review the fire documentation weekly to ensure that the schedule is being adhered to. Once sustained improvement is achieved the documentation checks will revert back to monthly.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The Person in Charge wishes to assure the Chief Inspector that all medication has now been labelled appropriately. The importance of medication labelling will be reiterated to all staff at the Designated Centres next Team meeting by the person in charge. Furthermore, the Person in Charge will review the monthly medication audit to ensure any anomalies noted are followed up on as soon as possible. In regard to the self-administration of medication, the Provider wishes to assure the Chief Inspector that the current medication policy will be reviewed to incorporate an assessment of self-administration of medication for Service User's.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: As previously indicated under regulation 23, The Registered Provider wishes to acknowledge that staff in the Designated Centre will require additional educational support in identification and tracking of meaningful goals for the residents. It is envisaged that this support will be provided to staff by the 1st of December 2026. The Person in Charge wishes to assure the Chief Inspector that greater oversight by the PIC will be given in regards to the identification and implementation of goals within the Designated Centre going forward. Goal setting and goal tracking will be discussed with the relevant keyworkers and associated keyworkers through supervision and also during Team meetings.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: With regards to the 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 to the Provider' entire service which includes Hazelville House on successful completion of the trial. It should be noted that this spend management system will only be relevant to seven service users within the Designated Centre as two others have their own independent funding arrangements.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	30/09/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	01/09/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	30/09/2026

	are appropriately supervised.			
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	01/12/2026
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	27/08/2026
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	27/08/2026
Regulation 29(5)	The person in charge shall ensure that following a risk	Substantially Compliant	Yellow	15/12/2026

	assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own 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 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	01/12/2026
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