



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

Issued by the Chief Inspector

Name of designated centre:	Praxis Care Mullingar
Name of provider:	Praxis Care
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	04 June 2026
Centre ID:	OSV-0001915
Fieldwork ID:	MON-0045203

About the designated centre

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

The service provides residential care to five male and female residents. Four residents live here on a full-time basis and two residents live here on a shared-care basis meaning that one resident stays for a period of time and then goes home and the other resident then stays for a period of time. The staff team consist of direct support workers, team leaders and the person in charge. There are three staff on duty during the day and two staff at night (one of whom is on a sleep over). An additional staff member is also provided during the day to facilitate activities in the community. The centre comprises of a dormer style bungalow situated outside a large town in County Westmeath. Each resident has their own bedroom which has been decorated to the resident's taste and choice. Residents are supported by a range of allied health professionals in line with their assessed needs. Most of the residents attend a day service either full-time or on a part-time basis. Residents who choose not to attend are supported by staff to engage in activities of their choice.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Thursday 4 June 2026	11:50hrs to 20:05hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents reported that they like living here and were supported by a team of staff who provided care and support in a caring and respectful manner. However, there were a number of improvements required in five regulations which included, governance and management, staffing, risk management, protection and records. Some of these improvements were related to ongoing negative interactions that occurred between residents that had not reached a satisfactory conclusion since the last inspection of this centre in June 2024.

This inspection was unannounced and was conducted to ensure ongoing compliance with the regulations. At the last inspection of this centre in June 2024, four regulations were found substantially compliant. The registered provider had submitted a compliance plan indicating how they intended to comply with the regulations. These actions were followed up as part of this inspection. They included communication, general welfare and development, residents' rights and positive behavior support.

As well as this the registered provider had submitted some adverse incidents to the Office of the Chief Inspector of Social Services over the last year. These were also followed up as part of this inspection.

On arrival to the centre, two of the residents had left to attend a day service programme that they attended in the community. Three of the residents were in the centre, some of whom were preparing to go out.

The inspector met all the residents, some of whom were happy to talk to the inspector about their views of the quality of service provided. Some of the residents showed the inspector their bedrooms and en-suite bathrooms, and the other residents met with the inspector, with the support of staff. The inspector also met with a team leader, a support worker and the person in charge, and observed some practices in the centre. As well as this, the inspector reviewed a sample of records in residents' personal plans and other records pertaining to the governance and management of the centre and risk management.

The centre was clean, and maintained to a good standard, the inspector observed in some of the audits being conducted in the centre, that where improvements were required to the premises, that these were being identified and actions were taken to address them. For example, the flooring in one resident's bathroom required repair and this had been completed.

Residents had their own bedrooms and en-suite bathrooms and the three residents who showed the inspector their bedrooms, said that they liked their bedrooms. They had adequate storage space to store their personal belongings. One resident had recently had their bedroom painted and the resident had chosen the colour of the

paint themselves. A staff member had painted a mural on the wall, and the resident informed the inspector that they liked this mural. Another resident liked a minimalist look in their bedroom and did not like pictures on walls, or any clutter in their bedroom and this was respected. This informed the inspector that residents were included in decisions about their home and that staff considered the will and preferences of the individual residents.

The centre was spacious and had adequate communal space where residents could spend time together, or alone. These included a sitting room and a sunroom. There was also a well-equipped kitchen, a utility room and a separate dining room. The sunroom also had sensory equipment for some of the residents who liked this. The inspector also observed that staff and residents had made a 'human rights tree' together. This tree had lights and important written human rights messages hanging from the tree, that residents could refer to. The person in charge informed the inspector, that this tree had been part of an initiative by the registered provider to promote the human rights of people living in residential services.

The property was surrounded by a large mature garden, that had a shed outside for storage, a swing that one resident liked, a seating area and a barbeque. The person in charge informed the inspector that the residents were organising a party this summer to celebrate a milestone. The inspector found however, that the barbeque needed a new cover as it was exposed to the elements. The mops and buckets were also stored in the boiler room and this posed an infection and prevention control risk.

Easy-to-read information was also available around the centre for residents who required this format. For example, there were pictures of snacks and drinks that residents could avail of in the centre. Residents were involved in buying groceries and some had different tasks that they liked to do. The inspector observed for example, that one of the residents liked to help put away the groceries on the day of the inspection and the staff informed the inspector that the resident sometimes liked to go grocery shopping.

The residents were observed doing different things over the course of the inspection. One resident liked to practice some of their literacy and writing skills and was doing this when the inspector arrived in the centre. Another resident, liked to do artwork and showed the inspector a painting they had completed, that they were entering into a competition. Another resident collected stamps and showed the inspector their collection. One of the residents informed the inspector that, they did not have many hobbies and liked to 'chill out' when they came home from a day programme they attended or when they were on a day off. Instead, they liked to go out for coffee, shopping and liked to get their nails done. The resident had chosen not to do go out on the day of the inspection, as the weather was bad and they informed the inspector that they just wanted to 'chill out' for the day.

Some of the residents liked music, one of the residents showed the inspector their collection of music and spoke about some of the concerts they had been to. All of the residents could discuss things they would like to do in the future or in the short

term at residents' meetings and at monthly key working meetings. Some of the residents were planning some holidays in Ireland and abroad in the coming months.

Residents meeting were held each month and residents could choose if they wanted to attend them. Key working meetings were also held once a month, where the resident was able to meet a staff member one to one to talk about some of the things that they wanted to do or talk about any concerns they may have. A sample of records viewed, showed that where residents had raised improvements they would like, that they were addressed. As an example; one resident had said that they would like more variety for dinners such as more chinese food. The inspector noted at the next meeting that the resident had been asked if they had liked the new food options made available and the resident had said they did.

All of the residents said that they liked the staff team and liked the people they shared their home with. The person in charge and the staff team knew the residents likes and dislikes, and they were observed providing choices to residents, explaining things to residents when they asked questions, and responding to residents in a timely manner.

The staff knew the residents' healthcare needs, and how to respond to these healthcare needs, should a resident require emergency care or first aid treatment. They provided an example to the inspector, of how a consistent team approach had improved outcomes for one resident. This resident had led a restrictive life and had a number of restrictive practices in place in their bedroom due to some risks, the resident also did not participate in many activities in the community. This resident now had no restrictive practices in their bedroom and was now going out for coffee, liked shopping, and went on some activities that they liked. Staff were also looking for ways to improve residents' experiences in the centre. For example, one resident whose mobility had declined over the last year and who had previously liked going to the cinema, was now going to cinema drive ins.

One resident provided feedback to the inspector, that they do not like it when staff write in their personal plans, without knowing what the staff member is writing about them. The resident informed the inspector that they had not told staff about this concern prior to this inspection. The inspector explained to the resident that they would inform the person in charge about their concern so as they could address this. The resident was happy with this. The person in charge was informed and agreed to address this with the resident going forward.

Notwithstanding, all of the positive things that were happening for residents in this centre, there were a number of improvements required. In particular there was ongoing negative interactions between peers that were still ongoing in the centre. This meant that staff had to implement safeguards, like separate mealtimes for one resident which were observed on inspection, or not allowing residents to share some spaces. This meant that residents could not access areas of their home sometimes because of this. As this has been an ongoing issue in the centre since the last inspection Regulation 8: Protection was found not compliant.

A number of risk management systems in the centre also required review as a result of these cumulative findings, Regulation 26: Risk management was also found not compliant with the regulations.

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

Capacity and capability

There were management systems in place to ensure that safe and effective care was being delivered to the residents, however, there were a number of improvements required in the regulations including governance and management . The inspector found that the arrangements in place to manage risk required significant review, the ongoing safeguarding issues in the centre since the last inspection had not reached a satisfactory conclusion, and the registered provider needed to review the staff in the centre to assure that one resident was provided with consistency of care.

The staff training records reviewed indicated that staff were provided with a number of training sessions to enable them to support the residents.

From a review of incidents that had occurred in the centre since August 2025, the person in charge had notified the Chief Inspector of Social Services as required under the regulations when an adverse incident had occurred in the centre.

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis in the organisation. They were also responsible for another designated centre operated by the registered provider. To assure effective oversight of this centre, team leaders were employed to support the person in charge in their role and to assist with the quality and safety of care being provided.

The person in charge was very organised, demonstrated a commitment to providing person centered care to the residents, and was advocating on behalf of residents to address safeguarding concerns in the centre. It was evident from observing practices, that the residents knew the person in charge very well, and the person in charge had a very good understanding of the needs of the residents.

Judgment: Compliant

Regulation 15: Staffing

The skill mix included support workers some of whom were team leaders. The staff compliment consisted of four staff during the day, one waking night staff and one sleep-over staff. There were also agency hours (approximately 60 hours) funded to support one resident. The agency staff worked either from 9.00 am to 3.00pm or 10.00 am to 4.00 pm each day.

A review of a sample of rotas in March and April 2026 showed that these staffing levels were being maintained.

However, as discussed under governance and management the staffing arrangements pertaining to the agency hours needed to be reviewed to assure that the resident was provided with consistent care on an ongoing basis. For example, there was only one consistent agency staff employed which meant that some days there were either different agency staff or relief staff that the registered provider employed to support the resident. This meant that the resident was not receiving consistent care as evidenced in some of the records viewed by the inspector.

There were on-call managers available to provide support and advise the staff team should this be required.

Staff files were not reviewed at this inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The registered provider had a training schedule in place and staff were required to complete mandatory training and 'scheme specific training' meaning that this training was tailored around the needs of the residents living in this centre. The person in charge also had a system in place to ensure that refresher training was planned for in a timely manner. Some of the training included:

- Fire safety
- Safeguarding of vulnerable adults
- Safe administration of medicines
- Infection Prevention and Control
- Human rights-based approach
- Moving and handling (inanimate objects)
- Moving and handling (people)
- First aid
- Children First
- Managing behaviours of concern

- Wheelchair clamping
- Food Hygiene
- Human Rights
- Residents' personal finances

The nurse employed in the organisation provided additional training to staff on some of the residents' specific healthcare needs. The person in charge had also arranged training for staff in the coming months with a clinic nurse specialist to provide education around one residents specific healthcare need.

The person in charge also had the staff training records of relief staff and an agency staff member who was employed on a consistent part time basis in the centre. A sample of training records reviewed showed that they had mandatory training, like safeguarding vulnerable adults and fire safety completed.

The person in charge had oversight of the staff supervision that was completed every two months with each staff member. A sample of records viewed showed that staff could raise concerns and discuss their own personal development. The staff who spoke with the inspector said that they felt very supported by the person in charge, and they said that the staff team worked well together.

Judgment: Compliant

Regulation 21: Records

The directory of residents needed to include the dates of when a resident was not residing in the centre, or when they had been discharged from the centre.

The actual staff rota needed to include the names of the staff employed from the agency provider.

Judgment: Substantially compliant

Regulation 23: Governance and management

Although there were governance and management systems in place with clear lines of accountability at a team and organisational level, some improvements were required in relation to oversight of aspects of care and support. From talking to staff and the person in charge, they were aware of their responsibilities and the reporting structures in place in this centre. However, as referenced under Regulation 15: Staffing, the use of some agency staff employed in the centre needed to be reviewed to assure consistency of care to one resident residing there. As well as this, there were ongoing safeguarding concerns in the centre, that had not reached a satisfactory conclusion at the time of this inspection to assure that all residents

had free access in their home. Improvements were also required under risk management.

The registered provider had systems in place to audit and review the services being provided. An annual review and been completed, an unannounced six-monthly audit had been conducted, and the staff, person in charge and the head of operations also conducted several audits and checks to assure that residents received a safe and quality service. Where these audits showed that improvements were required, actions were developed to assure that these improvements were addressed in a timely manner. The registered provider had systems in place to oversee fire safety, a review of some of these records showed that a fire drill had been conducted in January 2026 and all staff and residents had been evacuated from the centre in a timely manner.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The information outlined in the statement of purpose was evident in practice. The provider had systems and processes in place to ensure that the statement of purpose was reviewed on an ongoing basis and in response to any changes in the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of incidents occurring in the centre, over the last year, the person in charge ensured that all relevant adverse incidents were notified to the Chief Inspector of Social Services in the recommended formats and within the specified time frames.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the staff team were providing person centered care to the residents, and advocated on behalf of residents to address safeguarding concerns in the centre. However, at the time of the last inspection, in order to

address the ongoing safeguarding concerns in the centre, the registered provider had sought to source an independent living arrangement for one resident. This was also agreed as a more suitable living environment for this resident as they liked their own space. This had not progressed at the time of this inspection.

The inspector also found that there were a number of risk management systems in place that required review at the time of the inspection.

Regulation 13: General welfare and development

As discussed under the section 'What the residents told us and what the inspector observed' of this report, residents were provided with opportunities to take part in a variety of activities that promoted their wellbeing and encouraged socialising and integrating in their local community.

All of the residents got to do things that they enjoyed. One of the residents for example; loved going to the cinema and when their mobility had declined, the staff had started bringing the resident to drive-in movies so as the resident could continue enjoying this hobby. Residents had written up a 'wish list' of some of the things they wanted to do during the year. One residents wish list included planning a holiday abroad this year.

Residents were supported to keep in touch with family and staff helped the residents to arrange visits to their family members' homes.

Judgment: Compliant

Regulation 17: Premises

The premises were homely, spacious and residents had their own bedrooms, which they had decorated in line with their wishes and preferences. The residents had adequate space to store their personal belongings.

The registered provider had a system in place to ensure that equipment stored in the centre was being maintained. For example, the boiler had been serviced and all electrical equipment stored in the centre had been tested.

Judgment: Compliant

Regulation 18: Food and nutrition

There were adequate amounts of food, refreshments and beverages available to residents. Residents were included in decisions about the meals provided. There was an easy-to-read version of the snacks available in the centre. All the residents who spoke to the inspector were happy with the meals and choices of food available.

One of the residents liked to go grocery shopping and liked putting away the groceries when they got back to the house.

Another resident had a specific eating, drinking and swallow plan in place which outlined the specific food consistency that the resident may require. The staff who met with the inspector was aware of the recommended food choices for the resident.

Staff had also been provided with first aid training to respond to an incident of choking, should this occur in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had systems in place to manage risks in the centre. However, the inspector observed a number of practices in the centre that needed to be improved. These included the following:

- In relation to risks pertaining to infection prevention and control, the storage of mops and buckets in the centre needed to be reviewed thereby reducing the potential risks to residents.
- A risk assessment in place to manage and mitigate risks in relation to a medical device to aid sleep apnoea for a resident, had control measures in place to clean and maintain this device. The staff were not clear about this arrangement, as the care and support of this device was usually assigned to the agency staff employed to support the resident. As these staff were not consistently employed in this centre, this posed a potential risk to the resident as all staff were not aware of the procedures to follow.
- A risk assessment in place for one resident in relation to their falls and care and support needs, required review to assure that the controls were effective and did not compromise the residents health risks, while also balancing the residents' right to make informed decisions about their care. For example; the resident did not want to comply with some recommendations from allied health and social care professionals, which could pose a risk to the resident. However, another report noted that the resident did not understand the impact that falls would have on their physical health. There was no records to show that these impacts had been discussed with the resident. It was also not clear whether some of the recommendations from an occupational therapist had been implemented, for example the recommendation to use of a wrist alarm to alert staff if the resident had fallen.

- Another risk assessment stated that a resident should have physiotherapy exercises carried out everyday, however the resident sometimes refused to do these, however this was not recorded on a consistent basis.

The vehicle provided in the centre had an up to date insurance certificate, and a certificate to show that it was in road worthy condition. The vehicle had also been recently serviced in May 2026.

Judgment: Not compliant

Regulation 6: Health care

Each resident's personal plan contained an up-to-date assessment showing the health and well-being needs of the residents. Residents had access to health and social care professionals, nurses and doctors.

The inspector found from reviewing a sample of residents' personal plans that the person in charge and the staff were proactive in referring residents to health and social care professionals, such as occupational therapist, as well as clinical nurse specialist and doctors where required. The staff spoken to were knowledgeable about the residents' needs, and when to seek medical advice in an emergency should this be required.

Residents had been supported to make decisions and avail of national screening services, if they wished. They were also afforded the right to refuse specific medical interventions, and their doctor had been informed of this decision.

Judgment: Compliant

Regulation 8: Protection

At the time of the last inspection of this centre, there were ongoing safeguarding issues in this centre, that related to negative peer to peer interactions. Some actions had been taken to address this since the last inspection, such as increasing the number of staff hours in the centre to assist with the care and supervision of residents, and an existing shared care vacancy in the centre was not being filled to try and manage this. However, at the time of the last inspection, the registered provider had submitted a business case, seeking an individualised living environment for one resident to address these safeguarding concerns. However, this had not been addressed at the time of this inspection and therefore safeguarding concerns of this nature remained an ongoing issue in the centre.

While the inspector found that the number of safeguarding incidents had reduced in the centre due to measures being implemented by the staff team, these measures

were negatively impacting on the residents in the centre as evidenced at the last inspection of this centre. For example; separate mealtimes had to be put in place for one resident and residents were encouraged not to share some communal spaces to reduce this incidents. This meant that residents could not access areas of their home sometimes because of this. Overall, the residents were not compatible to live in the home together and further action was required to address this ongoing safeguarding concern.

Judgment: Not compliant

Regulation 9: Residents' rights

Notwithstanding, the issues discussed under regulation 8: Protection and the impact they had on residents' rights, the inspector observed some positive examples of how residents were being supported with their rights.

Staff were observed asking residents for their permission before entering their bedrooms.

One resident had been supported to move bedrooms and restrictive practices that had been in place for this resident had now been removed.

The inspector observed another resident who was nervous about the inspector's presence in the centre, being supported by staff who was explaining the reason for the inspectors visit and reassuring the resident about what would happen during the course of the inspection.

Residents meetings were held each month and a representative from an advocacy group had recently attended one of these meeting to inform residents about the services they provided and how they could access these services. The inspector observed from the minutes of these meetings that where residents raised suggestions or improvements in the quality of services, that staff listened to these suggestions and acted on them. At the next meetings these suggestions and improvements were then discussed with the residents to ensure that they were happy with the actions taken.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Praxis Care Mullingar OSV-0001915

Inspection ID: MON-0045203

Date of inspection: 04/06/2026

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: The Registered provider has escalated the ongoing challenges with the external agency provider to the commissioner. Completed 01/07/2026 The Registered Provider has agreed with the commissioner that any shortfall in hours will be provided by Praxis Care staff while longer term solutions are been explored. This will provide the resident with consistent staffing to meet assessed needs. To be completed by 30/11/2026	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The Registered Provider has updated the Directory of Residents to include discharge dates for previous resident. Completed 05/06/2026 The Person in Charge has reviewed and updated the roster management system to ensure all staff on duty, including agency personnel, are now clearly identified on the rota to ensure effective oversight and full regulatory compliance. Completed 01/07/2026.	

Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Registered Provider is proactively engaging with the commissioner to review current agreement with external agency. The Registered Provider will directly provide any shortfall in support hours to meet residents assessed needs. This measure ensures the resident experiences consistent care, maintains their routine, and is not disadvantaged by external staffing shortages. To be completed 30/11/26 The Registered Provider acknowledges the safeguarding concerns referenced in the report and continues to escalate these concerns to the HSE. The Registered Provider has requested a review meeting with the commissioner to take these concerns forward with an agreed action plan and timeframe. To be completed by 30/09/2026 The Registered Provider will liaise with the commissioner to source an alternative individualised placement for resident to meet resident's needs. To be completed by 31/01/2027. The Registered Provider will ensure that rota management is monitored monthly by Head of Operations in monthly monitoring visit. Commenced 01/07/2026 The Registered Provider will ensure that safeguarding concerns are monitored monthly in monthly monitoring visits by Head of Operations and escalated as per policy. Commenced 01/07/2026	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Person in charge has discussed Infection Prevention and Control (IPC) process with staff team highlighting storage arrangements for mops and buckets and replacing mops and buckets regularly in a staff meeting. Completed 18/06/26 The Person in Charge has ensured a designated cleaning equipment storage area has been established to ensure equipment is stored in line with infection prevention and control best practice. Completed 09/07/2026 The Person In charge (PIC) has ensured that a replacement BBQ cover was purchased.	

Completed 11/06/2026

The Person in Charge will ensure the monthly environmental audit will note any concerns with an agreed action plan and timeframe. Commenced 09/07/26

The Person in Charge has reviewed and updated the management of Sleep Apnoea medical device. Completed 18/06/2026

The Person in Charge has enhanced staff awareness of these procedures during staff team meeting. Completed 18/06/26

The Person in charge has updated the resident's care plan and risk assessment to ensure there is clear guidance regarding the cleaning, maintenance, and monitoring of the sleep apnoea device. Completed 18/06/26.

The Person in Charge has scheduled additional external specialised training from specialised Nurse from the sleep apnoea clinic for staff awareness of cleaning and the maintenance of the of the device. To be completed by 31/07/2026

The Registered provider has completed an additional Falls Risk Management assessment to ensure that identified control measures effectively support the resident's health, safety, and wellbeing, while fully respecting their rights, preferences, and autonomy. Completed 15/06/26

The Person in Charge will ensure additional Occupational Therapy (OT) input is requested to revisit previous recommendations and assess the appropriateness of all interventions to include the use of a wrist alarm, balancing the resident's right to make autonomous decisions with safety. This matter will also be progressed in consultation with the resident's Co-Decision-Making Representative to support the resident's understanding and communication preferences To be completed by 31/08/2026

The Person in Charge has completed a key working/Educational session related to risks to enhance the resident's awareness of his health condition and impact the impact that his decisions may have negatively upon his health needs. Completed 20/06/2026

The Person in Charge has communicated during the staff meeting the importance of accurately documenting all interventions, including explicit instances where a resident chooses not to participate, in daily notes document. Completed 22/06/2026

The Head of Operations will review risk management compliance in monthly monitoring visit and escalate any concerns as appropriate. To commence 01/08/2026.

Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The Register Provider has requested an urgent Multi-Disciplinary Team meeting with the commissioner to review the proposal submitted for resident who requires individualised living. To be completed by 30/8/2026 The Registered Provider will liaise with the commissioner to source an alternative individualised placement for resident to meet resident's needs. To be completed by 31/01/2027. The Registered Provider will continue to review all safeguarding concerns on a monthly basis. Commenced July 2026.	

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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/11/2026
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	05/06/2026
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for	Substantially Compliant	Yellow	01/07/2026

	inspection by the chief inspector.			
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	31/01/2027
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	31/08/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/01/2027