



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ard na Mara
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	26 May 2026
Centre ID:	OSV-0002036
Fieldwork ID:	MON-0041511

About the designated centre

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

The centre provides a dedicated respite care and support service for male and female adults with a primary diagnosis of physical and/or sensory disability in the Cork and Kerry area. Referral to the centre is made through the Health Service Executive. The centre is a purpose built bungalow that comprises of six single bedrooms with ensuite facilities, a large living and dining room, a kitchen, a quiet room, a bathroom, a staff toilet, a staff office, a staff tea room, a laundry room, a medical store room, a store, a utility room, boiler room, staff office, managers office and staff break room. The centre is located in a scenic rural setting near a village and a beach and is accessible to a number of towns and Cork city.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 26 May 2026	11:30hrs to 21:00hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed and was told in this centre, the individuals that received respite services in this centre continued to receive an overall safe service. While a good quality service was provided in many aspects, this inspection identified that ongoing staffing issues were impacting the quality of service received by some residents and some issues were also identified in relation to governance and management, complaints and premises.

This was a short-notice announced inspection carried out to inform the decision relating to the renewal of registration of the centre. The previous inspection was completed in June 2025 and was an adult safeguarding inspection with overall good findings noted. At the time of this inspection 70 residents were catered for on a respite short-break basis with up to six residents availing of respite services at any one time, depending on the assessed needs of residents. Generally short breaks of five or seven days are offered to residents.

The inspector met with all six residents present and four members of the staff team working in the centre during the inspection and spent time in communal areas and speaking with staff and residents and reviewing paperwork close to the communal areas of the centre.

The centre is located in a rural area of East Cork, close to a popular beach and provides short term breaks to residents for 48 weeks of the year. It comprises a six bedroom purpose built bungalow. Each bedroom has its own en-suite bathroom and overhead hoist facilities. There are also a number of communal areas available to residents including a dining/activity room and open plan sitting room area, a large kitchen, a conservatory/quiet room, laundry facilities an office and staff facilities. The centre was clean and bright throughout and had recently been painted. Bedrooms were nicely decorated with age appropriate murals and all bedrooms had direct access to the rear of the centre through double doors. Most areas of the centre had large windows to allow in natural light and showcase the views and the main living area had direct access to a pleasant outdoor patio area with new furniture. Colourful flower pots and baskets were on display outside the centre.

At the time of this inspection, six individuals, both male and female, were receiving respite services. Some individuals preferred to spend time in their bedrooms, and others preferred to spend time in the communal areas in the company of staff and other residents. Residents were met with in their bedrooms or the communal areas of the house, depending on their own preferences. A resident gave the inspector a tour of the house, including their bedroom and other residents also showed the inspector their bedrooms. The inspector also joined some residents in the main dining/activity area for tea and later in the day sampled some lovely buns residents had made.

The individuals using the service was seen to be overall content and most of them reported that they enjoyed their time in the centre. One individual told the inspector that while they got on well with the staff and there was nothing wrong with the centre, they preferred to be at home. Staff were observed to interact with and this resident and later offer them a trip out which they appeared to be eager to take part in. One individual for whom English wasn't their first language generally responded with one word answers but did appear to be content when they met the inspector.

Residents were seen enjoying jigsaws and magazines, having meals and snacks at times of their own choosing, listening to music, interacting with the Alexa device in the centre, going for a walk outside with staff, watching TV, playing computer games and two residents went out on the bus for an external activity. It was noted however that some residents tended to remain in the same areas of the centre for most of the day, including one resident who spent a good portion of the day in their own bedroom watching TV. Regular staff interactions were noted.

Generally, the interactions between staff and residents were seen to be friendly and positive and residents appeared comfortable to ask for support or to chat with staff. For example, one resident requested new batteries for a television remote and staff were seen to support them with this. Light-hearted interactions and banter were noted between residents and staff and it was clear that some residents enjoyed and sought out the company of the staff working with them. Staff were seen to discreetly offer and provide personal care to residents who required support in this area.

As part of this short-notice announced visit, residents and families were provided with an opportunity to complete questionnaires about their service prior to the inspection. The inspector received and reviewed two completed questionnaires. The feedback provided from these was overall positive. The inspector also reviewed written feedback and complaints received from residents in respect of their stays in the centre in the four months prior to the inspection. While overall this was very positive, feedback from a small number of residents who engaged in this process indicated that they were unhappy about the amount of activities they were offered and the cancellation of activities on occasion. One resident indicated that they were "bored this week". Three individuals present spoke about their experiences in the centre. Overall these were positive and residents indicated they were satisfied with their rooms, the food and the staff that supported them. Two of these residents told the inspector that they "loved" the centre and all residents indicated they felt safe and well supported in the centre.

It is acknowledged that some recent changes to the management of the centre had occurred and it was evident that significant efforts were being made at the time of the inspection to bring this centre into compliance with the regulations. However, issues were identified in relation to staffing, staff supervision, the annual review and some premises works were in progress.

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

The findings of this inspection showed recent improvements in the management systems in place in this centre. However, some ongoing improvements were required to ensure that the centre that residents were consistently offered a high quality service. Issues were identified in the areas of staffing, governance and management and complaints.

At the time of this inspection a number of management changes had occurred. The previous person in charge had departed the role in December 2025. A person participating in management of the centre (PPIM) had been appointed to maintain oversight of the centre in the person in charge capacity while the recruitment of another person in charge was ongoing and they had been removed as a named PPIM while they focused on the local oversight of the centre. This individual facilitated the inspection. Recruitment efforts were ongoing including an advertising campaign video residents also participated in. Also the incoming director of services had been put forward as a person participating in the management of the centre. There was ongoing contact from the provider with the office of the Chief Inspector in relation to these management changes.

Documentation reviewed during the inspection included resident information and provider oversight documentation. Governance and management arrangements at the centre were in place that meant care and support practices were subject to regular monitoring to ensure their effectiveness in meeting the needs of resident. There was a clear management structure in place. The person in charge maintained a strong presence in the centre and was supported by a familiar social care team leader in the day-to-day operations of the centre and the inspector was told that the new incoming director of services had also visited the centre on a number of occasions. However, despite evidence that significant efforts had been made to address some identified issues in the months leading up to the inspection, further work was required to ensure that the centre was adequately resourced to provide for a fully effective and high quality service. For example, staffing arrangements in place had not always provided for sufficient staff to fully meet the needs of the residents and the aims and objectives of the service.

While sustained efforts were being made to recruit staff to the centre, including the use of novel social media advertising alongside traditional routes, staffing remained an issue for the provider at the time of this inspection. From what management and staff told the inspector, efforts were made to reduce the impact of this on residents and usually there were sufficient staff numbers on duty to provide for a safe service for residents. However, on some occasions staffing levels in place impacted on the quality of the service residents were receiving. Staff also raised concern about

access to formal supervision in the centre and the recording of complaints required some improvement.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an appropriate application to renew the registration of this centre. This information was reviewed prior to the inspection and found to contain all of the required information.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge as part of the registration application for this centre. The post of the person in charge had been vacant in this centre for a period of time. Recruitment efforts had been unsuccessful for this position and as an interim measure the provider had appointed the person participating in the management of the centre as the person in charge and reduced their remit to this centre only in the capacity of person in charge. This person possessed the required qualifications, experience and skills and were found to have good oversight of the centre on the day of the inspection. Evidence of the person's qualifications, experience and skills was submitted and was reviewed by the inspector as part of the renewal of registration application for this centre.

Judgment: Compliant

Regulation 15: Staffing

The number of staff was not always appropriate to meet the needs of residents. There were issues in relation to the recruitment and retention of a full staff team in this centre and the provider was open in acknowledging this at the time of this inspection and there was a risk assessment in place in relation to staffing. The inspector spoke with staff and management and reviewed rosters for a sample of seven weeks, incident reports and a sample of residents' records.

At night two staff supported residents, and by day rosters indicated that usually four or five staff provided supports to six residents. The staff team consisted of health

care assistants, nursing staff and social care staff. A number of staff had worked in the centre for long periods of time. There were three whole time equivalent (WTE) vacancies on the staff team at the time of this inspection including the Clinical Nurse Manager 2 position that was ordinarily occupied by the person in charge. There was also some long term leave and some further planned leave that was impacting the number of staff available to be rostered in the centre. Agency and relief staff were used to supplement the regular staff team. For example, five shifts for the next two week period in the planned roster were allocated to agency staff.

Rosters reviewed showed at least seven occasions when staffing was reduced due to cancellation of shifts or leave and three staff had supported residents by day. While safe services that met the basic day-to-day care needs of residents were generally provided for, sometimes the quality of service was impacted when staffing was reduced. For example, rosters and co-ordinator notes reviewed for one specific week showed that:

- Six residents were accommodated for this week, including a number that required 2:1 supports with personal care and for accessing transport.
- On one date only two staff had been available for part of the day and three had supported for the remainder of the day-time shift hours. All six residents were present.
- On three dates three staff had been available to support all six residents.
- Activities had been cancelled on at least one of these dates due to staffing levels.
- A resident had to wait for personal care to be provided and this had impacted on their dignity.

Complaints and feedback information reviewed also showed that there were other occasions where there were not enough staff to facilitate external activity. Team meeting minutes reviewed included references to staff shortages impacting on the amount of activity provided to residents. This did impact residents' experiences in the centre especially given that the service was intended to provide short break and holiday facilities to residents. The location of the centre did not provide for easy access to local facilities or public transport links without using the centre transport and this meant that the availability of staff to allow this transport to be used directly impacted on residents' ability to make plans for their stay and access external services and facilities that they might wish to avail of during their holiday breaks. For example, residents tended to be able to take part in one or two pre-planned external outings per short break and sometimes these were cancelled or changed due to reduced staff levels. It is acknowledged that efforts were made to reschedule any cancelled activities.

Judgment: Not compliant

Regulation 16: Training and staff development

The training needs of staff were being appropriately considered and this meant that staff had the required skills and knowledge to provide residents with safe and good quality care and support appropriate to their needs. The inspector reviewed a training matrix for sixteen staff that were also named on the centre roster. This matrix showed that staff were provided with training appropriate to their roles and that overall the person in charge had maintained good oversight of the training needs of staff.

The matrix reviewed showed that mandatory training provided included training in the areas fire safety, safeguarding, manual handling and the area of positive behaviour support. Almost all of the mandatory training reviewed was fully up-to-date. Three staff were due to complete refresher training in epilepsy and this had been scheduled.

Issues noted in related to the formal supervision of staff are covered under Regulation 23: Governance and Management.

Judgment: Compliant

Regulation 22: Insurance

The provider had in place insurance in respect of the designated centre as appropriate. Evidence of this was submitted as part of the application to renew the registration of the centre. Updated insurance was required for the purpose of the registration application. This was seen on the day of the inspection in the centre. This meant that residents, visitors and staff members were afforded protection in the event of an adverse event occurring in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not ensured that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose at all times or that the annual review included consultation with residents. The provider had also not fully ensured that effective arrangements were in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

While overall, there was evidence of improved oversight of the centre in the months prior to this inspection, the providers report on an unannounced six monthly visit completed in November and December 2025 showed that there was delays in

addressing a large number of actions from the previous audit and this indicated that full oversight had not been maintained. Some actions remained outstanding from the previous compliance plan although progress was noted in relation to this.

- As discussed under Regulation 15 staffing resources and skill mix were impacting on the quality of the service provided to residents.
- An annual review had been completed in respect of 2025 but this did not include details that demonstrated residents had been consulted with as part of this process.
- Staff had not been provided with regular formal supervision in line with the providers' own policies. Some staff told the inspector that they had not received this in over two years and the incoming person in charge had identified that this required addressing. A supervision schedule had been put in place at the time of this inspection but this would not ensure that all staff had taken part in formal supervision until at least September 2026. Staff reported that that they felt comfortable to raise concerns. However, some ongoing issues including staff resources relative to the number of residents accessing the service at times impacted on their ability to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was present in the centre and contained the information as specified in the regulations. This document was submitted as part of the application for the renewal of the registration of the centre and was reviewed prior to the inspector visiting the centre. Some minor clarifications were made on the day of the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints policy and procedure and this was reviewed by the inspector and seen to be in date. There were no open complaints recorded at the time of this inspection. A complaints log was reviewed by the inspector for the designated centre. It was seen that complaints were recorded as appropriate in this log but that the satisfaction of the complainant was not always recorded.

Information about making a complaint was viewed on display in the front hallway of the centre, including details of the complaints officer. It was seen actions taken to respond to complaints were recorded.

Staff were familiar with the complaints procedures in the centre and told the inspector about how they would respond to complaints received in the centre. Staff that spoke to the inspector also told the inspector that they would be comfortable to support a resident to make a complaint if required.

Judgment: Substantially compliant

Quality and safety

Overall, this inspection found that there was evidence of good compliance with some of the regulations concerning the care and support of residents and that this meant that for the most part residents who accessed respite in this centre were receiving a service that met their day-to-day needs and kept them safe. However, as discussed in the previous section staffing resources were impacting on the quality of service provided to residents at times and some improvements was also required to the documentation in place to ensure that all of the required information was available to staff and up-to-date.

The providers' statement of purpose sets out that full time nursing supports are not provided in the centre. Nursing supports were rostered in the centre to meet the specific needs of residents. Four nurses were employed but some long term leave meant that the full complement of nursing staff was not available. The inspector was told by the management of the centre about how nursing supports and resident groupings were planned to manage this.

There was evidence that residents were consulted with and informed about a variety of topics during house meetings, pre-admission calls and through feedback provided at the end of their stay. Some premises works had been completed since the previous inspection but some were not yet completed. This meant that residents continued to require staff support to access one area at the back of the centre. Some further works were planned in relation to external insulation and windows in the centre also. However, overall, the premises presented as bright, clean and well maintained. Fire safety systems were noted to be in place and residents had access to good facilities in the centre.

Resident documentation reviewed showed that overall staff had information to guide them in relation to how best to support residents. However, some gaps were noted in some documentation.

Regulation 10: Communication

The registered provider was ensuring that residents were assisted and supported to communicate in accordance with their needs and wishes. On the day of this inspection, staff were observed to be very familiar with and respectful of residents' communication methods and styles and were able to tell the inspector how residents preferred to communicate. The inspector reviewed communication guidance in residents' personal plans and saw that relevant guidance was available to staff in relation to supporting residents to communicate. Rosters reviewed showed that a consistent core team of familiar staff were allocated to the centre on an ongoing basis and that in the event that relief or agency staff were required, they would be on duty with a familiar staff member. This meant that residents would usually have a staff member that was familiar with them in the event that communication difficulties arose. Examples of good practice in this area was observed during the inspection. Staff were seen to provide residents with time to communicate in their preferred method and to have an understanding of non-verbal gestures and cues provided by residents as well as verbal cues. Also, pictures and guides were available to assist residents make choices and provide information to residents about the centre and about planned activities, staff and food.

Judgment: Compliant

Regulation 11: Visits

Although, some of the residents that use this service did not regularly receive visitors due to the short-break nature of the service provided, the registered provider had facilities in place for residents to receive visitors in accordance with the resident's wishes. The person in charge had ensured that, as far as reasonably practicable, residents are free to receive visitors without restriction and that suitable communal facilities are available to receive visitors. A suitable private area, which is not the resident's room, was observed to be available to a resident in which to receive a visitor if required. The inspector saw that the centre had a number of communal areas, including a separate conservatory area that was situated in a private location for residents to receive visitors if they wished. This was appropriately furnished with seating and was a comfortable space for residents to receive visitors. Residents also had large bedrooms with additional seating available should they prefer to meet with visitors in their bedrooms.

Judgment: Compliant

Regulation 13: General welfare and development

Some issues related to staffing levels sometimes affecting residents are outlined under Regulation 15. However, good practice was also observed on this inspection that demonstrated that residents were provided with facilities for occupation and recreation and generally provided with good care and support in line that their wishes.

- Residents had access to in-house facilities for occupation and recreation and had opportunities to participate in activities of interest. For example, on the day of this inspection, two residents enjoyed making buns and shared these with their peers. Residents also enjoyed games and artwork and were supported by staff in these activities if desired.
- Residents were provided with opportunities to enjoy the warm weather and spend time outdoors and new garden furniture and parasols were observed to be available for the use of residents.
- Two residents enjoyed an external community based activity together.
- Residents had access to large TV's in both their bedroom and communal areas, computer game consoles, board games and their own electronic equipment and devices if required.
- Resident records showed that efforts were made to consult with residents about what they would like to do during their planned stays and to facilitate this.
- Residents spoken with and most of the written feedback viewed indicated that residents were well supported in the centre and enjoyed their scheduled breaks away.

Judgment: Compliant

Regulation 17: Premises

The premises was seen to be well overall adequately maintained and of a suitable size and layout to meet the needs of the respite residents that used this service. The centre was designed to accommodate residents with high mobility needs and overall, the centre was accessible to residents with large rooms, wide corridors, hoisting facilities and mechanical beds, although some further works were planned to address some previously identified issues with access to parts of the exterior of the centre.

A walk around of the premises was completed by the inspector. Some works were in progress in relation to remedial works previously identified by the provider and the person in charge showed the inspector where works had been completed and where further works were planned. Works to address issues with the water supply in the centre had been completed. Some upgrades had also been completed since the previous inspection including new accessible furniture for the dining area, painting of windows, interior walls and some of the exterior of the centre, new larger beds to replace single beds in some bedrooms and some other new furniture. The annual review for the centre also identified that a new "cosy chair" for individuals who use

moulded seating and have complex seating needs had been obtained for the sitting room.

However, some works were outstanding including some exterior painting works and some further planned remedial works to the roof. There were also further works planned to make the exterior of the centre fully accessible to residents. Residents could not yet access the back footpath safely due to a drop that was unsafe. This was recorded on the centre's risk register. These were not seen to be significantly impacting residents at the time of this inspection and the provider was making progress with plans to address these issues. These plans included a sensory garden that would further enhance the outdoor space and facilities available to residents.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had ensured that there was an appropriate resident's guide was in place that set out the information as required in the regulations. This document was submitted and reviewed as part of the application for the registration of the centre and was also present in the centre on the day of the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place that provided for the identification, assessment and ongoing review of risk in the centre. The same policy also outlined control measures for specific risks as required including self-harm and accidental injury.

A digital system was in operation for the recording and review of incidents occurring in the centre and this provided an additional layer of oversight of this area. The inspector reviewed the risk register in place and saw that the management team had put effort into updating this and ensuring that it accurately reflected the risks present in the centre and the control measures in place. Risk was seen to be managed in the centre. For example, risk assessments were updated to reflect any recent changes and risk management plans were in place to provide guidance to staff about individual risks in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had overall ensured that effective fire safety management systems were in place in this centre at the time of this inspection and that adequate precautions were taken against the risk of fire. Arrangements were in place for maintaining fire equipment and reviewing and testing fire equipment. Appropriate containment measures were in place.

Fire safety systems such as emergency lighting, fire alarms, a fire panel, fire extinguishers, break glass units and fire doors were present and observed as operating on the day of the inspection by the inspector during the walk-around of the centre. Labels on the fire-fighting equipment such as fire extinguishers identified when they were next due servicing and fire safety records reviewed showed that quarterly checks by a fire safety company were completed on the fire alarm system and that there were a number of checks being completed by staff in the centre.

A training matrix reviewed showed that the registered provider had made arrangements for all staff to receive suitable training in the area of fire safety. There were plans in place to evacuate residents in the event of an outbreak of fire. Some further assurances were requested in relation to this and following the inspection the inspector received confirmation that a fire drill that simulated the minimum staffing levels in the centre had been successfully completed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place and these were completed either prior to admission or as soon as practicable in the case of emergency admissions. A sample of three residents' personal plans were reviewed alongside some other documentation including daily notes, coordinator notes and respite admission and discharge documentation. The information used to inform plans included reports and assessments from allied health professionals and consultation with residents and their supporters. Some good practice was noted in relation to plans in place. For example, where residents required staff assistance for transfers, there were photographs that clearly outlined the procedures followed. There was evidence of consultation with residents about the plans in place also and overall the plans offered clear and practical guidance to staff supporting residents. Some information was noted to be incomplete in at least two of the three plans reviewed, with the third plan was in the process of being completed following the admission of a resident into the centre. For example, hospital passports for two residents were not fully complete and did not contain a photo of the resident as per the providers own format. There was no photo on file for one resident. Also one of the three plans was not dated and did not have review dates noted or a respite review form that was seen in another plan and it was not possible to determine if this plan had been

reviewed as required. These issues did appear to be mainly documentation related and were not seen to be significantly impacting on residents on the day of the inspection but did have the potential to impact in the future.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant

Compliance Plan for Ard na Mara OSV-0002036

Inspection ID: MON-0041511

Date of inspection: 26/05/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment of staff remains ongoing, with a number of vacancies currently at offer stage and interviews for Staff Nurse positions scheduled to take place in the coming week. The recruitment campaign will remain active, with the development of a relief panel to support the maintenance of safe staffing levels. Relief staff will be utilised where available to ensure continuity and consistency of care, with agency staff used when necessary to maintain required staffing levels. In addition, a business case has been submitted to the funding body seeking approval for an increase in the allocated nursing hours within the centre to ensure staffing resources are aligned with the assessed needs of service owners. Staffing within the centre is allocated in line with the assessed needs of service owners. Rosters are planned in advance and staffing requirements are regularly reviewed to ensure appropriate support levels are maintained. An updated Standard Operating Procedure (SOP) has been developed to provide clear guidance to staff on the actions required in the event of reduced staffing levels, including escalation pathways and contingency arrangements to minimise any impact on service owners. The Person in Charge will continue to monitor staffing levels within the centre and will escalate any concerns to the PPIM in line with the SOP to ensure appropriate staffing arrangements are maintained at all times. Activities and outings are planned in consultation with service owners and are based on their individual preferences and choices while availing of the respite service. This is discussed with each service owner as part of the admission process to ensure their interests, wishes, and goals for their respite stay are identified and supported. A range of internal and external activities is available, and all activities offered, accepted, or declined will be clearly recorded to ensure residents' choices are respected and to support ongoing review and enhancement of activity provision within the service.	

Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Annual Review of service provision for 2026, and all future Annual Reviews, will incorporate consultation with service owners to ensure their views, experiences, and feedback are considered in the evaluation and ongoing development of the service. In addition, a review of the audit schedule has been completed, with allocated audit review timeframes now in place. The revised schedule includes clearly defined timescales and identifies the person responsible for each action, ensuring that all audit findings including those within unannounced visits and required actions are addressed, monitored, and completed within the agreed timeframe. The centre has allocated resources to ensure the service provided is safe and effective. Through an ongoing recruitment campaign staffing allocation is being enhanced, and a number of vacancies have been successfully filled since the inspection. To further support service delivery and continuity of care, a relief panel will be established to provide additional staffing resources and cover, helping to ensure consistency and quality of care for service owners. A supervision schedule is in place to ensure that all staff members receive formal supervision, including those who are currently on leave. In line with organisational policy, staff will be provided with the opportunity to prepare for supervision meetings in advance, supporting meaningful engagement and discussion during the supervision process. This supervision process will be on going system within the service.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaints tracker has been updated to include satisfactory Y/N outcome to be recorded.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A contract company/planned maintenance schedule is in place to maintain the landscape area around the premises . All footpaths have been powerwashed in Spring 2026. The painting of the windows has been completed since inspection. All footpath areas are fully accessible for service owners – all new railings have been installed and existing rails repaired. Outside accessible garden furniture is available to all service owners. The Quiet room has had a Smart TV installed and new blinds fitted.	

New outside wall lights have been fitted for better illumination at nighttime at rear of building. Maintenance contract in place for monitoring the roof on a twice-yearly basis and no further leaks have been noted. Sensory Garden This is an ongoing project which is in receipt funding by way of a grant by a private fund. Design plans have been received and some reduction in costs need to be achieved before the full go ahead can be given. Exterior painting We have applied to the SEAI through the HSE Energy Hub for funding for exterior insulation wrap to increase the energy efficiency of the building.	
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: An audit is scheduled to be carried out on personal plans by the Social Care Leader. Outcome of audit will be shared with management and all keyworkers. All templates have been updated and are now in use.	

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.	Not Compliant	Orange	30/09/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/04/2027
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in	Substantially Compliant	Yellow	30/07/2026

	achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/09/2026
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	30/09/2026
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation	Substantially Compliant	Yellow	30/09/2026

	with residents and their representatives.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Not Compliant	Orange	30/09/2026
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	30/07/2026
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,	Substantially Compliant	Yellow	31/10/2026

	which review shall assess the effectiveness of the plan.			
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