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:	Cara
Name of provider:	St Michael's House
Address of centre:	Dublin 17
Type of inspection:	Unannounced
Date of inspection:	22 April 2026
Centre ID:	OSV-0002349
Fieldwork ID:	MON-0050035

About the designated centre

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

Cara is a purpose-built residential home for adults with an intellectual disability, dementia and/or a life-limiting condition. The building comprises a residential unit, memory clinic, and an administration area. These are arranged around two internal landscaped courtyards. The centre has been designed to allow safe freedom of movement within the building. The building and courtyards are fully wheelchair accessible. The courtyards have been designed to integrate sensory gardens with scented plants, water features, contrasting colours/textures, a swing, pergolas, gazebo and other features. These courtyards can be used as outdoor rooms. The sitting room and living room are located in the southern side of the building to avail of sunshine and the rear garden, which is fully landscaped with a meandering walkway around the gardens. Daylight is a constant feature of the design. The glazing to the courtyards and strategically placed roof lights allow sunshine to penetrate deep into the building.
The staff team in Cara includes clinical nurse managers, staff nurses, care staff, domestic staff and a cook.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 22 April 2026	09:50hrs to 18:30hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This unannounced inspection took place over the course of one day to monitor the designated centre's level of compliance with the regulations and in particular, to ensure residents living in the centre were provided with the services in accordance to the centre's statement of purpose.

On the day of the inspection, the person in charge was on leave so the inspection was facilitated by the team lead (staff nurse) for the duration of the inspection. The person in charge had made themselves available to the staff member, via telephone, if support was required. In addition, the senior service manager, (person participating in management, PPIM), called to the centre twice on the day and was also available via telephone throughout the day. The inspector used observations and discussions with management, staff and residents, in addition to a review of documentation, to form judgments on the residents' quality of life.

On entering the centre, the inspector provided the staff nurse with a 'nice to meet you' document to share with the residents. The document included easy-to-read information about the inspector, why they were visiting the residents' home and overall, what the inspection entailed. This document was in place to support residents understand the inspection process, but also to support residents in relation to unexpected visitors in their home.

The inspector found that this was a centre that ensured residents received the care and support that they required but also ensured that management and staff provided a service that was person-centred and included a rights-based focus that promoted their dignity and autonomy. Overall, there were good levels of compliance found on this inspection. However, improvement was needed to the fire safety management systems in place, in particular regarding fire drills and associated documentation such as the fire evacuation plan and personal evacuation plans (PEEP). This is discussed in detail under Regulation 28:Fire precautions.

There were eight residents living in the centre at the time of the inspection, and the inspector was provided the opportunity to meet seven of the eight residents. Residents were supported by a staff team which consisted of a clinical nurse manager II, clinical nurse manager I, staff nurses, direct care support workers, a day facilitator, cleaning and domestic staff. From speaking with staff, the inspector found that they were familiar with the needs of residents and the supports required to meet those needs. The inspector found that staff were also aware of each resident's personality and of their uniqueness and different abilities.

The centre comprised of ten single-occupancy bedrooms that were fitted with ceiling hoists and shared adjoining shower rooms. There were arrangements in place to ensure the privacy and dignity of each resident while they were using the adjoining shower rooms through the use of a locking system. The inspector observed that

residents' bedroom were individualised and personal to residents. For example, on observing two of the rooms the inspector saw that they contained, bedding that the resident had chosen, lamps, soft toys, framed family photographs and memorabilia that was important to the residents. There was ample storage in each room where residents could store their clothes and other items belonging to them.

The communal areas of the centre included a large sitting room and a dining room adjoined to an open kitchen and were observed to be spacious and bright with adequate seating for residents, including a number of individualised 'comfy' chairs.

The centre included a dedicated space for families and included a sitting room and dining areas as well as bathroom and sleeping facilities for family members who wished to be present when their loved ones were receiving end-of-life care. The corridors were observed as bright and wide with roof lights to allow for additional daylight and spaces to sit overlooking the courtyard.

The inspector saw feedback from a number of family members about the service their family received in the centre. The comments were highly complementary. One family noted that they were very grateful to the management and staff for making such a difficult time easier. Another family member, thanked the staff team for their 'compassion and outstanding care'. They thanked the manager and staff for ensuring their family member's final days were comfortable, filled with care, dignity and compassion.

There were two well-maintained garden courtyards full of colourful plants and trees in the middle of the centre which included outdoor seating areas. A staff member advised the inspector that the residents enjoyed sitting out in the courtyards during the summer months when the weather was warm.

There was an activity room that contained arts and crafts facilities, a cinema room, a café, outdoor accessible space for gardening and a room set up to function as a nail bar and hair salon. These spaces were decorated and furnished in a well-considered manner to clearly reflect their functional use. On the day of the inspection when walking around the centre, the inspector observed one of the residents having their hair blow dried by their staff member in the nail and hair salon. The resident appeared happy at getting their hair done and took pride in showing the inspector their painted nails.

The inspector observed a newly decorated relaxation room, that included colourful armchairs and couches, soft furnishings, pastel colour blinds and an array of indoor pot plants. There were pictures on the walls portraying calmness and relaxation. In addition, new sensory lights, that reflected on to the ceiling and walls, had been purchased for the room.

In addition, the inspector observed a newly decorated spa room (Jacuzzi room). The room included a Jacuzzi bath and new colourful coordinated shelving units with towel sets and soft furnishing and decorative candles which had been placed around the room. A new storage cabinet had been purchased that included individual boxes for each resident to hold their favourite bath-time liquids, creams and other related items. The room was laid out in a way that replicated a spa environment and

provided a relaxing and calm atmosphere. Staff informed the inspector that the residents were getting great enjoyment from the room.

The inspector observed an unhygienic odour in one of the laundry rooms. The inspector was informed that the odour has started the day before and the organisation's maintenance team had been called. On the day, the maintenance team arranged for an external drainage company to examine the situation. The company found the source of the odour and carried out maintenance on drainage between the designated centre and their neighbouring designated centre. By the time the inspector was leaving the issue had been rectified.

While carrying out the observational walk around of the centre, the inspector met a number of the residents. Most residents living in the centre used a non-verbal form of communication. On observing residents interacting and engaging with staff using non-verbal communication, it was obvious that staff interpreted what was being communicated. Staff members supported the conversation by communicating some of the non-verbal cues presented by the resident.

A resident who had recently moved into the centre, greeted the inspector. The resident used non-verbal communication. A staff member informed the inspector that the resident also liked to communicate using Lámh. The inspector greeted the resident using a Lámh sign and the resident greeted the inspector back using the same sign. The inspector observed the resident to smile when the staff spoke and joked with them and seemed very comfortable in their new surroundings.

The provider and person in charge were aware of how important family members were to the residents and supported and encouraged these relationships. On the day, the inspector observed a number of family members and friends visiting different residents.

One resident's family member had called to visit and had been provided the facilities so that they could cut, style and colour the resident's hair. The inspector observed the resident smiling and seemed really pleased showing everyone their new hair style. The staff complemented the resident and admired their hair style and their painted nails. The resident told the inspector they were really happy with their new hairstyle.

The inspector observed another resident in the large sitting room, who was reading their favourite sports book with a family member and their previous day service staff member. The resident seemed relaxed and enjoying the company of the people around them.

The inspector also observed two residents listening to their music videos on the television. One of the residents told the inspection that they loved the band who were playing and that sometimes they liked to have a sing-a-long with staff. At the time, one resident said their leg was sore and did not feel like walking to their room. The inspector observed staff promptly address the resident's concern, and pain relief was arranged for the resident to support them alleviate their discomfort.

Overall, during all the times the inspector met and observed residents in their home, they appeared comfortable and relaxed. Staff were kind and supportive towards the residents and the inspector observed that there was a jovial atmosphere during times of conversation in the large sitting room. There were a number of different rooms residents could relax or enjoy activities in the house, which meant that they had the choice to sit with each other or take time out with a smaller group of people or along. A staff member advised that one resident, who was enjoying the large sitting room, had previously spent some time relaxing in the newly decorated relaxation room observing the sensory lights.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre.

However, improvements were needed to the areas of fire precautions, staffing training and infection prevention and control to bring the centre back into full compliance. These matters are discussed further in the next two sections of the report which 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 to each resident living in the centre.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall, the findings of this unannounced inspection were that residents were in receipt of a good quality and safe service, with good local governance and management supports in place. There was good levels of compliance found on the inspection. However, the provider had failed to ensure that all areas of Regulation 28: Fire precautions was compliant and as such this posed a potential risk to the residents safety, in terms of evacuations in the event of a fire. However, the provider promptly followed up with completed actions that provided assurances of the safety of the residents. There were some other small improvements needed to areas relating to Regulation 23: Governance and management, Regulation 16: Staff training and Regulation 27: Infection, prevention and control. These are all addressed in detail in the associated regulation sections of the report.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was consistent and appropriate to their needs and therefore, demonstrated that, they had the capacity and capability to

provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre by the person in charge. However, as referred to above, a review of the systems in place to monitor the fire safety management system, was required to ensure the safety of residents at all time.

The provider was striving to ensure that there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times and in line with the statement of purpose and size and layout of the building. There was one vacancy and four different types of staff leave and the person in charge was endeavouring to provide continuity of care when covering the gaps on the roster. The core team covered a number of shifts as well as the organisation's relief panel and staff who worked in other designated centres run by the provider.

Staff completed relevant training as part of their professional development to assist them in their delivery of appropriate care and support to residents. The inspectors spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident and the supports required to meet their needs. However, some improvements were needed to ensure that all staff were provided training related to dementia, so that they could better support the residents living in in the centre.

Regulation 15: Staffing

On the day of the inspection, the provider and person in charge had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents on a day to day basis and in line with the statement of purpose and size and layout of the building.

From speaking with staff, the inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support. On speaking with the staff nurse as well as other members of staff throughout the day, the inspector found staff to be very knowledgeable of the residents' needs and the supports in place to meet those needs.

The person in charge appropriately maintained planned and actual staff rosters. The inspector reviewed the planned and actual rosters for the months April and May 2026, and found that all rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during the day and night time.

While there was one staff vacancy for a direct support worker, the provider and management team were managing to ensure continuity of care was provided to residents so that attachments were not disrupted and support and maintenance of relationships were promoted. Members of the core team had taken on additional hours to cover gaps on the roster and support the continuity of care.

In addition, on review of the April and May rosters the inspector saw that same four to five staff members from the organisation's relief panel as well as staff from other centres run by the organisation, that were familiar to the residents, were employed. Where there were agency employed, the inspector saw that the same two to three agency staff were block booked on a monthly basis.

Judgment: Compliant

Regulation 16: Training and staff development

On the day of the inspection, the inspector saw that the person in charge had good systems in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

On review of the staff training matrix in place in the designated centre, the inspector saw that for the most part, staff had completed or were scheduled to complete the organisation's mandatory training such as manual handling, safeguarding, fire safety, feeding, eating, drinking and swallow (FEDS), infection and prevention and control, first aid and positive behaviour support.

The inspector was provided additional information to show that training in the area of palliative care had been organised for six staff during March and April 2026. Furthermore, staff training in this area was also planned for four more staff in May 2026 and there were plans for all 25 team members to be provided with this training in due course. One of the staff members advised the inspector that they had highlighted to their management team that this was a training they would like to have provided as they felt it would be useful in supporting residents and their family. The staff member advised that, staff who had already completed the training, found it to be beneficial to their practice.

However, some improvements were needed. For example, there were a number of online refresher training courses outstanding for some staff. For example: safeguarding (two staff), positive behaviour supports (five staff), infection prevention and control, hand hygiene (three staff). In addition, in line with residents' assessed needs, a review of training in the area of dementia was needed. This was to ensure that all staff were provided with training to support them be able to meet all residents' assessed needs.

The person in charge had ensured that one-to-one supervision meetings which support staff in their role when providing care and support to residents, had been scheduled for all staff. On review of the schedule the inspector saw, that for the

most part, staff had been provided with a one to one supervision meeting with the person in charge during quarter one of 2026. Staff who spoke with the inspector noted that they found the supervision meetings to be supportive and beneficial to their practice. They advised the inspector that they found the person in charge very approachable and they were always available to support them when needed.

Judgment: Substantially compliant

Regulation 21: Records

On the day of the inspection, records required and requested were made available to the inspector. The inspector found that records were appropriately maintained. The sample of records reviewed on inspection reflected practices in place.

On the day of the inspection, the senior service manager organised for staff records to be made available to the inspector in the designated centre for review. On review of a sample of 10 staff files, the inspector found that they contained all the required information as per Schedule 2.

Judgment: Compliant

Regulation 23: Governance and management

There was a satisfactory management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

The provider had ensured that actions from the last inspection of the centre in 2024 relating to positive behaviour supports, fire safety and infection prevention and control (IPC), had all been completed. Overall this resulted in positive outcomes for residents as well as a safer environment for them to reside in.

The provider had completed an annual review of the service delivered during 2024 of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that residents and their families were consulted about the review. The inspector was informed that a review of the care and support provided during 2025 was in progress and due to be completed in June 2026.

In addition, to the annual review, a suite of audits were carried out in the centre including six-monthly unannounced visits. The most recent visits had taken place in August 2025 and again in February 2026. These visits were completed to review quality and safety of care and support provided to residents in the centre and to implement improvements where required. On review of the action plan from the

most recent visit, the inspector saw that the person in charge had completed most of the actions.

There was a robust local auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents. For example, the person in charge completed monthly data reports that provided comprehensive oversight of all areas of service provision. Some of the areas included, the upkeep of residents personal plans, risk assessments, staff training, outstanding actions, Health information and Quality Authority (HIQA) visits, residents' finance, safeguarding, trends in incidents, residents mobility-related issues and fire safety measures.

Overall, the inspector found that while there were strong oversight and monitoring systems for most of the service areas, improvements were needed to ensure that all fire safety monitoring and auditing systems were effective in keeping residents safe. For example, where no fire drill had taken place since November 2024, the two most recent six-monthly unannounced visits had not identified the potential risk this posed. In addition, the fire drill section on the monthly data report from January to December 2026 had also not identified the risk. While the quarter one of the centre's fire checklist had identified that a number of staff had missed bed evacuation training, it had not identified the lack of fire drills. This meant that the provider's governance and management systems for this particular area was not effective at all times and overall, posed a potential health and safety risk to residents in the event of a fire outbreak in the centre. This is discussed in detail under Regulation 28.

The inspector found evidence to demonstrate that the centre strived for excellence through shared learning and reflective practices. On speaking with staff members about their team meetings they said they were very beneficial; staff informed the inspector that information regarding the care and support provided to residents was discussed at the meetings and shared learning and reflective practice took place. A staff member told the inspector that once a year, one of the meetings was specifically dedicated for a review of the care and support provided to residents who had passed away during the year. The staff member advised the inspector that the meeting was to provide shared learning and reflection as well as providing peer-to-peer support amongst the team.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There was a clear planned approach to admission and where possible, residents and their family were provide opportunities to visit the centre prior to admission. The provider had ensured, that in line with their admission's policy and statement of purpose, that the admissions process include consultation with potential resident,

family member, advocates and where appropriate, any other professional involved in their care.

The provider had ensured that comprehensive assessments had taken place to ensure the safety of the residents moving into the centre and the safety of residents already living in the centre. Admissions included an initial admission assessment and admissions checklist. Areas of residents' various support needs were considered such as communication, mood, behaviour, breathing and circulation, nutrition, hydration, intimate care, skin condition, sleep, palliative care and end-of-life needs.

The multi-disciplinary team, including the psychologist, physiotherapist, occupational therapist, speech and language therapist, dietitian, psychiatrist and social were all in were all informed and involved in each resident's admission.

Residents had been provided within an agreement (contract of care) that provided for and was consistent with each residents' assessed needs, their associated personal plan and the statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

The person in charge had ensured that all adverse incidents and accidents in the designated centre, required to be notified to the office of the Chief Inspector of Social Services (Chief Inspector), had been notified and within the required time frames as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The inspector found that incidents were managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. Where there had been incidents of concern, the incident and learning from the incident, had been discussed at staff team meetings.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliment's policy in place. In

addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaint's policy.

The inspector observed that the complaints procedure was accessible to residents and in a format that they could understand. Residents were supported to make complaints, and had access to an advocate when making a complaint or raising a concern.

There were no open complaints on the day of the inspection. However, on review of the complaints and compliments folder the inspector observed a number of positive comments and compliments from family members about the staff team.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service provided to residents who live in the designated centre.

Overall, the inspector found the centre was well run and provided a homely and comfortable environment for residents. Each of the residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff members were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality.

However, there were improvements required to the fire safety precautions in the centre to ensure the safety of residents at all times. There were also a number of improvements needed to the upkeep of some of the facilities in the centre to ensure they could be cleaned effectively and overall, mitigate the potential risk of spread of infectious decease.

The inspector found that residents received support at times of illness and at the end of their lives which met their assessed needs and respected their dignity, autonomy, rights and wishes.

The provider and person in charge promoted each residents' right to be involved in decisions regarding their end-of-life care by helping them to prepare for end-of-life conversations and planning, using information and communication methods tailored to their needs.

On a walk around of the centre, the inspector observed the designated centre to be clean and tidy. The residents living environment internally and externally, provided appropriate stimulation and opportunity for the residents to rest and relax. The premises allowed for safe freedom of movement within the building. The building

and courtyards were fully wheelchair accessible. The courtyards had been designed to integrate sensory gardens with scented plants, water features, contrasting colours/textures, a swing, pergolas, gazebo and other features. The inspector observed that residents appeared comfortable in their environment and were consulted in the layout and décor of their bedrooms.

Residents living in the designated centre were protected by appropriate safeguarding arrangements. Staff were provided with appropriate training relating to keeping residents safeguarded. The provider, person in charge and staff demonstrated a high level of understanding of the need to ensure each resident's safety.

Regulation 10: Communication

Residents living in the centre presented with a variety of communication support needs. Communication access was facilitated for residents in this centre in a number of ways in accordance with their needs and wishes.

In documentation related to residents, there was an emphasis on how best to support residents to understand information. Residents had communication support plans in place that were based on their assessed needs. Support plans provided staff with information on the residents communication needs and provided guidance in how to support each resident. For example, the inspector saw in one resident's communication support plan, that the resident understood most things but may need extra time to process the information. The plan guided staff to use short simple sentences when conversing with the resident. This was to support the resident's full understanding of the conversation.

Every effort had been made to ensure that residents could receive information in a way that they could understand. On speaking with staff members it was evident that they were aware of the communication supports that residents required and were knowledgeable on how to communicate with residents. The inspector found that staff knew each resident’s communication format and were flexible and adaptable with the communication strategies used. Information for residents was provided in easy-to-read format, picture exchange communication, photographs and social stories.

Judgment: Compliant

Regulation 17: Premises

The physical environment of the house was observed to be clean and tidy and overall, was observed to be in good upkeep and decorative repair internally and

externally. The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable, relaxing and homely environment.

Residents expressed themselves through their personalised living spaces. During the walk around of the centre, the inspector observed a number of residents' bedrooms and found them to be personal to each resident and reflected their likes an interests. The residents were consulted on the décor of their rooms which included family photographs, paintings, soft toys and a variety of memorabilia that was of interest to them.

The residents living environment provided appropriate stimulation and opportunity for the residents to rest and relax. Communal areas were spacious and allowed easy access for residents' various mobility equipment. There were a number of communal seating areas internally and externally. Residents were provided with the choice to sit in a large communal sitting room or to relax in other sitting rooms in small groups or as an individual. The house included rooms that were laid out in a way to provide services the residents enjoyed. For example, one room was set up as a nail and hair dressing salon, another room was laid out as a spa room that included a Jacuzzi bath and another room, was set up as a café.

In the centre of the building there were a number of courtyards with lots of greenery and shrubs as well as seating areas. Glass windows and door surround the courtyard and allowed for natural light to come through in to the corridors and main parts of the premises. The inspector was informed by staff that, during the summer months, the resident liked to sit out in the courtyards to relax and enjoy the surroundings.

There was a system in place for monitoring the upkeep, repair and safety of the premise. Where issues arose, the person in charge referred them to the maintenance team so that they could be addressed in a timely manner. For example, on the day of the inspection, there was an issue with the external drains. This was referred to the maintenance team and the issue was resolved within two days.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the centre's risk management policy and found that the provider had ensured that the policy met the requirements as set out in the regulations.

Where there were identified risks in the centre, the person in charge ensured appropriate control measures were in place to reduce or mitigate any potential risks.

For example, the person in charge had completed a range of risk assessments with appropriate control measures that were specific to residents' individual health, safety

and personal support needs. There were also centre-related risk assessments completed with appropriate control measures in place.

There was good oversight of risks in the centre. On review of supervision records between the person participating in management and person in charge in February 2026, the inspector saw that the risk register was a standing item for discussion. In addition, any updates on risks were included on the monthly data report.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector found that the infection prevention and control measures in place were effective in keeping residents safe and mitigated the risk of the spread of infection in the centre. However, some improvements were needed to ensure all measures were effective at all times.

There was an up-to-date comprehensive policy relating to infection, prevention and control in the designated centre and it was made available to all staff.

Staff had completed specific training in relation to the prevention and control of infection. On speaking with staff they were aware of the different infection prevention and control measures in place. In addition, staff who spoke with the inspector were aware of the protocols in place for residents' laundry and in particular, where items were soiled and required specific measures.

On the day of the inspection, a malodour was observed in the laundry room. The staff nurse advised the inspector that the smell had been observed the following day and the maintenance team had been called. On the afternoon of the inspection, the maintenance team organised for an external company to examine the issue. The company identified a drainage issue between the centre and the neighbouring designated centre. The issue was resolved with a recommendation to review the drains every six months.

On walking around the centre, the inspector observed the house to be clean and that cleaning records demonstrated a high level of adherence to cleaning schedules. There was a specific staff member employed to complete the cleaning in the centre and they completed a checklist of tasks on a daily basis.

There was also a cleaning checklist for night staff and in particular, to clean all the centres' floors. This was to avoid any trips or slips during the day when residents and staff were moving around. On the day of the inspection, the cleaning staff was on annual leave and there were instructions in place for all day-time staff to clean certain areas of the centre near the end of their shift.

Overall, the inspector found that infection prevention control measures were effective and ensured residents were living in a safe and clean environment.

However, during the observational walk around of the designated centre, the inspector found that the following improvements were needed;

- A high number of toilet facilities were observed to have broken toilet roll holders. The toilet rolls were out lose which posed a potential cross-contamination risk to staff, residents and visitors.

- The radiators in two bathrooms were observed to have a lot of rust at the bottom of them. This meant that they could not be cleaned effectively, in terms of infection prevention and control.

- In one bathroom, the piping under the sink was observed to have grime and dirt on it and required a deep clean.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had failed to ensure that there were appropriate fire management system in place at all times in the centre. This meant that there was a risk to residents' safety in the event of a fire outbreak.

There were containment systems, fire detection systems, emergency lighting, and fire fighting equipment in the centre. These were all subject to regular checks and servicing with a fire specialist. The inspector saw that the centre's emergency lights, fire alarms, blankets and extinguishers were serviced by an external company within the required time frame of February 2026. The person in charge had ensured that daily and weekly fire checks were completed of the precautions in place to ensure their effectiveness in keeping residents safe in the event of a fire. The inspector observed that fire exits were easily accessible, kept clear, and well sign-posted. All staff had completed fire safety training.

However, on review of the centre's fire evacuation plan as well as residents' individual PEEP's, the inspector found that they did not provide sufficient or clear guidance for staff to evacuate residents in the event of a fire. For example, there was no clear indication that all residents were to be evacuated in their beds during the night time. There was limited guidance about the system in place to move residents through compartments in the centre throughout the evacuation. The evacuation plan referred to residents' personal evacuation escape plans for further details however, these plans had not included sufficient information. For example, there was no clear information on how to support a resident during the day or night time. The plans noted that residents could be evacuated in their wheelchair and bed but it did not clearly stipulate when this was to be. On the day of inspection, on speaking with staff, and going through the evacuation plan, there was uncertainty about the plans. Overall, this posed a safety risk to residents and demonstrated that

the plans were not effective in guiding staff on how to safety evacuate residents from the building.

In addition, on review of the fire drills records and from speaking with staff, the inspector saw that the last fire drill had taken place in November 2024. Staff had been provided fire safety training that included training on how to complete a bed-evacuation, however, the training did not simulate a bed evacuation of all residents. In addition, a recent quarterly fire safety checklist had identified that many of the staff had not completed the bed-evacuation part of the fire safety training. Overall, this meant that the provider could not be assured that the lowest amount of staff (night-time two staff) could safely evacuate the most amount of residents (eight at the time of inspection, but ten when at capacity). As such the provider could not be assured of the safety of residents in the event of a fire outbreak.

On the evening of the inspection, the person participating in management and staff completed a simulated night-time bed evacuation. In addition, subsequent to the inspection, a copy of the updated evacuation plan and sample of personal evacuation plan for two residents, were submitted to the inspector. On review of the information, the inspector saw that the plans provided clear and comprehensive guidance to support the staff team on how to safety evacuate residents in the event of a fire outbreak during the daytime or night time.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of four residents' personal plans and saw that they included an assessment of each resident's health, personal and social care needs and that overall, arrangements were in place to meet those needs. A number of the specific assessment formats and tools promoted residents' rights and dignity with when considering supports required. For example, where appropriate, a assessment tool for dementia was completed in a way to enable residents maintain their skills, abilities, dignity and self esteem during times of support.

There were support plans for various aspects of each resident's life, including, physical and intimate care supports, general health and rights. There were also support plans in place for dementia care and palliative care. These plans supported staff provide appropriate care and support to the residents living in in the centre.

The plans were regularly reviewed and residents, and where appropriate their family members, were consulted in the planning and review process of their personal plans. Multidisciplinary reviews were effective and took into account changes in circumstances and any additional supports residents required.

Judgment: Compliant

Regulation 6: Health care

The inspector found that appropriate healthcare was made available to all residents having regard to their personal plan. Plans were regularly reviewed in line with the residents' assessed needs and required supports.

There were an array of healthcare support plans in place to support staff in their practice when supporting each resident with their health. For example, there were support plans relating to residents' general health, allergies, respiration difficulties, blood pressure, acid reflux, feeding eating and drinking, mobility, personal care and hair and nail care, but to mention a few.

The designated centre provided a range of specialised supports to residents. Access to these supports was through the organisation's multidisciplinary clinical support team (MDT). On review of residents' support plans the inspector saw that regular clinical support was provided in the centre and access to specialist clinicians and consultants as was provided as required.

Residents were provided with an end-of-life care support plan where their individual wishes regarding their faith or culture, where they would prefer to be cared for and who they would like to have with them at the end of their life were respected. A number of supportive meetings took place between the person in charge, staff and families to supported the family prepared for this stage of their loved one's life. The provider and person in charge recognised that bereavement support for those left behind is also an important part of end-of-life care and had put in place arrangements for this support. For example, on speaking with one staff member, they told the inspector about a resident who was missing their peer who passed away a few months ago. To support the resident with their loss, staff took time to sit with the resident on a regular basis to remember and talk about their peer in a thoughtful and caring way.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge took a positive approach to behaviours that challenge. Where appropriate residents were provided with a positive behaviour support plan. On the day of the inspection, there was only one positive behaviour support plan in place. A review of the plan was due and the person in charge had followed up with the appropriate clinical practitioner for this to be completed the week after the inspection.

There were a number restrictive practices implemented in the centre. The inspector saw there where restrictive procedures were being used, they were based on centre

and national policies. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual.

Documents showed the restrictive practices were reviewed and approved by the organisation's positive approach management group (PAMG). The rationale for restrictions in place were clear and overall, the inspector found that restrictive practices in use were deemed to be the least restrictive possible for the least duration possible.

On review of a sample of residents' personal plans, the inspector found that residents were supported to understand and give consent for restrictive practices in use.

Judgment: Compliant

Regulation 8: Protection

The residents were protected by practices that promoted their safety. There was an up-to-date safeguarding policy in the centre and it was made available for staff to review.

All staff had received up-to-date training in the safeguarding and protection of vulnerable adults. Staff spoken with were familiar with reporting systems in place, should a safeguarding concern arise.

The inspector found that the provider and person in charge had implemented satisfactory systems to safeguard residents from abuse. Where there had been safeguarding incidents in the centre, the person in charge had followed up, reviewed, screened, and reported the incident in accordance with national policy and regulatory requirements. The person in charge ensured that all incidents were discussed at staff meetings to ensure shared learning and mitigate the risk of recurrences.

The person in charge carried out checks of the residents' finances to ensure each resident's money was maintained appropriately. There were a number of local audits, such as the monthly data report that provided good oversight over the residents' finances.

On review of a sample of 10 staff member files, all staff had been through the appropriate vetting system.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cara OSV-0002349

Inspection ID: MON-0050035

Date of inspection: 22/04/2026

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 has reviewed the centre training matrix following inspection and has implemented additional oversight measures to ensure all mandatory and refresher training is completed within required timeframes. The Person in Charge will review the training matrix monthly to monitor training compliance, identify upcoming expiry dates and ensure timely scheduling of refresher training • Staff members with outstanding refresher training in safeguarding, positive behavior support, infection prevention and control, and hand hygiene have been identified and scheduled to complete the required training. All outstanding refresher training will be completed by 31st July 2026. • In response to the identified need for dementia-specific training, the Person in Charge has reviewed residents' assessed needs and staff training requirements. Dementia awareness and dementia care training has now been prioritised for all staff to ensure staff are appropriately skilled to meet residents' changing support needs. This training will be completed for all staff by the end of 2026. • Training needs and professional development requirements will remain a standing agenda item during staff supervision meetings to support ongoing staff development and maintain compliance. • The provider will continue with the planned palliative care training program, with several remaining staff completing this training in May 2026. This will further support staff knowledge and practice in meeting residents' assessed needs and supporting residents and families appropriately.	
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 has reviewed the center's auditing and monitoring systems following inspection to ensure that all fire safety measures, including fire drills and evacuation practices, are consistently monitored and escalated where required.
• A revised fire safety oversight system has been implemented to ensure all scheduled fire drills are completed within the required timeframe and clearly recorded on the center's fire safety monitoring systems. Any missed drills or gaps identified will be escalated immediately to the Person in Charge and Provider Representative for review and action. This was implemented in May 2026.
• The monthly data report template for Cara will include a specific oversight section relating to the frequency and completion of fire drills, including simulated night-time evacuation drills and staff participation. This will ensure improved monitoring and timely identification of gaps in practice.
• The quarterly fire safety audit and six-monthly unannounced visits will now include a specific review of fire drill frequency, evacuation practices, and staff attendance at evacuation training to ensure effective oversight and compliance with Regulation 28. This process will commence from June 2026.
• Staff members who missed bed evacuation training have been identified and scheduled to complete refresher bed evacuation training by 31st July 2026. All outstanding training will be completed by 31st July 2026.
• The provider will continue to maintain strong governance and management systems within the designated center through regular audits, monthly monitoring reports, staff supervision, and team meetings to support shared learning, reflective practice, and continuous quality improvement for residents.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The Person in Charge has reviewed the infection prevention and control systems within the centre following inspection to ensure all environmental and equipment-related risks are identified and addressed in a timely manner.
• Following the drainage issue identified in the laundry room, the maintenance team arranged for an external contractor to assess and resolve the issue on the day of inspection. A preventative maintenance schedule has now been implemented to ensure drainage systems are reviewed every six months to minimise the risk of recurrence. This process commenced in May 2026.
• All broken toilets roll holders identified during the inspection have been added to the maintenance schedule for replacement. This work will be completed by 30 June 2026 to reduce the risk of cross-contamination for residents, staff, and visitors.
• The rusted radiators identified in two bathrooms have been referred to the maintenance department for repair or replacement to ensure all surfaces can be effectively cleaned in line with infection prevention control standards. This work will be completed by 31 July 2026.
• A deep cleaning of the bathroom piping identified during inspection was completed immediately following inspection. Enhanced environmental checks have also been implemented by the Person in Charge to ensure all areas of the centre are maintained in a clean condition and any issues identified are addressed promptly.
• The Person in Charge will continue to complete regular infection prevention and control

audits and environmental walkarounds to ensure cleaning standards, maintenance issues, and infection prevention control measures are effectively monitored and maintained throughout the designated centre

Regulation 28: Fire precautions	Not Compliant

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

- Immediately following the inspection, the Person Participating in Management and staff team completed a simulated night-time bed evacuation drill to assess the effectiveness of evacuation procedures and staffing arrangements. Learning identified from this exercise has been incorporated into the centre's fire evacuation procedures 19th May 2026.
- The centre's fire evacuation plan has been fully reviewed and updated to provide clear and comprehensive guidance for staff regarding the evacuation of residents during both daytime and night-time scenarios. The updated plan clearly outlines compartmental evacuation procedures and identifies when residents are to be evacuated using beds or wheelchairs. This was completed immediately following the inspection.
- Residents' Personal Emergency Evacuation Plans (PEEPs) have been reviewed and updated to ensure they provide clear, person-centered guidance on the support required for each resident during evacuation, including day and night-time arrangements. Sample updated PEEPs were submitted following inspection and all residents' PEEPs will continue to be reviewed regularly or following any change in assessed need.
- Staff members who have not completed practical bed evacuation training have been identified and scheduled to complete the required training. All staff will complete practical evacuation training by 31st July 2026.
- The Person in Charge will maintain enhanced oversight of fire safety systems through monthly fire safety audits, review of fire drill records, and ongoing monitoring of staff training compliance to ensure continued adherence with Regulation 28 and the ongoing safety of residents.
- Annual fire training has been scheduled, all staff are rostered to complete, and no AL requests will be allowed to ensure 100% attendance. Simulated fire training records will be completed following training to ensure adequate records are maintained. In addition, regular fire drills will be completed by the team to be managed and organised by the PIC. This will ensure all staff remain competent to complete an evacuation in between scheduled annual fire training. Fire drills will be documented as a record of what was completed.
- The training will reflect the current resident profile, occupancy levels, and dependency needs within the centre. Records will be maintained following completion of the training, including attendance details, the evacuation/fire scenarios completed, and any learning outcomes identified.
- An alarmed daytime fire drill has been completed and will be scheduled annually within the unit diary. The effectiveness of the drill will be reviewed following completion, and where issues or learning needs are identified, additional drills will be arranged as required to ensure safe evacuation procedures are effective and staff are competent in their roles.

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 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	31/07/2026
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	31/07/2026
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	31/07/2026

	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	19/05/2026
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/07/2026