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:	Willowpark
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Unannounced
Date of inspection:	08 July 2026
Centre ID:	OSV-0002372
Fieldwork ID:	MON-0051044

About the designated centre

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

Willowpark is a designated centre operated by Saint Michael's House. It provides a community residential service to up to five adults with a disability. The house is an extended double fronted single-storey home comprising of a kitchen/dining room, one living room, one quiet room, five bedrooms, two bathrooms and a staff office/sleepover room. There is a patio area leading off the living room that can be used for dining and relaxing. The centre is situated in a suburban area of County Dublin with access to a variety of local amenities such as shops, bus routes and the city centre. The centre is staffed by a person in charge and social care staff. Staff have access to nursing support through a nurse-on-call service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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 8 July 2026	10:00hrs to 18:00hrs	Mary Lillis	Lead

What residents told us and what inspectors observed

Willowpark is a bungalow located in a suburb of Dublin and is home to five residents, one of whom is a wheelchair user. An unannounced inspection was carried out by one inspector over the course of one day. The inspection found that in general there was a high level of compliance, however, despite good oversight systems the provider did not address fire containment concerns from the previous inspection in 2024.

The inspection was facilitated by staff as the person in charge was on leave at the time the inspection.

Willowpark consists of five bedrooms, a staff office which doubles as a sleepover room, two bathrooms, one of which is wheelchair accessible and a toilet, as well as a kitchen and two sitting rooms. The front door has a small porch and step and opens straight into the kitchen. Staff explained that the front door is rarely used and residents and staff generally use the door that opens onto the driveway or the side door both of which have level access. The kitchen was small and functional, clean and tidy. It contained a six-seater dining table and six chairs. There was a sitting room beside the kitchen, which had double doors onto the courtyard garden. The sitting room was beautifully decorated and had recently had furniture replaced, there were three sofas and a chair. It was reported that residents had favourite spots and staff named where each resident tended to like to sit. At the other side of the house, there was a second smaller sitting room, this was furnished with a television, a sofa and chair and had a cosy atmosphere.

The inspector viewed each of the residents' bedrooms. The resident who used a wheelchair had the largest room, it had two doors, one of which was kept closed and not used. They had equipment in their room to support transfer into and out of bed. The other four rooms were all relatively small and beautifully decorated. All bedrooms had sufficient storage for the residents' belongings and were personalised to the residents. For example, one resident who loved pink, chose to decorate their bedroom with rose wallpaper and pink bedspreads. Other residents decorated their rooms with achievements and items of interest to them such as, swimming certificates and Chelsea and Abba posters. Staff informed the inspector that many of the residents' bedrooms had been updated in the last two years.

There were many homely touches throughout the house. There were several multiple photo displays around the walls of the hall, which included the photos of current and past residents. Some residents had lived in Willowpark for many years and the inspector was able to see the resident as they changed over the years, when walking around the house. The new furniture in the sitting rooms were bright, comfortable and created a cosy atmosphere.

The inspector had the opportunity to meet with all five residents over the course of the day. One resident was present when the inspector arrived, as the four others had already left for their day service. This resident was watching television in the sitting room and appeared calm and relaxed. The inspector introduced themselves and sat with them for a time, a staff member was also present. The resident did not wish to engage in conversation with the inspector but the inspector observed them ask questions of the staff member non-verbally. The resident looked at the inspector and then back at the staff with a questioning look and vocalisation. The staff member responded repeating the inspector's name and short explanation about why the inspector was in the resident's home. The resident then asked about the bus and staff member was observed explaining in simple language that it would be there soon. The staff member explained to the inspector that there was a small change in routine and that typically the resident would have already left for their day service. The staff member repeated to the resident ''bus will be here soon''. Shortly after another staff member arrived back and the resident, appeared excited and smiling, as they left for the day service.

In the afternoon having arrived back from day services, four of the residents congregated in and around the kitchen and larger sitting room. The inspector sat with them as they had tea and or snacks and went about their afternoon routine. The inspector observed that these residents appeared relaxed and at easy in each other company. One resident went to the small sitting room, to watch tv. The inspector asked could they join them and have a chat. The resident responded telling the inspector to go do their job and closed the sitting room door. The inspector respected this and continued with the inspection.

The inspector observed residents and staff interactions. The residents communicated freely with staff, who used their knowledge and relationships with the residents to respond appropriately. Staff engaged the residents in conversations about their day, asking them what they did during the day and who they did it with. Most residents communicated non-verbally and or using single words. Staff supported conversations using their knowledge of the resident's routines and repeating questions and providing choices and visuals supports when appropriate. As a result of these supports the inspector was able to get a picture of what the residents had done during the day, this included; having coffee, going swimming and going for a walk.

Staff were noted to anticipate and to be responsive to the residents' needs. The day of the inspection was very hot and sunny and sun steamed in the centre windows. During the day staff pulled down blinds and put on fans in the residents bedrooms to help reduce the heat in their rooms. One staff member noted that it was particularly important for one resident whose medical condition could be triggered by excessive heat.

On their return many of the residents asked staff for drinks and or something to eat. Staff were observed to provide two or three choices to each resident for example one resident asked for ''tea'' and the staff asked ''tea, coffee or juice'' and the resident then responded ''coffee'', and the staff replied ''yes, I thought you were a coffee person''. The staff member explained the importance of confirming choices

with this resident as their use of "tea" may indicate the were thirsty rather than their intended choice. The staff then prepared and gave the resident a coffee and when the resident drank the coffee quickly the staff responded "it's very hot today, would you like water or juice too?". To which the resident replied "juice" and were given a glass of dilute.

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 to each resident living in the centre.

Capacity and capability

The purpose of this inspection was to monitor compliance with the regulations. Overall residents were being provided with good quality rights based care and there was a high level of compliance with regulations. Eleven regulations were inspected against and eight were found to be compliant, one substantially compliant and two not compliant.

The provider had systems in place to ensure clear lines of accountability and good governance within the centre, however, the provider had failed to address known issues in relation to fire doors. The provider was aware since the last inspection in June 2024, that there were gaps at the bottom of bedroom fire doors which reduced their effectiveness in terms of fire containment and the issue had not yet been addressed. The providers own audits identified that this needed to be addressed but this did not result in material changes for the residents.

The provider had ensured that the centre had an appropriate level of staffing to meet the number and needs of the residents. Residents were supported by a skilled and experienced staff team. The person in charge ensured that staff had access to appropriate training and were appropriately supervised.

The inspector reviewed three resident's files and found that each had a contract of care. However, for one resident there was no evidence that this had been agreed with them as is required by the regulations.

Regulation 15: Staffing

On the day of this inspection, the provider ensured there were sufficient staff with the appropriate skills, qualifications, and experience to meet the assessed needs of the residents at all times, in accordance with the statement of purpose and the size

and layout of the designated centre. Information and documents specified in Schedule 2 was not reviewed during this inspection.

The staff team comprised of the person in charge, social care workers and direct support workers. There were no staff vacancies at the time of the inspection. A review of the planned and actual rosters for April, May and June 2026 showed that where there were gaps in the roster these were filled by regular relief staff. This supported continuity of care for residents. The staff who facilitated the inspection noted that some of the relief staff supported residents in their day service and as a result had long standing relationships with the residents.

During the inspection the inspector spoke with three staff members. They were knowledgeable about the residents and their care needs and were observed to engage with residents in a manner that was caring and supportive. This means that residents are supported by people who they have relationships with and who understand their needs and provide care in a consistent manner.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured staff were appropriately trained and they had access to appropriate supervision. The inspector reviewed the most recent training records maintained in the designated centre. These records showed that all staff had completed necessary training to meet the needs of the residents including:

- fire safety training
- managing behaviour that is challenging
- safeguarding
- feeding eating drinking and swallowing
- medication management
- manual handling, one staff member was booked in to complete a refresher in this training during the summer.

The inspector reviewed the supervision schedule and a sample of supervision records for three staff members. These records showed that supervision was taking place in line with the provider's policy, once every three months. It was noted that when supervision had to be rearranged, for example due to unexpected leave, this was noted and reorganised as soon as was practical. Supervision was recorded on a standardised template and notes were detailed and signed by both parties. Topics discussed in supervision included; progress with actions identified at last supervision, residents' presentation, their goals and progress with same, staff learning goals and training as well as well being were discussed.

The above means that residents were supported by staff who had the necessary training to provide effective care to residents and that the person in charge had

appropriate mechanisms to oversee the quality of the care being provided and address concerns should they arise.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place with clear lines of accountability. The inspector found that there was regular oversight and monitoring of the care and support provided in the designated centre. Despite good oversight systems in place the provider had not put in place actions to address fire safety measures required.

The person in charge and provider had systems in place to routinely monitor and review the care and support being provided to residents. There was an annual review of the quality and safety of care in the centre. The inspector reviewed the most recent annual review dated January 2026 and found it to be very person centered with the views of the residents, their support persons and staff were well represented.

The provider had a number of mechanisms in place to oversee the centre. However, these were not effective in ensuring the timely implementation of actions identified. The inspector also reviewed the two most recent six monthly unannounced visits to the centre by the provider, dated 8 June 2026 and 10 December 2025. This review showed that some actions identified in these audits were completed in a timely fashion, for example the need for new soft furnishings in the sitting room was identified in the December audit and completed by the June audit.

However, the provider had not acted on other items. During an inspection in June 2024, the inspector identified that there were gaps at the bottom of a number of the residents' bedroom doors and that in the event of a fire this would allow smoke to enter the bedrooms and the providers own audits identified that actions to address fire safety had yet to be completed. A date for this remediation work had not been identified at the time of the inspection.

The inspector spoke with both the service manager and the provider's fire safety officer regarding the lack of action related to the fire doors, as highlighted in previous inspection reports, monthly data reports and six monthly unannounced visits. They noted that the provider had completed a full fire safety review for all it's designated centres and had carried out risk assessments to prioritise the remedial works required. Willowpark was not prioritised as it had a number of controls in place which reduced the risk to residents, these included; timely evacuations and full compliance with fire drills and the presence of four exits to the outside.

Despite the fire safety measures put in place the lack of action by the provider in relation to the fire doors put residents at risk should there be a fire in the centre.

The provider had a monthly data report in place which was completed by the person in charge. This data report provided an overview of the centre for the previous month included the outcomes of audits such as monthly infection prevention and control (IPC) and health and safety audits. The inspector reviewed two of these reports and noted that they were comprehensive and included information such as progress with resident's goals, quality and safety checks, incident reports, restrictive practices. It was noted that the need to address the fire doors was identified in both reports reviewed. These reports were sent from the person in charge to a person participating in management as an additional level of oversight of the centre. This document was short but noted by the inspector to provide a good overview of the key details needed to support a resident.

The person in charge had systems in place to ensure that the key information relating to residents' support and care needs was easily accessible to support staff and external professionals who provided residents with support. This took the form of a "quick reference guide" which included information such as the residents care and support needs including medical needs, important contact persons such as their GP and next of kin, as well as their communication needs and their likes and dislikes.

Staff meetings were held on a monthly basis with a standing agenda in place. Staff meeting minutes were reviewed and demonstrated that topics such including policies and procedures, training, residents' needs and progress with their goals over the previous month.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

There had been no admissions to the centre in the last two years. As a result the inspector only reviewed the aspects of this regulation that related to contracts of care.

The inspector reviewed the contracts of care for three residents and found the provider had ensured that each resident had a contract of care on file. However, not all contracts reviewed had evidence that this had been agreed with the resident and or their representative as required by the regulations.

Each resident had a contract included the details of the services to be provided to the resident and the fees to be charged for those services. The inspector noted that this was very clear and was presented in a detailed format and an easy to read format which highlighted the specific supports to be provided, costs and what residents would need to pay for in addition to their fees. These were consistent with the assessed care needs of the residents and the centre's statement of purpose.

Two of the three contracts reviewed had been signed by the resident and or their representative within the six months before the inspection. The contract for one

resident was dated May 2025 had had not been signed by the resident or their representative. This was discussed with the resident's key worker. They acknowledged that this should have been updated and assured the inspector that the contract would be updated and discussed with the resident and their family members when the family members came to visit at the weekend. It had been noted in a file review that this resident's family members often visited the centre and was involved in planning for the residents care.

Judgment: Substantially compliant

Quality and safety

This section of the report details the quality and safety of the care being provided to the residents in the centre. The inspector found that residents were being provided with good quality rights based care. Care being provided to residents was based on a comprehensive assessment of their needs. Residents were supported to make decisions about their care and identify personal goals. Staff worked with residents to achieve their personal goals. Residents lived active lives, engaging in a variety of activities which were of interest to them including maintaining relationships with family and friends in the community.

Staff demonstrated an awareness of how communication supports and accessible information was supportive of the residents realising their rights. The provider ensured that all residents had plans in place to support their communication needs. Residents were supported to understand and exercise their rights and there were systems in place to ensure they contributed to choice and decisions about their daily lives, care and supports and the running of the centre.

There were systems in place to protect residents from all forms of abuse. Residents were also able to access positive behaviour supports and psychology supports plans when needed.

A review of fire documentation and observation of the fire doors being activated during a fire alarm test, showed that while the provider had fire safety systems such as fire detection equipment and fire drills, fire containment continued to be compromised. As previously noted under regulation 23, there were gaps between the floor and the residents bedroom doors.

Regulation 10: Communication

The provider had ensured that residents had individual plans in place to identify and support their communication needs. These plans were reviewed by the inspector

and they found that they were clear, specific to the individual needs of the residents and were reviewed and updated as needed. Where there was an assessed need, residents had access to communication assessment and supports from speech and language therapists.

Each resident who required it had a communication passport, which outlined how the resident communicated with others and how best to communicate with the residents for example one resident was noted to use single words, sounds and gestures and responded well to short phrases, verbal choices and gestures. Another resident was noted to use complete sentences but benefited from a quite environment when making decision. The inspector observed staff implement communication supports for residents during the inspection, some of which are described in the opening section of this report. Staff were noted to stress key words, provide choices and visual supports using picture or objects when needed. Staff who spoke with the inspector were knowledgeable about the residents needs and preferences regarding communication.

The inspector saw evidence that information was presented in a manner to support residents understanding for example there were easy read versions of care plans, personal goals and making complaints.

Judgment: Compliant

Regulation 13: General welfare and development

From engaging with residents and staff, observations and a review of residents' support plans it was clear that residents were living active lives that included a focus on their individual interests and goals.

The inspector observed residents coming and going from their day services and engaging in activities of their choosing in the evening. Residents were provided with varying degrees of support from staff as their needs required. All the residents engaged with day services. Residents were noted to have plans for their days that aligned with their interests for example some residents enjoyed and engaged in art and flower arranging; while others enjoyed more active pursuits such as swimming and tai chi. The resident who had a particular love of swimming showed the inspector the medals and certificates they had won for swimming.

The inspector saw evidence that meetings between key workers and residents took place regularly first to identify the initial goals and then to review the progress with those goals. For example one resident identified having a holiday in a particular holiday village, the cost of the holiday was noted to have been discussed with the resident and then booked for later in the year.

Residents were supported to maintain personal relationships with family and friends this included; visits to family members or meeting friends and companions in the local café or pub.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that there were systems in place in the centre for the assessment, management and ongoing review of risk including a system of responding to emergencies. The person in charge kept an up to date site specific risk register. The risk register recorded the impact of each risk, the controls measures in place to manage those risks and the person responsible. The risk assessments were reviewed by the person in charge every three months and updated as necessary. At that time of the inspection there was 28 risks on the register, all of which were low or medium risk. Where a risk could not be managed by the person in charge within the centre, the person in charge escalated these to the person participating in management, while this did not result in timely action take to address the fire risk, that has been discussed earlier in the report under regulation 23 and will be discussed further under regulation 28.

A review of resident files demonstrated that risks individual to those residents, are assessed and monitored. The inspector saw a variety of risk assessments including risks associated with medical diagnosis and behaviours. The risk assessments reviewed by the inspector were of good quality and included where possible input from the resident and or their representative. A number reviewed also included advice or direction from multidisciplinary team members and medical professionals and where appropriate included educational pieces of work with the residents.

Minutes of staff team meetings showed regular discussions of the risk register and individual risk assessments including new risks or changes to risks and the associated controls.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector reviewed fire safety records, including fire drill details and personal emergency evacuation plans (PEEP). The inspector reviewed the PEEPS for all five of the residents present on the day of the inspection and found that they contained clear details of supports required in the event of a fire. The staff who spoke with the inspector were aware of these procedures, including different supports that each resident required to evacuate safely. Staff had appropriate training in fire safety as

required. The provider demonstrated through their drills that they could safely evacuate all residents under day and night time circumstances in a timely fashion.

A contractor was on site on the day of the inspection carrying out routine maintenance of the fire panel. The fire alarm was tested while the inspector was present and all the fire doors in the centre automatically closed. The inspector reviewed each of the doors and found that the door between the kitchen and hall had not closed fully. This was reported by staff to the service manager and the provider's fire officer. At the end of the inspection the fire officer demonstrated to the inspector that this had been rectified.

While reviewing the closed fire doors with a staff member, the inspector pointed out that there was a visible gap between the floor and the resident's bedroom doors. This means that in the event of a fire, there would not be adequate containment, smoke and or fire could easily travel under the door and into the resident's bedroom. As discussed earlier in the report, this had been identified during a previous inspection in June 2024.

This was discussed with the fire officer; they noted that the gap likely occurred because of the changes in the flooring when the house was redecorated. They identified a number of controls in place to reduce the risk to residents this included; regular fire drills which demonstrated good timely exit from the building, high compliance with fire safety procedures by staff and residents and four exits from the building, three of which were level access. These controls were recorded in a risk assessment. The fire safety officer and service manager noted that they were in the process of addressing fire safety across a number of centres and that they had prioritised the centres to be addressed based on risk. The inspector acknowledged this but noted that it was not acceptable for the issue to remain two years after it was identified.

Despite the measures put in place by the provider the ineffective fire doors put residents at risk should a fire break out in relation to smoke egress and fire containment.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector completed a review of three resident's files and saw that files contained up-to-date, comprehensive assessment of needs. Residents, their representatives, staff and multidisciplinary team members contributed to the assessments. Residents care plans were based on these assessments. Care plans were noted to be person centred and included the residents' preferences and were linked where appropriate to the residents' goals. There was a variety of care plans on file for residents for example; healthy eating plans, safeguarding plan, community safety, relationships, epilepsy care plans and feeding eating drinking and

swallowing (FEDS) plans. The inspector observed that the staff who were preparing the evening meal for residents did so in line with the residents' FEDS plans. For example, staff were seen to cut up the meal to the consistency recommended by the speech and language therapist and to provide recommended eating tools, in this case a plate guard to residents.

All residents were actively involved in their planning process. Residents contributed to meaningful goals they wished to achieve for example; going on holiday within Ireland, going abroad to a pilgrimage site, learning to cook and celebrating birthdays. Documentation reviewed by the inspector such as supervision records, staff meeting minutes, multidisciplinary team meeting minutes and individual conversations with residents showed a continuous focus on the progress being made with regard to residents' goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place to provide positive behaviour supports to residents with an assessed need in this area. The residents in the centre had access, if needed to the provider's multidisciplinary team, which included psychology and behaviour support specialists. The inspector reviewed two positive behaviour support plans and a psychology support plan for the residents. These plans were written by appropriate professionals with input from staff, the resident and their representative. The plans were comprehensive and included;

- the probable cause and or function of the behaviours of concern,
- how to identify when a resident was becoming more likely to engage in behaviour that challenge
- strategies for staff to use to help prevent such behaviour
- how staff should respond if the resident does engage in such behaviour.

The inspector saw evidence of the plans being discussed with the residents in question, and their family members. In addition staff members were required to sign that they had read the plan and psychology and behavioural support plans were discussed regularly at team meetings. The inspector observed a staff member use the strategies outlined in the psychology support plan for one resident using a visual schedule to identify plans and explain when they would visit family. This was a strategy identified to support the resident understand time and reduce their anxiety around future plans.

There were no restrictive practices on going within the centre at the time of the inspection. The inspector did note that one safety measure, the use of a mat to alert a staff member if a resident fell at night, had been removed from the restrictive practice register following a discussion with the restrictive practice oversight

committee. The rational for this change was that the resident had agreed to having it in place.

Judgment: Compliant

Regulation 8: Protection

The provider had in place systems to protect residents from all forms of abuse and to support residents to develop skills required for self care and protection. There were no active safeguarding plans in place in the centre at the time of the inspection. A review of the residents files demonstrated that safeguarding was integrated into a number of plans for residents, including community safety plans and intimate care plans. The inspector reviewed two community safety care plans, these outlined steps to ensure residents were protected from harm as a result of their lack of awareness of danger in the community. The person in charge ensured that there were intimate care plans in place for residents who needed it. The staff who spoke with the inspector were aware of safeguarding policy and procedures as well as intimate care plans and how to adhere to those plans.

Judgment: Compliant

Regulation 9: Residents' rights

Through observations, documentation review and engagement with residents and staff, it was clear that residents' rights was at the core of the care being provided to residents.

There were systems in place to support residents to exercise choice and control in their daily lives, decisions about their care and in the running of the centre. The inspector observed staff offer choices to residents in a manner taking into account the residents communication needs. Residents were invited to regular residents meetings, which took place every week. These meetings discussed topics such as health and safety, rights, meals and plans for the week. The residents' participation in the meetings was supported by the use of visuals and easy read documentation.

Residents' personal plans and goals supported their rights to practice their spiritual beliefs for example residents who wished to were supported to attend mass and make a pilgrimage to Lourdes. The inspector also saw evidence communication supports were used to good effect to support resident accessing their human rights; for example, easy read information was evident on residents files to enable informed consent regarding their care and supports. Staff members had completed training in human rights and Assisted Decision Making (Capacity) Act 2015.

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	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Willowpark OSV-0002372

Inspection ID: MON-0051044

Date of inspection: 08/07/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Following a review of fire safety priorities across designated centres, Willowpark had previously been assessed as lower risk due to existing control measures, including effective evacuation procedures, demonstrated compliance with fire drills, staff fire safety training, and the availability of four independent exits from the centre. However, the provider accepts that the identified gaps beneath bedroom doors require remediation to further strengthen fire safety measures and regulatory compliance. To address this issue, the following actions will be completed: 1. A full assessment of all bedroom fire doors will be undertaken by a suitably qualified fire safety contractor. 2. Appropriate works will be completed to ensure all fire doors achieve the required smoke containment standard, including the installation of suitable drop seals or replacement of doors where necessary. 3. The Provider's Fire Safety Officer will oversee and monitor the completion of works to ensure compliance with relevant fire safety requirements. 4. The fire safety risk register and maintenance records will be updated to reflect the completed actions. 5. Ongoing fire door inspections will be incorporated into the centre's preventative maintenance and auditing schedule to ensure continued compliance. Completion Date: 14/08/2026	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: • The resident's contract of care has been reviewed with the resident to ensure that the contents are understood and agreed. • The outstanding signatures have been obtained and filed within the resident's records. • A full audit of all contracts of care within the designated centre will be completed to ensure that all contracts are signed, up to date and compliant with regulatory requirements. • A monitoring system has been introduced to ensure contracts of care are reviewed annually and that any revised contracts are signed by residents and/or their representatives in a timely manner. Completed – 06/08/2026	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Following a review of fire safety priorities across designated centres, Willowpark had previously been assessed as lower risk due to existing control measures, including effective evacuation procedures, demonstrated compliance with fire drills, staff fire safety training, and the availability of four independent exits from the centre. However, the provider accepts that the identified gaps beneath bedroom doors require remediation to further strengthen fire safety measures and regulatory compliance. To address this issue, the following actions will be completed: 1. A full assessment of all bedroom fire doors will be undertaken by a suitably qualified fire safety contractor. 2. Appropriate works will be completed to ensure all fire doors achieve the required smoke containment standard, including the installation of suitable drop seals or replacement of doors where necessary. 3. The Provider's Fire Safety Officer will oversee and monitor the completion of works to ensure compliance with relevant fire safety requirements. 4. The fire safety risk register and maintenance records will be updated to reflect the completed actions. 5. Ongoing fire door inspections will be incorporated into the centre's preventative maintenance and auditing schedule to ensure continued compliance. Completion Date: 14/08/2026	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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.	Not Compliant	Orange	14/08/2026
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	06/08/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting,	Not Compliant	Orange	14/08/2026

	containing and extinguishing fires.			