



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

Issued by the Chief Inspector

Name of designated centre:	Glendoher
Name of provider:	St Michael's House
Address of centre:	Dublin 16
Type of inspection:	Unannounced
Date of inspection:	03 March 2026
Centre ID:	OSV-0002401
Fieldwork ID:	MON-0045337

About the designated centre

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

Glendoher is a designated centre operated by St. Michael's House. The centre is a community-based home for six adults with an intellectual disability. It is located in a suburban area of County Dublin with access to a variety of local amenities. Glendoher provides support to residents under a social care model of service delivery. It is staffed by social care workers and managed by a social care leader. Should residents require nursing support, it will be offered through the nurse on-call service. Residents are supported to participate in the local community in line with their wishes and preferences. The centre comprises of one house which is a two-storey dwelling. Each resident has their own bedroom, and there are two communal sitting rooms, a large kitchen with dining area, a utility room, three shared bathrooms and a large secure back garden at the rear of the property. Staff support is offered 24 hours a day, seven days a week and rosters are changed as required in line with residents' care and support needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 3 March 2026	10:10hrs to 16:50hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the regulatory monitoring of the centre. The inspector used observations, conversations with residents and staff and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

Overall, the inspector found that the centre was operating at a mixed-level of compliance. However, residents told the inspector that they felt safe and were very happy living in the centre. The inspector observed a cosy and relaxed atmosphere, and it was clear that residents were receiving good-quality care and support.

There were six residents living in the centre. The inspector met them all at different times during the inspection. Five residents attended the provider's nearby day services, while one resident preferred to stay in the centre and be supported by staff working in the centre with daily activities.

One resident told the inspector they loved living in the centre, as the house was beautiful and located in a nice area. They said that staff were nice and helpful, and that there were enough members on duty. They also got on well with the other residents. They felt safe, had no worries and said that they knew how to evacuate the house in the event of an emergency. The resident liked arts, spending time with family, cooking, eating out and attending a nearby day service. They also told the inspector that they could make their own decisions, and that there were no restrictions imposed on them.

Two residents spoke with the inspector together when they returned from their day service. They said that they were happy in the centre, felt safe, and liked all the staff there. They each had a key worker and looked forward to outings with them, such as shopping trips. They liked their bedrooms and said that they had enough space for their belongings. They enjoyed their day services, and said that they liked to go out for lunch at the weekends.

Another resident also said that they felt safe and happy in the centre. They said that everyone got on well and liked to spend time together. They liked the premises and staff, and said that they could speak to staff if they had any worries. They liked the food in the centre and had their favourite meals often. They also liked to eat out. They enjoyed their day service, attending a social club, spending time with family, doing puzzles and going on holidays.

One resident had recently moved into the centre from another of the provider's centres, as this centre could better meet their mobility needs. The resident spoke to the inspector with another resident and said that they had settled in well to the centre and they were happy. They were also satisfied with the facilities and equipment in the centre, such as the furniture and mobility aids. The residents said

that they liked the food and could often have their favourite meals. They also liked the staff, and the inspector observed staff engaging warmly with them, and promptly responding to their requests. The residents showed the inspector photos of their achievements and goals from 2025, including going on holidays, attending parties, and events with family and friends.

The inspector also briefly met one resident's family member. They complimented the care and support from staff in the centre, and said that the resident's needs were being met.

The inspector found that effective arrangements were in place to support residents to communicate their wishes and make decisions about the care they received. For example, residents attended house meetings where they discussed different topics relevant to the operation of the centre. The inspector reviewed a sample of the house meetings from October 2025 to February 2026. They noted a wide range of discussions, including household chores, making complaints, personal goals, plans for the premises, the resident guide, rights, fire safety, activity planning and events, the menu, infection prevention and control, admissions to the centre and upcoming elections.

Residents were also consulted with during unannounced visit reports and annual reviews of the centre. For example, residents told the inspector that the service manager had visited the centre the previous week to speak with them to help inform the annual review.

The inspection was facilitated by the person in charge. They told the inspector that the residents were safe, happy, compatible to live together and that there were no safeguarding concerns. They said that residents could access multidisciplinary team services and make choices and decisions in their lives, such as their daily routines and how they spent their time. The person in charge was satisfied with the staffing arrangements. They also said that they had no concerns, but could easily escalate any concerns to the service manager.

The inspector spoke with a social care worker and a student social care worker during the inspection. The student told the inspector that they had completed safeguarding training and was aware of how to raise any concerns about residents' safety. The social care worker told the inspector about a resident's healthcare plans and was found to have a good understanding of the associated care and support interventions.

The centre comprises a large house. It was warm, comfortable, nicely decorated and contained individual bedrooms, communal living spaces and bathrooms, a staff room and a rear garden. The house was observed to be clean, except for the main bathroom where there was dark mildew on tiles and around the windows. This was a long standing issue, and the provider had plans to fully renovate the bathroom. The inspector also observed that there was a lack of adequate storage space in the house.

The inspector observed good fire safety precautions, including fire detection and fighting equipment. However, three bedroom doors did not close fully when

released, which compromised their purpose, and a night-time drill was overdue. The premises and fire safety are discussed further in the quality and safety section of the report.

This inspection found that residents had a good quality of life. They were happy in their home, felt safe and received a good standard of care and support from staff. However, some improvements were required, and in particular to regulation 24, which was found to be not compliant.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

Overall, this inspection found that there were good management systems in place to ensure that the service provided to residents living in the centre was safe, consistent and appropriate to their needs. However, improvements were required to the staff supervision arrangements, oversight from the provider of the centre and the maintenance of residents' written agreements on their residency.

The provider had ensured that the centre was well resourced. For example, staffing levels were appropriate to residents' needs. The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge had ensured that incidents and adverse events were notified in line with the requirements of regulation 31.

The registered provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews, reports issued every six months, and a suite of audits had been carried out in the centre. Governance and management reports were also completed and shared with the management team; however, the inspector found discrepancies in some of the information, which compromised the purpose of the reports. The inspector also reviewed two residents' contracts of care, and found that they were poorly maintained and required updating to ensure that they were accurate.

The management team was satisfied that the staff skill-mix was appropriate to the number and assessed needs of the residents. The inspector viewed the recent staff rotas and found that they showed that adequate staffing levels were maintained. Staff were required to complete training relevant to their role and as part of their professional development. They were also required to complete supervision. However, the inspector found that supervision records were not maintained in line with the provider's policy.

There were good arrangements for staff to raise concerns. In addition to support and supervision arrangements, staff could attend team meetings, which provided an additional forum to raise potential concerns.

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix of social care workers was appropriate to the number and assessed needs of the residents living in the centre at the time of the inspection. Residents could also avail of the provider's multidisciplinary team services as they required.

The person in charge was satisfied with the staffing arrangements and said that there was enough staff on duty. Residents said that they liked the staff and described them as being nice and helpful. Staff were observed engaging warmly with residents, for example, joking and providing gentle guidance, and it appeared that they knew each other well.

The inspector reviewed a sample of the January, February and March 2026 rotas with the person in charge. The rotas showed that appropriate staffing levels were maintained. However, the full names of all relief and agency staff were not recorded. The person in charge rectified this before the inspection concluded.

The inspector did not review staff members' Schedule 2 files during this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of their professional development and to support the delivery of effective care and support to residents. However, the arrangements to ensure that they were in receipt of supervision in line with the provider's policy required improvement.

The person in charge provided informal and formal supervision to staff. The provider's policy outlined that formal supervision was to take place four times each year. The inspector requested to view the supervision records for three staff members. The person in charge could not furnish the records for one staff member. The records for the other two staff members, showed that one had received formal supervision twice in 2025, and the other staff member received supervision three times.

The inspector also reviewed the staff training log with the person in charge. The log required updating, but the inspector found that staff had completed relevant training programmes, including on the safeguarding of residents from abuse, fire safety,

positive behaviour support, infection prevention and control, manual handling, supporting residents with modified diets, first aid and medication management. Where refresher training was due, the person in charge had scheduled staff to complete it. Some staff had also completed additional supplementary training in human rights and decision-making to further compliment the quality of care they provided.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were management systems to ensure that the service provided in the centre was safe and effectively monitored. However, the inspector found that the systems were not consistently implemented and that improvements to the oversight arrangements were required, as this inspection found areas of concerns that had not been already identified and managed by the provider.

The person in charge completed quarterly governance reports that they shared with the service manager. The inspector reviewed the 2025 third quarter report. The 2025 fourth quarter report had not been completed. The report included information on residents' plans and personal achievements, health and safety, fire safety, incidents, notifications, training and restrictions. However, the inspector found that some of the information was not accurate. For example, it noted that there had been safeguarding concerns and uses of restrictions, which had not been the case. The inaccurate information impinged on the purpose of the report and did not demonstrate that they were subject to thorough review.

Within the centre, the person in charge and members of the provider's multidisciplinary team had completed medication, finance, infection prevention and control, fire, safeguarding and health and safety audits. The audits were found to identify actions for improvement where required, which were monitored by the management team to ensure progression. However, the findings of this inspection show that better oversight is required under some areas. These areas will be discussed further later in this report under the relevant regulations.

The inspector found that the centre was well-resourced in line with the statement of purpose. For example, staffing levels were appropriate and multidisciplinary team services were available.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time, and reported to a service manager. There were arrangements for the management team to communicate, including meetings and informal communications.

The provider and person in charge had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the

centre. The provider carried out annual reviews and unannounced visit reports every six months which consulted with the residents.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had not ensured that each resident had an individualised or up-to-date written agreement on the terms on residing in the centre.

The inspector review two residents' agreements, and found:

- The agreement for one resident who moved into the centre in November 2025 had not been updated to reflect their change of residence and any other associated changes. The resident's personal property log had also not been updated when they moved, and the person in charge told the inspector that some of the items, including a mobile phone, were not in the centre. This matter is discussed further under Regulation 8: Protection
- the agreement for another resident, dated 2024, was poorly prepared and contained inaccurate information. For example, it had not been personalised to the resident and indicated that a vehicle was available in the centre as part of the fees that the resident was paying. However, there was no vehicle available to them. The inspector also read a rent arrears settlement agreement, dated December 2024, that was signed by the resident. However, there was no arrears figure noted in the agreement and the signature on behalf of the provider was illegible. The management team was not aware of the agreement and it was not clear why the resident had been requested to sign the agreement.

The discrepancies and poor maintenance of the agreements and associated documents demonstrated a lack of oversight from the provider.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents, as detailed under this regulation, which had occurred in the centre were notified to the Chief Inspector of Social Services. For example, the inspector reviewed a sample of the records of incidents that had occurred in the centre in the previous 12 months, such as injuries to residents, and found that they had been notified in accordance with the requirements of this regulation.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support in the centre. Residents told the inspector that they were happy and felt safe in their home. The inspector observed a homely environment, and staff engaged with residents in a kind and professional manner.

Residents had active lives and were supported to participate in activities in accordance with their interests and needs, such as attending day services and using community services. Residents were supported to make decisions about their care and support and on the running of the centre. For example, residents were supported to plan personal goals and attended house meetings to discuss topics concerning the centre.

The inspector reviewed two residents' healthcare assessments and care plans. The plans reflected input from various multidisciplinary team services, and were readily available in the centre to guide staff on the supports residents required in respect of their various care needs. However, one resident's care plan was found to require more detail, and it was not recorded if a resident's specialist health appointment outcome had been followed up on.

The provider had implemented arrangements to safeguard residents from abuse. For example, it had prepared a written policy on the identification and management of safeguarding concerns, and staff had received relevant training to support them in the prevention and appropriate response to abuse. However, the inspector found that a potential safeguarding concern had not been screened as such, and the risk of financial abuse required more consideration from the provider.

The premises comprised a large house located in a busy Dublin suburb. The house was close to many amenities and services. The house comprised individual residents' bedrooms, and communal spaces. The kitchen was well-equipped for residents, and there was a good selection of food and drinks for them to choose from. Residents told the inspector that they liked the food and staff were found to have a good understanding of the support they required with their meals. Overall, the house was homely, nicely decorated and comfortable. However, the main bathroom was not in a good state of repair and there was insufficient storage space in the centre.

The inspector observed some good fire safety precautions. For example, there was fire fighting and detection equipment throughout the house and staff had received fire safety training. However, the fire containment measures required improvement, and the frequency of fire drills was not in line with the provider's policy.

Regulation 13: General welfare and development

The registered provider and person in charge ensured that residents had sufficient opportunities to engage in various social, leisure and recreational activities in line with their individual preferences, abilities and interests.

Residents had active lives, and told the inspector about the activities they enjoyed. Some residents attended day services, while others preferred to be supported by staff in the centre with the daily social and leisure activities. Residents attending day services said that they enjoyed their programmes there. In the evening and weekends, residents liked to go shopping, spend time with family, attend social clubs and events, go to parks and on holidays.

Judgment: Compliant

Regulation 17: Premises

The centre comprised a large house in a busy suburb close to local amenities and services, such as shops and parks. The premises were found to be appropriate to the needs of the residents living in the centre at the time of the inspection.

The premises were found to be bright, homely, comfortable, and nicely furnished. The communal space included two sitting rooms, and an open-plan kitchen and dining room. There was also a rear garden for residents to use. Residents' bedrooms were personalised to their tastes. Residents said that they were happy with the premises, and said that it was comfortable and that their bedrooms provided enough space for them.

The provider had ensured that equipment was available to residents as they required it, such as overhead hoists, electric beds and wheelchairs. The inspector observed that they were in good condition and there were arrangements for routine servicing.

However, the downstairs bathroom was not maintained in a good state. The inspector observed dark mildew on tiles and around both windows. This was a recurring issue and the provider planned on renovating the bathroom, which it was hoped would resolve the issue.

The inspector also observed a lack of appropriate storage. For example, there was a large box of sanitary products on the floor in the utility room. The inspector was told that there was nowhere else to store it. The person in charge had requested a secure shed for the centre, and was awaiting confirmation of same.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to be involved in the purchase, preparation and cooking of their meals as they wished.

The inspector observed that the kitchen was well equipped with cooking appliances and equipment. Residents planned their main meals on a weekly basis, but they could also make decisions on a daily basis. Residents spoken with told the inspector that they liked the food in the centre and often had their favourite meals. Some residents liked to cook and bake. Residents also enjoyed eating out on occasion.

Some residents required modified diets. Associated care plans had been prepared by the provider's speech and language therapy service to guide staff in preparing residents' meals. The inspector viewed two plans and found that they were up to date and readily available. Staff had also received training in supporting residents with modified diets to guide their practices.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide that contained the information specified under this regulation. The residents' guide was available in the centre to residents and had been discussed with them during a recent residents' house meeting.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety precautions in the centre. However, improvements were required to ensure that the precautions were effective and consistently implemented.

The fire panel was recently upgraded. It was addressable and found in the front hallway. Fire doors were fitted throughout the house to reduce the risk of potential smoke and fire spreading. The inspector tested the doors, and found that three bedroom doors did not fully close. The person in charge escalated this issue to the provider's fire safety officer during the inspection. The inspector also observed coat hooks at the back of the doors with clothes hanging from them. This requires more

consideration from the provider to ensure that the purpose of the doors was not compromised.

There was an evacuation plan for the centre and individual evacuation plans for the residents. The centre's plan and one resident's plan required minor revisions to ensure that it was fully accurate. The provider's fire safety policy outlined that two fire drills were to be carried out twice per year, including one at night. The person in charge told the inspector that the last night drill was in 2024. A night-time drill was required to ensure that all residents could be safely evacuated with minimal staffing levels in place.

There was fire detection and fighting equipment, and emergency lights throughout the house, and it was regularly serviced to ensure that it was maintained in good working order. The provider's fire safety officer had also visited the centre in September 2025 to review the fire safety measures.

Residents were reminded about fire safety during their house meetings, and told the inspector that they knew to evacuate the centre if the fire alarm sounded.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' health care needs had been assessed and were under regular review. The inspector found that residents were in receipt of appropriate health care and services in respect of their assessed needs. However, some improvements were required to associated documentation.

The inspector reviewed a sample of three residents' health care records and plans. The plans were available to guide staff on the care and support residents required. The inspector found that one resident's specific care plan required further information and guidance to ensure that staff were sufficiently informed on the interventions to be followed and when to seek input from external services. Another plan from a multidisciplinary team professional, dated January 2026, indicated that it was to be signed by staff when they read the plan.. However, only three staff had signed so far.

Residents' healthcare records showed that they were supported to avail of a range of multidisciplinary team services, including internal and external services such as physiotherapy, speech and language therapy, dentists, chiropody, occupational therapy, opticians, psychology, dietitians, nursing and their own general practitioners.

Residents were also supported to participate in national screening programmes, such as bowel check. However, the inspector read that one resident attended a specialist appointment in July 2025 with a follow-up due afterward. However, there

were no records to show if a follow-up took place. The person in charge told the inspector that they would escalate this issue.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had implemented good systems to safeguard residents from abuse. Residents told the inspector that they felt safe in their home and could speak up if they had any worries.

The provider had prepared a written policy on the safeguarding of residents, and staff working in the centre completed safeguarding training to support them in the prevention, detection and response to safeguarding concerns. There was also additional supporting guidance for them to refer to in the centre.

The inspector reviewed a sample of the safeguarding concerns since the previous inspection. Overall, it was found that appropriate actions were taken to protect residents. However, one incident of unexplained bruising had not been screened to determine if it was a potential safeguarding concern. Additionally, as noted under Regulation 24, there was poor oversight over residents' residency agreements and personal belonging records, and this posed a risk of financial abuse.

Intimate care plans had been prepared to support staff in delivering care to residents in a manner that respected their dignity and bodily integrity. The inspector reviewed two plans and found that they were readily available to guide staff. However, one plan was due a revision following a recent update from a relevant multidisciplinary team professional.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Glendoher OSV-0002401

Inspection ID: MON-0045337

Date of inspection: 03/03/2026

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge has completed a staff supervision schedule for each staff keeping in line with the organizations policy. Informal supervision is regular, and the PIC supports all staff members on a regular basis.</p> <p>Training log reviewed and updated on the 15.04.2026</p> <p>]</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Data Report quarter 3 reviewed and updated. Quarter 4 completed and reviewed by Service Manager/PPIM 14.04.2026 Quarter 1 2026 completed and will be reviewed by Service Manager/PPIM 17.04.2026. Data reports will be reviewed at meetings with PIC and PPIM.</p> <p>]</p>	

Regulation 24: Admissions and contract for the provision of services	Not Compliant
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Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

Contract of care and tenancy agreement completed 16.03.2026 in line with SMH for the person that moved in November 2025. Contract of care complete which is personalised and accurately reflects the service provided. 16.03.2026. All contract of care reviewed personalised, accurate and signed.

Rent arrear settlement for resident includes statement of the arrears with the agreed payment. Easy read version provided, discussed, agreed and signed by resident and PIC on 16.03.2026.

Personal property log was reviewed, updated and signed by resident. This will be reviewed in line with SMH policy.

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Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
Grant application completed for renovation of downstairs bathroom. This renovation is on SMH schedule of works and once grant received works will be completed.

Deep clean of the mould/mildew in the bathroom completed 14.04.2026. Cleaning schedule for bathroom will be reviewed and updated by the Person in Charge 31.05.2026.

Utility room decluttered on 14.04.2026 and all presses in utility room have been decluttered creating more space for efficient storage.

Request for purchase of shed submitted for funding approval.

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Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Night time fire drill completed 14.04.2026

Coat hooks on doors, SUs consulted on 10.04.2026 and agreed to relocate the hooks this

work was completed 14.04.2026. Doors will be checked every Monday when Fire Alarm is tested. This will be recorded on the Fire safety inspection checklist. Doors checked on the 15.04.2026 all closed as appropriate.

The evacuation plan for the centre was revised and updated on the 14.04.2026
Individual evacuation plan for resident was revised and updated on the 10.03.2026.

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Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Support plans reviewed and updated 17.03.2026

Plan from a multidisciplinary team professional, dated January 2026, – all staff have read and signed the plan. Completed 10.04.2026

Specialist appointment. Resident attended appointment on the 18.12.2025. Report obtained from this appointment. Letter provided for PHN, given to her on the 23.12.2025 when she attended the resident in Glendoher. The resident is in receipt of care by PHN weekly in the resident's home. The weekly attendance by the PHN allows for regular and updated information to be shared between all parties. That all staff will be reminded of the importance of keeping records, the PIC will reinforce the importance of accurate and timely record keeping. This will be discussed at staff meeting on 20.05.2026.

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Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Incident of bruising was documented on the day, eform and body charted completed. Family informed. Person in charge reported on NF39D on 30.10.2025. Reasonable explanation was provided following exploration with day service. Person in charge linked with day service at the time and PIC in the day service had this information readily available when requested by service manager.

The PIC will undertake to retrospectively record the conversation with the day service where a reasonable explanation was provided by 31.04.2026.

Member of safeguarding team attended staff meeting on the 26.03.2026.

Personal possession list reviewed and updated. To be reviewed annually as per SMH policy.

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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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2026
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate	Substantially Compliant	Yellow	17/04/2026

	to residents' needs, consistent and effectively monitored.			
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	16/03/2026
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	16/03/2026
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Substantially Compliant	Yellow	17/03/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	15/04/2026

	containing and extinguishing fires.			
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.	Substantially Compliant	Yellow	14/04/2026
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	20/05/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/04/2026