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

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|---|---|
| Name of designated centre: | The Hollow |
| Name of provider: | Health Service Executive |
| Address of centre: | Westmeath |
| Type of inspection: | Unannounced |
| Date of inspection: | 24 June 2026 |
| Centre ID: | OSV-0002478 |
| Fieldwork ID: | MON-0049839 |

## About the designated centre

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

The Hollow is a full-time residential service that can provide care and support for four adults with an intellectual disability. The house is a bungalow that comprises: four bedrooms, two bathrooms, one en-suite, two sitting rooms, a kitchen/dining area, and a large garden to the rear of the house with tarmac and a large lawn at the entrance of the house. The house is located between two nearby towns in Co Westmeath. Residents have access to local amenities such as shops, restaurants, bars, and cafes. Residents receive support on a twenty-four-hour basis from a team of staff nurses and care assistants.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 4 |

## 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 24 June 2026 | 09:00hrs to 17:00hrs | Maureen Burns Rees | Lead |

## What residents told us and what inspectors observed

From what the inspector observed and the individuals spoken with said, there was evidence that the four residents living in this centre received quality, safe and person centred care. Overall, high levels of compliance were found on this inspection which reflected this. Appropriate governance and management systems were in place which ensured appropriate monitoring of the services provided. Some improvements were identified for the provider's annual review of the quality of the service to ensure it included consultation with residents and their representatives in line with the requirements of the Regulations. Maintenance painting work had been identified by the provider as required in the centre and it was reported that this would be undertaken following completion of the renovation works being undertaken in two bathrooms in the centre.

The centre is registered for four adult residents and there were no vacancies at the time of inspection. Two of the residents had been admitted to the centre in 2025 and were considered to have settled well into their new home. One of the new residents had previously lived with two of the residents in a prior setting which had aided their transition to living in the centre. All four of the residents were considered to be compatible with each other and to generally get along well together. The residents were noted to enjoy engaging in individual activities but also some activities together. Two of the residents had holiday plans to travel abroad together this year having had previous successful trips over the last number of years. One of the residents had plans for an overnight hotel stay in Ireland while the fourth resident had expressed that they would prefer day trips versus overnight stays which was respected.

The house had been tastefully decorated and was observed to be overall well maintained. On the day of this unannounced inspection, planned renovation works for two bathrooms in the centre had commenced. The registered provider had ensured that residents were not impacted by this works as they could move to another centre during the day to minimise noise disruptions. It was noted that some worn paint on walls and woodwork was present in areas and a stain was observed on the ceiling of one of the resident's bedrooms. The person in charge reported that painting works for the centre were planned following completion of the renovation works for both bathroom. In addition, it was noted that the driveway to the rear of the centre had a number of uneven and broken surfaces, particularly around man-hole openings which had the potential to be a falls risk for residents.

The house is divided into two self contained sides but there were no restrictions in access between the two sides. There were in total four bedrooms, two bathrooms, a staff office and adjoing toilet, two sitting rooms, two kitchen come dining areas, a utility room and a relaxation room. Each of the residents had their own bedroom which had been personalised to their own taste and unique personality. There was an accessible nice sized garden to the front and rear of the centre, which could be

accessed by residents. The back garden contained a good sized polytunnel which was used by residents to grow an array of vegetables and fruit including cabbage, kale, rhubarb,cauliflower, turnips and potatoes. The back garden included a table and chairs for outdoor dining, other seating areas, a barbeque area, a water feature and an array of garden ornaments and wall ornaments. There were an array of planted pots and window boxes on display which added a colourful and homely feel to the centre. Two of the residents told the inspector that they enjoyed watering the various plants on a daily basis.

A number of the residents living in the centre were progressing in years but were considered to be in good overall health and to live an active and healthy lifestyles. A nutritious and varied diet was provided for the residents. One of the residents was observed having their dinner which included freshly cooked kale taken from the polytunnel that morning. This was a staff nurse led service with a staff nurse on duty 24/7.

Person-centred planning was evident throughout the service. Each resident had individualised goals, which were actively supported by staff. Each of the residents engaged in the providers outreach programme with the provider's activity coordinator. Some of the residents presented on occasions with behaviours that could be difficult for staff to manage and support in a group living environment. However, behaviours were well supported and found not to impact on other residents.

The inspector met briefly with three of the four residents on the day of inspection. One of the residents was non verbal and used facial expressions and gestures to communicate. One of the residents met with, told the inspector about the renovation works being undertaken and it was evident that they were proud of their home and were looking forward to the newly renovated bathrooms being completed. This resident also showed the inspector their extensive music collection and told the inspector about their plans for an upcoming holiday abroad with one of the other residents. The resident named out the staff members to the inspector who it had been agreed would be supporting them on their holiday. Another resident spoke with the inspector about their recent overnight stay in their family home for the birthday celebrations of a relative. The residents met with appeared in good form and were observed to be happy and content in the company of staff and their peers. Two of the residents spoken with told the inspector that they were 'happy' and felt 'safe' living in the centre.

In the morning time, one of the residents attended a medical appointment and another two residents went out to for a drive and coffee to a local scenic area while the fourth resident was involved in an activity with the outreach programme. As prearranged in the afternoon the residents transitioned to spend time in the other vacant designated centre so as to avoid any noise disturbance caused by the renovation works.

The residents were supported to engage in meaningful activities in the community. Activities that one or more of the residents engaged in, included visits to family, shopping trips, cooking and baking, attending football matches, coffee and meals

out, arts and crafts, bowling, bocce, movement classes and walks in local public parks and gardens. One of the residents was engaged in equine therapy every second week. Reflexology was undertaken in the centre every week which staff reported that each of the residents enjoyed. A chiropodist visited the centre every 6 to 7 weeks to attend to residents' needs in this area. Two friendly cats were observed strolling around the premises which staff told the inspector that the residents enjoyed caring for. The centre had two dedicated vehicle for the use of staff supporting the residents to attend various activities and outings within the community. It was noted that the residents had good relations with a number of their neighbours with two of the residents having attended the wedding of one their neighbours a few years ago. One of the residents spoke with the inspector about one of their neighbours who had a new baby who they enjoyed meeting. The centre had recently purchased a new barbeque and with the good weather residents had been enjoying having some barbeque meals together 'alfresco' in their back garden.

The majority of staff had been working with residents for a good period and presented with a good knowledge of their needs, likes and dislikes and their communication styles. Communication plans were in place which included input from the provider's speech and language therapist. Visual aids such as posters and photographs were used to help residents engage with their goals and track progress.

It was found that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents. However, staff met with and the person in charge told the inspector that the residents' families were happy with the care and support being provided for their loved ones. The person in charge had completed a survey with the residents and their relatives which was not dated but the person in charge reported had been from earlier in the year. These indicated that the residents' families were happy with the care and support that their loved ones were receiving. The residents maintained close relations with their respective families, with regular visits in the centre and to their respective family homes.

In summary, this was a well run service which provided quality care for the four residents living in the centre. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. The provider

had ensured that the centre was well resourced with sufficient staff, facilities and available supports to meet the needs of the residents.

The centre was managed by a suitably qualified and experienced person in charge. The person in charge had taken up the role in December 2025. They had a background as a registered nurse in intellectual disabilities and held a certificate management and leadership. They had more than three years management experience and were in a full time position. They were not responsible for any other centre and had been allocated protected time for the role. They reported that they felt supported in their role and had regular formal and informal contact with their manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the assistant director of nursing who in turn reported to the Interim director of nursing. The inspector reviewed meeting records which showed that the person in charge and assistant director of nursing held formal meetings on a regular basis.

## Registration Regulation 5: Application for registration or renewal of registration

The purpose of the inspection was to assess the provider's application to renew the registration of the designated centre. The inspector reviewed the documentation submitted as part of the renewal application, including the statement of purpose and supporting information required under Schedule 1 of the Regulations. The inspector found that the provider had submitted a complete and accurate application for renewal of registration.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge was found to have a strong knowledge of the care and support needs for each of the residents and of the requirements of the regulations. They had appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The inspector reviewed the Schedule 2 information, as required by the Regulations. These documents demonstrated that the person in charge had the required experience and qualifications for their role. The person in charge was in a full time position and was not responsible for any other centre. There were clear reporting structures for the person in charge.

Judgment: Compliant

## Regulation 15: Staffing

The staff team were found to have the right skills and experience to meet the assessed needs of the residents. This was a staff nurse led service with a staff nurse rostered on duty 24/ 7. The staff team comprised of registered staff nurses, care staff and the person in charge. However, there was one whole time equivalent staff nurse vacancy at the time of inspection. This vacancy was being covered by regular agency staff which provided consistency of care for the residents. A new care staff member had recently been recruited and had started working in the centre.

The majority of the staff team had been working in the centre for a prolonged period and staff met with on the day of inspection had a clear understanding of the care and support needs of the residents. The inspector reviewed a sample of four staff files and found that they contained all of the information outlined as required in the Regulation.

The inspector reviewed the actual and planned duty rosters which demonstrated that there were an adequate numbers of staff with the required skills to meet residents' assessed needs and that the provider had maintained safe staffing levels. Two waking staff, one staff nurse and one care staff member rostered on duty at night with one staff nurse and two care staff were rostered on duty during the day.

The inspector noted that the individual residents' needs and preferences were well known to the person in charge and the staff met with on the day of this inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Training records reviewed by the inspector showed that staff had attended all mandatory and refresher training. There was a staff training and development policy, dated July 2025. A training programme was in place and coordinated centrally. A training needs analysis had been completed. There were no volunteers working in the centre at the time of inspection.

Staff supervision arrangements were in place. The inspector reviewed a sample of three staff supervision records and found that they had been completed in line with the time-lines proposed in the provider's policy. Two staff members spoken with, told the inspector that they felt supported in their role. The inspector reviewed the minutes of staff meetings. These were chaired by the person in charge. Meetings were noted to provide an opportunity for staff to discuss residents' needs, staff rotas

and any emerging issues, and to review policies and procedures. The meetings were considered to be supportive of staff member roles and promoted consistency in the operation of the centre.

Judgment: Compliant

## Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The inspector reviewed a defined management structure document, with clear lines of authority and accountability. Staff spoken with, were clear on the management structures and supports in place.

The provider had completed an annual review of the quality and safety of the service and unannounced visits on a six monthly basis as required by the Regulations. However, the annual review did not include consultation with residents or their relativrs in accordance with 23(1)(e) of the regulations. It was noted that the person in charge had completed a survey with two of the residents and their relatives. However, these surveys were not dated and had not been used to inform the annual review.

A number of audits and checks were completed in the centre in line with an audit schedule in place. These included health and safety, resident finances, medication management, restrictive interventions, personal files and infection prevention and control and fire safety checks.

There was evidence that actions were taken to address issues identified in these audits and checks. Management were actively involved in overseeing the service and were visible within the centre, ensuring they were known to residents.

There were regular staff team meetings and separate management meetings with evidence of communication of shared learning at these meetings.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

There was a statement of purpose in place which had recently been reviewed. It was found to contain all of the information set out in Schedule 1 of the Regulations and to be reflective of the service provided. A copy of the statement of purpose was available to residents and their representatives.

Judgment: Compliant

## Regulation 31: Notification of incidents

Notifications of incidents were reported to the Chief Inspector of Social Services in line with the requirements of the regulations. The inspector noted that in the preceding period, there were a low number of incidents in the centre. A staff member spoken with was clear about the reporting requirements. There had been no safeguarding incidents reported in the preceding 12 month period.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had a complaint policy and procedure in place, dated August 2025. There had been no reported complaints in the preceding 12 month period. A user friendly version of the complaint procedure was in place and included contact details for the complaint officer. The complaint procedure was routinely discussed at the residents meetings on a weekly basis.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The provider had a suite of policies and procedures in place on the matters set out in schedule 5 of the Regulations. Each of the policies had been reviewed at intervals not exceeding three years as required by the Regulations.

Judgment: Compliant

## **Quality and safety**

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights. Some areas for improvement were identified in relation maintenance of the centre.

The residents' wellbeing, protection and welfare was maintained by a good standard of evidence-based care and support. A 'my care plan' folder detailed the assessed health, personal and social care needs of each resident and outlined the support required to maximise their personal development in accordance with their individual health needs and choices. A person centred plan detailed goals identified for each resident and progress in achieving goals identified. It was noted that goals identified were reflective of individual resident's personal choice and interest. An annual review of residents' plans had been completed in line with the requirements of the regulations. The inspector found that residents were supported to engage in meaningful activities in accordance with their health vulnerabilities, interests, capacities and developmental needs. Staff members spoke to the inspector regarding plans for two of the residents to holiday abroad this year with staff support and previous successful holidays abroad with both residents.

The health and safety of residents, visitors and staff were promoted and protected. The provider was found to have good systems in place to ensure that health and safety risks, including fire precautions were mitigated against in the centre. Adverse events were reported and actions were put in place where required, which were then shared with the staff team to ensure that they were implemented. There were low numbers of incidents in the centre and there had been no safeguarding incidents in the preceding 12 month period.

There were procedures in place for the prevention and control of infection. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control arrangements had been provided for staff.

## Regulation 17: Premises

The centre was found to be clean and had been tastefully decorated with input from the residents. On the day of this unannounced inspection, planned renovation works for two bathrooms in the centre had commenced. It wa noted that some worn paint on walls and woodwork was noted in areas and a stain was noted on the ceiling of one of the resident's bedrooms. The person in charge reported that painting works for the centre were planned following completion of the renovation works for both bathroom. In addition, it was noted that the driveway to the rear of the centre had a number of uneven and broken surfaces, particularly around man-hold openings which had the potential to be a falls risk.

The inspector observed that the matters set out in schedule 6 of the Regulations had been put in place. The residents had personalised their own bed rooms according to their individual taste and preference. Pictures of loved ones and other memorabilia were on display in each of their bedrooms.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. The inspector reviewed environmental and individual risk assessments and safety assessments which had recently been reviewed. These indicated that where risk was identified, that the provider had put appropriate measures in place to mitigate against the risks, including staff training.

The inspector reviewed a schedule of checklists relating to health and safety, fire safety and risk which were completed at regular intervals.

There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences. The inspector reviewed records of incidents occurring in the centre.

There were overall a low number of incidents in the preceding 12 month period and evidence that all incidents were reviewed by the person in charge, and where required, learning was shared with the staff team and risk assessments updated to mitigate their re-occurrence.

Judgment: Compliant

## Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire in each of the locations. A personal emergency evacuation plan was in place for each resident and accounted for the mobility and cognitive understanding of the respective resident.

Records reviewed by the inspector showed that fire drills involving the residents had been undertaken on a regular basis. It was noted that residents evacuated in a timely manner. Risk assessments for fire had been completed and were subject to regular review.

The inspector observed that there were adequate means of escape. A fire assembly point was identified in an area to the front of the house. The inspector reviewed documentary evidence that the fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company.

Records reviewed by the inspector showed that all fire fighting arrangements were checked regularly as part of internal checks in the centre. The inspector tested the

release mechanism on a sample of doors and found that they were successfully released and observed to close fully. There was a fire safety policy in place.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector found that there were appropriate and suitable practices for the ordering, receipt, prescribing, storing, disposal and administration of medicines. A self administration capacity assessment had been completed for each of the residents which found that each resident required support with their medication management. All prescribed medications were regularly reviewed by the residents' general practitioner and advanced nurse practitioner to ensure appropriate use in line with clinical guidance. Audits of medication practices were undertaken by the person in charge on a regular basis. All out of date and medications for return to the pharmacy were stored separately with a record maintained which was signed by the pharmacy on return.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector reviewed the care plan and personal support plan for a sample of the residents. The inspector found that the plans reflected the assessed needs of the residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. Each of the residents personal plans were subject to an annual review which included involvement of family where possible.

Judgment: Compliant

## Regulation 6: Health care

The inspector found that the residents' healthcare needs appeared to be met by the care provided in the centre. The residents had their own General Practitioner (GP) who they visited as required. A rostered staff nurse was on duty in the centre 24/7 to support the residents medical care needs. A healthy diet and lifestyle was being promoted for each resident with weekly menu planning. An emergency transfer

sheet was available with pertinent information for each resident should they require emergency transfer to hospital.

Judgment: Compliant

## Regulation 8: Protection

There were measures in place to protect the residents and to ensure suitable safeguarding measures were in place. There had been no safeguarding concerns in the centre in the preceding 12 month period. The person in charge and staff members met with on the day of inspection had a good knowledge of safeguarding procedures. Some of the residents presented with some behaviours that challenge. Overall, the inspector found that the incidents were well managed and had minimal impact in the group living environment.

Judgment: Compliant

## Regulation 9: Residents' rights

The residents' rights were promoted by the care and support provided in the centre.

The residents had access to the national advocacy service if they so chose. The inspector observed that information on residents' rights, complaints process, decision making capacity and the national advocacy service were available in the centre. There had been no recorded complaints or reported safeguarding incidents in the centre in the preceding 12 month period.

There was evidence in daily notes reviewed by the inspector of active consultations with residents and their families regarding the resident's care and the running of the centre. Records were maintained of the residents' meetings on a weekly basis which recorded their preferences for activities and meal choices.

Staff were observed to treat residents with dignity and respect in all interactions over the course of the day.

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** | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| **Quality and safety** | |
| Regulation 17: Premises | Substantially compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for The Hollow OSV-0002478

## Inspection ID: MON-0049839

## Date of inspection: 24/06/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

## Section 1

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

**Compliance plan provider's response:**

| **Regulation Heading** | **Judgment** |
|---|---|
| Regulation 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>The provider will ensure that all future annual reviews include documented consultation with residents and, where appropriate, their representatives/relatives, in accordance with the requirements of Regulation 23(1)(e). | |
| Regulation 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises:<br>Following completion of the renovation works within the Centre the identified internal painting works will be completed by 30th Sept 2026.<br>In conjunction with the Estates Department, a review of the driveway will be completed by 14th August 2026 in order to develop a plan for the required works. Uneven and broken areas around man-hole openings will be repaired and maintained to ensure surfaces are safe and mitigate any risk to residents. | |

## 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 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally. | Substantially Compliant | Yellow | 30/09/2026 |
| Regulation 23(1)(e) | The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives. | Substantially Compliant | Yellow | 17/07/2026 |