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:	The Maples
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	18 May 2026
Centre ID:	OSV-0003601
Fieldwork ID:	MON-0050233

About the designated centre

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

The Maples is a designated centre operated by St. Michael's House. The centre provides a community residential service to five adults. The service can accommodate both males and females with varying ranges of intellectual disability and additional mental health support needs. The centre is a bungalow which consists of a kitchen/dining room, two sitting rooms, five individual bedrooms, and staff office. It is located close to a town with access to shops and local facilities. The centre is managed by a person in charge and the staff team consists of nurses and direct support workers.

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
Monday 18 May 2026	10:00hrs to 17:30hrs	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 and engagements 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. Overall, the inspector found that residents received good quality, safe care in centre, and the centre was operating at a good level of compliance. However, improvements were required to meet compliance in relation to the premises, staff training, and in particular, health care.

The centre accommodates five adult residents. It comprises a large single-storey house that is very close to amenities and services, including shops, restaurants and parks. The centre shares a vehicle with another neighbouring centre.

On the day of the inspection, four residents were attending the provider's day services; one resident told the inspector that they had retired from day services, and preferred to relax and watch television in the centre. The inspector met all of the residents at different times during the inspection. They communicated using various and multimodal means. Some residents primarily used verbal communication, while others used manual signs, gestures and expressions.

One resident told the inspector that the centre was a nice place to live and that they got on well with the other residents. They said that they knew all the staff working in the centre and that they were nice. They liked their bedroom and said that their bed was comfortable. They showed the inspector their new individualised mobility equipment and how their bedroom door way had been widened to accommodate the equipment, which they were very happy about.

The resident liked the food in the centre, and was happy that staff did most of the cooking. The resident liked to do some baking, eat out and have takeaways. They said that they had could choose how they spent their time and had enough opportunities for social and leisure activities. For example, they said that they could stay up late and watch television. They also liked to go shopping, use smart devices and electronics, and spend time with their family. They had also recently been on a holiday to England with staff, and told the inspector that they had a great time seeing all the attractions there.

The resident told the inspector that they managed their own finances, and could spend their money as they wished. They had no concerns, but said that they would speak with their key workers if they had. The resident had also participated in fire drills, and said that they would evacuate through the nearest exit if the alarm sounded.

Another resident spoke with the inspector with staff support. They indicated through smiles and gestures that they liked the centre and the meal that was being prepared by staff for them. They told the inspector about an activity that they enjoyed in their day service, and about an upcoming health care appointment. The staff member supporting the resident was observed to have a very good understanding of the residents' needs and communication means, and engaged with them kindly; for example, they provided gentle reassurances when the resident asked about their upcoming appointment.

The other residents did not express their views with the inspector, but some engaged through eye contact. One resident was observed playing with a sensory toy in the kitchen, and then indicated to staff that they wanted to go to their room to rest. Staff responded immediately to the resident's request.

The inspection was facilitated by a staff nurse, and the service manager attended the centre in the afternoon to meet the inspector. The inspector observed that the staffing levels on the day of the inspection were in line with the planned rota, and spoke with different members of staff working during the inspection. Overall, they provided good feedback on the quality and safety of the service that residents received. The inspector spoke with them about a variety of matters, including fire safety, safeguarding, residents' individual needs and care plans, and the staffing and management arrangements. They were found to be well informed on these matters.

The staff nurse told the inspector that residents' health care needs were well met in the centre. However, the inspector found that one resident's health care plans required improvement to ensure that they were up to date, comprehensive and reflected the resident's and their representatives' (as appropriate) input. This matter is discussed further in the quality and safety section of the report.

The inspector walked around the house with a direct support worker. The house contains individual bedrooms, a dining room and kitchen, a utility room, bathrooms, two sitting rooms, storage areas, and a staff office. One resident showed the inspector around their own bedroom. The bedrooms were personalised and reflected residents' individual interests; for example, family photos were displayed. Overall, the house was seen to be bright, clean, comfortable, and well equipped, with specialised mobility equipment, such as ceiling hoists and electric wheelchairs available to residents. However, some repainting was needed in parts of the house.

The inspector also observed good fire safety systems, including fire detection, fighting and containment equipment. The premises and fire safety are discussed further in the quality and safety section of the report.

Overall, the inspector found that the centre was well resourced to deliver good care and support to residents, and that they appeared to be content in their home. However, improvements were required under Regulations 16: Training and development, 17: Premises, and in particular, 6: Health care.

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

This inspection found that the centre was well resourced and that there were good management systems to ensure that the centre operated in line with its statement of purpose. For example, staffing levels were in line with residents' needs, residents could access the provider's multidisciplinary team services as needed, and audit systems were in place to monitor the quality and safety of care and support. However, improvements were required to ensure that staff had completed necessary refresher training as part of their ongoing professional development.

The management structure included a clinical nurse manager, a person in charge and a service manager. The person in charge position had been recently vacated. The provider had recruited a new person in charge; however, they had not yet started working in the centre.

The provider and local management team implemented systems to monitor the quality and safety of service provided to residents. Audits, including annual reviews and six-monthly reports, had been carried out in the centre to identify areas for quality improvement. The inspector also found that incidents that had occurred in the centre had been notified to the Office of the Chief Inspector of Social Services (Chief Inspector) in line with the requirements of the regulations.

The service manager was satisfied that the staff complement was appropriate to the assessed needs of the current residents, and told the inspector that the staff team knew the residents and their care needs well. However, the staff skill-mix was being reviewed to determine if it would benefit with the addition of social care staff. There were some staff vacancies; however, they were managed well to reduce any adverse impact on residents; for example, consistent relief and agency staff were used as well as permanent staff working additional hours. The rotas clearly noted the staff on duty and the hours they worked, and indicated that planned staffing levels were maintained. A nurse was always on duty to oversee residents' health care.

Staff were required to complete a wide range of training as part of their professional development. However, the training log viewed by the inspector showed that some staff were overdue refresher training. This posed a risk to the quality and safety of the care and support provided to residents. The inspector reviewed two staff member’s formal supervision records, and found that they had received it in the frequency outlined in the provider's policy.

Additionally, staff team meetings provided an additional forum for staff to raise any potential concerns. The meetings took place approximately every two months. The inspector reviewed the January and April 2026, and November 2025 meeting minutes. They noted discussions on residents' care needs, plans and activities, staffing matters, incident reporting, and safeguarding.

Regulation 15: Staffing

The registered provider had determined that the staff complement and skill-mix of a nurse manager, nurses and direct support workers was appropriate to the number and assessed needs of the residents living in the centre at the time of the inspection.

The service manager was satisfied with the staffing levels, and staff spoken with said that there was enough staff on duty to meet residents' needs. Four staff worked during the day and two at night, and there was always a nurse on duty to oversee residents' health care.

The inspector reviewed the March, April and May 2026 rotas. The rotas were well maintained and recorded the names of staff and the hours they worked, and showed that planned staffing levels were maintained. There were vacancies of one and a half whole-time equivalent; however, the vacancies were well managed to reduce any potential adverse impact on residents. Permanent staff worked additional hours and regular relief and agency staff were used to support consistency of care for residents. Some residents told the inspector that they knew the staff working in the centre and liked them.

Staff Schedule 2 files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training included safeguarding of residents, administration of medication, manual handling, supporting residents with modified diets (FEDS), management of behaviours of concern, infection prevention and control, emergency first aid, and fire safety.

The inspector reviewed the staff training matrix and a sample of staff training certificates. The training records showed that not all staff were up to date with their training requirements. For example, three staff members required refresher training in fire safety and one staff member required refresher training in FEDS, which had

not been scheduled. These training deficits posed a risk to the quality and safety of care and support provided to residents in the centre.

Additionally, some staff had completed supplementary training in areas such as communicating with people with disabilities and human rights; however, these training programmes were not recorded on the matrix.

The person in charge and clinical nurse manager provided informal support and formal supervision to staff working in the centre. The inspector reviewed two staff supervision records, and found that they had received formal supervision in line with the provider's policy. Staff spoken with said that they were satisfied with the support they received, and felt listened to when they raised concerns. They could also utilise an on-call service outside of normal working hours if they required support.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, the inspector found that the centre was well resourced in line with the statement of purpose. For example, multidisciplinary team services were available and the staffing levels met the residents' needs.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge position was recently vacated; however, a new person in charge had been recruited and was due to commence working in the centre. In the meantime, a person in charge from another of the provider's centres was working in the centre concerned on a temporary basis, and a clinical nurse manager was carrying out some management and supervision duties. The local management team reported to a service manager, and there were arrangements for them to communicate and escalate information, including the sharing of monthly data reports on the centre. The reports discussed residents' goals and plans, audits, incidents, restrictions, complaints, and staffing among other matters.

There were also management systems to monitor the quality and safety of the service provided to residents. Annual reviews, which consulted with residents and their representatives, and unannounced visit reports were completed by the provider to identify areas for ongoing improvement. Additional audits were also carried out, such as infection prevention and control (IPC) audits by the provider's clinical nurse specialist, person-centred plan (PCP) audits by the provider's PCP coordinator, and audits on restrictive practices, medicines, and health and safety by the local management team.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the 2025 and 2026 incident log and associated records, and a sample of residents' daily notes, and found that incidents that had happened in the centre, such as loss of power, injuries to residents, the use of restrictive practices, and allegations of abuse, had been reported to the Chief Inspector in line 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 appeared content in the centre, and some residents told the inspector that they felt safe and liked living there. The provider's recent annual review had also consulted with residents and their representatives. Overall, their written feedback was positive and complimented the care and support from staff. Staff also told the inspector that residents were happy, safe, and had a good quality of life. However, the oversight of residents' health care plans required improvement to ensure that they were up to date, detailed and reflected input from residents and their representatives.

Assessments had been carried out on residents' health, social and personal care needs to inform written care plans. The inspector reviewed two residents' assessment and plans, including those on health, behaviour and communication. The records reflected input from a range of multidisciplinary team services, and were mostly written using person-centred language to give the reader a clear impression of the resident and their needs. However, important information in one resident's health care plan was overdue review and did not reflect how significant decisions on the resident's care had been discussed and agreed with them and their representatives.

Residents were supported to engage in activities in line with their wishes and preferences, and were allocated key workers to help them choose and achieve personal goals such as going on holidays. Residents could also attend house meetings, where common agenda items were discussed, such as health and safety matters, raising concerns, and residents' rights.

The provider had implemented effective arrangements to safeguard residents from abuse, including staff training and a written policy to inform practices. The inspector reviewed the two safeguarding concerns recorded in 2025, and found that they had been appropriately reported and managed. There were also good systems for the

identification, assessment and management of risks. The systems were underpinned by the provider's risk management policy.

The premises comprises a large one-storey house. It contains residents' bedrooms, a staff office, bathrooms, two sitting rooms, a kitchen and dining room, a store room, and a utility room. The house was seen to be comfortable and clean, and specialised equipment was available to residents as they required it. However, some upkeep was required, such as repainting in areas.

The inspector observed good fire safety precautions. For example, there was fire-fighting and detection equipment, and emergency lighting throughout the house, and the fire doors were observed to close fully when released. Fire drills were also carried out to test the effectiveness of the written evacuation plans.

Regulation 10: Communication

The registered provider had arrangements to assist and support residents to communicate their needs and wishes through their own individual means.

The residents living in the centre communicated using different means. Some communicated verbally, while others used gestures and body language to express their needs and preferences. Information on how residents communicated was reflected in their care plans for staff to refer to. The inspector reviewed two residents' communication plans, and found that they written in a person-centred way that described the residents' individual communication means. Staff were seen during the inspection to have a good understanding of residents' non-verbal communication, such as their gestures. The inspector also observed some visual aids used to help residents understand information and make decisions, such as pictures of menu options and activities.

The provider had ensured that residents could access different media forms in their home, including televisions and the Internet. Some residents also used their own phones and smart devices to stream entertainment and keep in contact with family.

Judgment: Compliant

Regulation 17: Premises

The centre comprises a large one-storey house close to many amenities and services. Generally, the premises were found to be appropriate to the needs of the residents living in the centre at the time of the inspection. However, some upkeep was needed.

The house was seen to be clean, bright and comfortable. There was sufficient communal space including bathroom facilities, a kitchen and dining room, and two sitting rooms. There was also a storage room, a utility room and an office. The residents' bedrooms were nicely decorated and personalised to their tastes and interests; for example, family photos were displayed and some resident's had their own large televisions. The entrance to one resident's bedroom had been recently widen with a new door fitted to make it easier for the resident to enter. However, repainting was needed in some parts of the house, such as in the dining room and kitchen where the paint work was marked and chipped. The provider's recent infection prevention and control audit of the centre also identified that painting was required in the centre.

Specialised equipment, including electric beds, ceiling hoists, shower trays and wheelchairs, was available to residents. Records indicated that the equipment was up to date with its servicing requirements.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had prepared a written risk management policy which outlined the arrangements for the identification, assessment and management of risks. The policy also referred to positive risk taking and promoting residents' rights to make choices.

The centre's risk register and residents' individual risk assessments outlined various risks, including unexplained absence, medication management, fire, infection control, and behaviours of concern. The inspector reviewed a sample of the risk assessments, and found that they were up to date and outlined control measures, such as care plans and staff training, to reduce and mitigate the associated risks.

There were also arrangements for the reporting and review of incidents to inform learning to reduce the likelihood of incident recurring.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety precautions in the centre.

There was fire detection and fighting equipment, and emergency lights throughout the house. The fire panel were addressable and easily found in the front hallway The equipment and lights were regularly serviced to ensure that they were maintained in good working order. Staff also completed daily and monthly checks to

ensure that the precautions were in place. The provider's fire safety officer had also visited the centre in January 2026 to audit the fire safety measures.

The inspector observed good fire containment measures; fire doors, including the kitchen, sitting rooms and bedroom doors, all fully closed when released.

There was an evacuation plan for the centre and individual evacuation plans for residents. The residents' individual plans were up to date and had been prepared in an easy-to-read format to make them more accessible. Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the fire plans. Staff told the inspector that residents evacuated well during drills. The exits were fitted with easy-to-open locks to aid a prompt evacuation.

Fire safety was discussed at residents' meetings, and some residents told the inspector that they knew to evacuate if the alarm sounded.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' care needs were assessed which informed the development of personal plans.

The inspector viewed a sample of two residents' health, social and personal care plans including those on intimate care, communication, emotions, eating and drinking, finances, and safety. The plans outlined information on residents' personalities, preferences, and their individual care and support needs. The plans also reflected input from a wide range of multidisciplinary team services, and were readily available for staff to refer to. Overall, the plans were up to date, with the exception of certain information referred to under Regulation 6: Health care.

Judgment: Compliant

Regulation 6: Health care

Within the centre, nurses oversaw residents' health care, and they could also the provider's multidisciplinary team and community services as they required. For example, general practitioners (GPs), opticians, speech and language therapy (SALT), physiotherapy, psychology, psychiatry, and specialist services. However, the inspector found that residents' health care plans were not sufficiently detailed or maintained, and that not all recommendations from health care professionals had been implemented.

The inspector reviewed two residents' health care assessments and personal plans. In one resident's file, there was a significant health plan; it was not completed in full or signed by all the relevant parties, and was overdue review by approximately six months. Moreover, the plan and other associated records did not include how the information had been discussed and agreed with the resident and their representatives. Additionally, medical correspondence from June 2025 made reference to a specific health care plan required by the resident. However, the care plan could not be found by staff during the inspection. This posed a risk that the resident may not receive appropriate care in line with the plan.

The inspector also found that not all recommendations from health care professionals had been followed up on. For example, in December 2025, a member of the provider's multidisciplinary team recommended that a resident be referred to a specialist service. However, at the time of the inspection, this referral had not been made. This posed an additional risk to the residents' health and wellbeing.

The inspector escalated these issues to the service manager during the inspection. The service manager arranged a meeting with the provider the next day to review the concerns.

Judgment: Not compliant

Regulation 8: Protection

The registered provider had implemented good systems to safeguard residents from abuse. The provider had prepared a written policy on the safeguarding of residents. It was readily available in the centre along with additional guidance for staff to refer to.

Staff spoken with had no concerns for residents' safety, and residents' meeting records noted that residents indicated that they felt safe in the centre. Staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Safeguarding matters were also discussed at staff meetings to remind staff of the reporting procedures. The inspector found that two safeguarding concerns recorded in 2025 had been appropriately reported and managed.

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 residents’ plans. Overall, the plans were up to date and readily available to guide staff.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the registered provider had ensured that the centre was operated in a manner that respected residents' disabilities and promoted their rights. For example:

- residents were supported by allocated key workers to choose, plan and achieve individualised goals meaningful to them, such as going on holidays and attending theatre shows in Dublin city. One resident recently returned from a holiday to England and other residents were planning trips to a forest holiday park in Ireland
- information about residents was written using person-centred language, and described the residents' individual personalities and what is important to them, such as their families, hobbies and interests
- residents attended regular house meetings where matters related to the running of the centre were discussed. The inspector reviewed the meeting minutes from January to May 2026, and found that a wide range of topics were discussed, such as activity planning, infection prevention and control, the premises, and fire safety procedures. It was noted in the minutes that residents indicated that they felt safe, and had no concerns to raise
- topics had also been discussed at the meetings to support understanding of residents' rights. For example, residents were reminded of the right to privacy, to feel safe, maintain relationships, spend money, and make complaints
- residents had active lives, and chose how they spent their time. For example, some residents attended the provider's day services, while others chose to engage in more activities within the centre. The inspector reviewed two residents' May 2026 daily notes and the recent house meeting minutes, and found that they reflected activities in line with the residents' interests, such as eating out, spending time with family, shopping, attending day services, watching television, massages, swimming and using sensory toys.

However, the arrangements for ensuring that residents were consulted with in relation to their health care required improvement. This matter is discussed under Regulation 6: Health care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Maples OSV-0003601

Inspection ID: MON-0050233

Date of inspection: 18/05/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • All relevant staff have now completed FEDS training. Date Completed: 12/06/2026 • Three staff have been allocated protected time to complete online Fire Safety Training. Date for completion: 30/06/2026 • Training will be discussed with all staff at quarterly supervision meetings to ensure mandatory training is kept up to date. Date: 30/09/2026 • Training was discussed at the staff meeting on 09/06/2026 and will be included as a fixed agenda item at all staff meetings. Date Completed: 09/06/2026. • In addition to the training recorded on the centre's Training Matrix, copies of certificates and evidence of completion for any relevant training undertaken by staff that is not captured on the matrix will be retained in the individual staff member's section of the training folder. Confirmation of staff training certificate submission will be a fixed element of the staff supervision agenda. This will ensure that all training completed within the designated centre is documented and available for review. Date for Completion: 31/08/2026	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The kitchen/dining room of the designated centre has been painted. Date Completed: 23/06/2026 • The wall area affected by the renovation works undertaken to widen a resident's bedroom doorway has now been painted. Date Completed: 01/06/2026 • Painting of the designated centre is scheduled for completion before the end if Quarter 1 next year and is included on the organisations work plan. Date for Completion: 31/03/2027	
Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care: • The significant healthcare plan identified during this inspection has been reviewed and updated. All required documentation associated with the healthcare plan has been completed, including a capacity assessment, ICM and consultation with the residents' representatives, where appropriate. The outcome of these discussions and the decision-making process have been clearly documented in the residents' records. The plan has been signed by relevant parties and is now subject to review in line with national policy. Date Completed: 04/06/2026 • The Person in Charge (PIC) and Clinical Nurse Manager (CNM) have undertaken a comprehensive review of all residents' healthcare assessments and care plans to ensure they are fully completed, person-centred, signed by all relevant parties, and reviewed within required timeframes. Overdue healthcare plans have been updated. Date Completed: 12/06/2026 • The outstanding healthcare recommendation identified during the inspection has been addressed. The recommended referral was completed, and all relevant documents have been placed in the resident's file. The resident's health care needs and care plan were reviewed and updated to reflect the referral. Date Completed: 04/06/2026	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2027
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	22/06/2026

Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.	Substantially Compliant	Yellow	04/06/2026
Regulation 06(2)(c)	The person in charge shall ensure that the resident's right to refuse medical treatment shall be respected. Such refusal shall be documented and the matter brought to the attention of the resident's medical practitioner.	Not Compliant	Orange	04/06/2026