



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

## Issued by the Chief Inspector

|                            |                                       |
|----------------------------|---------------------------------------|
| Name of designated centre: | An Sli                                |
| Name of provider:          | St John of God Community Services CLG |
| Address of centre:         | Louth                                 |
| Type of inspection:        | Announced                             |
| Date of inspection:        | 15 July 2026                          |
| Centre ID:                 | OSV-0003618                           |
| Fieldwork ID:              | MON-0042392                           |

## About the designated centre

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

This is a residential service providing full time residential services to eight adults (both male and female) with disabilities. The centre is in Co. Louth and near a number of large towns and small villages. The centre comprises a large detached bungalow, and each resident has their own bedroom (some ensuite) decorated to their individual style and preference. Communal facilities include a large, fully equipped kitchen, a separate utility room, two fully-furnished sitting rooms, a number of communal bathroom/showering facilities, and a staff office. There is also a large separate activation area (with two bathrooms and a kitchen facility) where residents can relax and engage in learning activities, hobbies of interest, or watch TV. The centre also has a large courtyard which is accessible to the residents. Transport is provided so as residents can avail of holiday breaks and social outings to shops, cinemas, shopping centres, hotels, restaurants, pubs, and beauticians. The service is staffed on a 24 hour basis by a team of staff nurses, social care workers, and health care assistants.

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

|                                                |   |
|------------------------------------------------|---|
| Number of residents on the date of inspection: | 8 |
|------------------------------------------------|---|

## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date                   | Times of Inspection  | Inspector             | Role |
|------------------------|----------------------|-----------------------|------|
| Wednesday 15 July 2026 | 10:00hrs to 18:00hrs | Maureen Burns<br>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 eight residents living in this centre received quality care, in which their rights were being promoted and respected. Appropriate governance and management systems were in place which ensured appropriate monitoring of the services provided. The high levels of compliance found indicated a quality and safe service. Significant improvements had been made since the last inspection in relation to maintenance in the centre and fire containment arrangements.

This centre comprises of a large eight-bedroom, single-story purpose-built bungalow. It is located on the outskirts of Dundalk town in county Louth and a short distance from a range of local amenities and local transport links, including a shopping centre, public house, hairdresser, hotel and a church. Each of the residents had their own bedroom which they had personalised to their own taste. Four of the residents' bedrooms had en-suite facilities. There were also a number of communal and accessible bathroom / showering facilities, two sitting rooms, a large activity room/ activation area, two separate utility rooms with laundry facilities and two separate kitchens with full cooking facilities in both. There was a garden and driveway to the front of the centre and a good-sized accessible garden surrounding the centre. The back garden included a polytunnel with planted flowers, herbs and tomato plants, a seating area and a barbeque area for 'alfresco' dining. The plant beds in the polytunnel and in areas of the garden were at a suitable height to be wheel chair accessible so that residents could easily engage with gardening tasks of their choosing. There was an accessible path around the centre and through the garden. In addition there was an internal courtyard which had seating, a water feature and planted areas. Plans were in place to renovate the internal court yard area but a timeline for completing same had not yet been agreed. Staff reported that each of the residents enjoyed spending time in the garden and caring for plants in the polytunnel. On the afternoon of the inspection, three of the residents were observed relaxing in the sunlight in the internal courtyard. Two of the residents spoke with the inspector about their passion for taking care of the plants in their back garden and polytunnel. It was evident that each of the residents met with were proud of their home.

The centre is registered for eight adult residents and there were no vacancies at the time of inspection. There had been a recent new admission to the centre and this resident was noted to have transitioned well to their new home. The eight residents were of a similar age with the majority advanced in years. A number of the residents had challenging health conditions that had led to deterioration in their mobility. At the time of this inspection each of the residents mobilised using wheelchairs with the support of staff members. Overhead hoists were in a number of the resident bedrooms and en-suite facilities. The review of residents' information identified that they were receiving support from various members of the provider's multidisciplinary

team and that their changing needs were being responded to proactively. This is a staff nurse led service with a registered staff nurse on duty 24/7.

The centre was observed to be spacious, bright, homely and well maintained. New flooring had recently been installed in the corridors throughout the centre, in the two sitting rooms and in the staff office. Painting had been completed in a number of areas including the hallways and a sitting room. Plans were in place for one of the bathrooms to be refurbished to better meet the assessed needs of residents. It was noted that the flooring in some of the bathrooms was worn in areas. In addition, a small number of surfaces in the smaller kitchen appeared worn and broken in areas.

The inspector met and spent time with each of the eight residents living in the centre on the day of inspection. On the morning of the inspection, one of the residents went out for a shopping trip with staff while another resident went out to have their haircut. The remaining six residents were observed to engage in flower arranging in the centre's large activity room. Staff reported that the residents enjoyed on a regular basis cutting flowers from their garden and purchasing others, for flower arranging. One of the residents told the inspector that it reminded them of their family home. In the afternoon, an art therapist who routinely attended the centre on a weekly basis was present and all eight of the residents were observed to engage in a variety of arts and crafts activities. This included creating personalised cards for relatives abroad, painting and stone decorations. One of the residents attended with staff the garage to have maintenance work completed on one of the centres vehicles which was a known interest for the resident. This resident was noted to be eager to engage with staff in speaking about the task. Over the course of the day, residents expressed to the inspector that they were happy living in the centre, that the food was good and that their choices were respected. One of the residents told the inspector that they felt their rights were supported and that staff always treated them with kindness and respect. Another resident spoke with the inspector about their upcoming birthday celebration and their discussion with staff regarding the type of cake that they wanted and the celebration planned in the centre. Staff were observed to treat residents with patience, kindness and respect. It was evident that each of the staff members on duty, had a close relationship with each resident and spoke with the inspector about their individual likes, dislikes and specific routines in the centre. An area of the large activity room had been dedicated as a coffee dock area while another area had a new sensory projector which residents were noted to enjoy using.

There was an atmosphere of friendliness in the centre. Each of the residents appeared in good form and were observed laughing, joking and chatting with staff and each other over the course of the day. In the evening, the residents moved from the activity room area to the larger kitchen area, two of the sitting rooms and the internal court yard area. The were observed chatting among themselves and with staff. The residents were heard laughing and singing at various times during the day. Residents were noted to enjoy some restful periods in their bedrooms listening to their favourite music. Self portraits for each of the residents were framed and on display in the activity room which included a depiction of their unique personalities and passions.

It was found that the residents and their representatives were consulted and communicated with about decisions regarding the running of the centre. The inspector spoke with the relatives of five of the residents, individually over the phone. Each of the relatives spoken with were highly complementary of all aspects of the care and support that their loved one was receiving in the centre. The inspector also spoke by phone with the relative of a resident who had recently passed away in the centre. This relative outlined that their family would be 'eternally grateful' for the care and support that the resident had received during their time living in the centre and their end-of-life care. Each of the relatives spoken with outlined how they were welcomed to the centre. One of the relatives told the inspector that they considered the current mix of residents living in the centre to be 'magic' with each of the residents having a 'special bond' with each other. Staff met with, and the person in charge told the inspector that the remaining residents' families were happy with the care and support being provided. There were no recorded complaints in the preceding 12 month period. A log was maintained of a significant number of compliments received about the service.

The residents were supported to maintain relations with their respective families with visits in the centre and to their respective family homes. One of the residents was supported to meet their relative in a local public house on a regular basis. The provider had completed a survey with the residents and their relatives as part of their annual review of the quality and safety of care. This indicated that families were happy with the care and support being provided. Each of the residents, with staff support had completed questionnaires from the chief inspector of social services which referred that each of the residents were happy living in the centre and that they felt their rights were being upheld.

The inspector found that the health and social needs of the residents were being met and that the residents were receiving support tailored to their varying needs. Records showed that the residents engaged in a range of meaningful activities in the centre and in the local community. An individualised programme of activities was being facilitated for each of the residents from the centre. This included external professional attending the centre for example arts and crafts once a week, live music once a week, gong therapy every second week. Other activities that one or more of the residents engaged in included, attending shows and concerts, listening to music, visits to family, shopping trips, walks in local area and parks, cooking and baking, arts and crafts, coffee and meals out, social clubs and cinema trips. Four of the residents engaged in computer tablet and computer training in the centre every two weeks by an external teacher. Pet therapy was provided once a month with a visit from 'Lucy' the dog. A number of the residents told the inspector that they looked forward to the visits. All eight of the residents were avid football supporters with noted rivalry between local counties. The front of the centre was adorned with flags and bunting for the Louth team. Some of the residents expressed their disappointment with a recent unsuccessful match for the team.

The centre had two dedicated vehicles for the use of staff supporting the residents to attend various activities and outings within the community. One of the vehicles could hold two wheel chairs at one time and one transferable resident while the other vehicle could hold one wheelchair. It was reported that the transport

arrangements were adequate and could be coordinated between the residents. It was noted that a number of local amenities were within walking distance for some of the wheel chair users such as a public house, hotel and hair dressers. Staff reported that the residents engaged well in their local community.

In summary, this was a well-run service which provided quality care for the eight 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 resourced with sufficient facilities and available supports to meet the needs of the residents. The full complement of staff were in place at the time of inspection.

The centre was managed by a suitably qualified and experienced person in charge. The person in charge had been in the position for a prolonged period and had more than 14 years management experience. They were in a full-time position and were not responsible for any other centre. The person in charge had a background as a registered nurse in intellectual disabilities and held a management qualification. The person in charge 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 had protected management hours for their role. The person in charge reported to the director of nursing who in turn reported to the regional director of services. The inspector reviewed meeting records which showed that the person in charge and director of nursing care 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 be competent, with 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, which the provider had submitted for the person in charge. 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. In interview with the inspector, the person in charge demonstrated a good knowledge of the eight residents' care and support needs and oversight of the centre.

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. The staff team comprised of registered staff nurses, social care workers, healthcare assistants and household staff. A significant number of the staff team had been working with the residents for an extended period.

The inspector reviewed the actual and planned duty rosters which demonstrated that there were an adequate number of staff with the required skills to meet residents' assessed needs. It was noted that there was a fair distribution of weekend and night duty allocations between the staff team in the preceding period. The inspector found that the 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. However, at the time of inspection a number of staff were

over due training in relation to ski mat evacuation and crisis prevention. Training records reviewed by the inspector showed that all other staff had attended all mandatory and refresher training. There was a staff training and development policy. A training programme was in place and coordinated centrally. A training needs analysis had been completed. Specific training to meet individual residents' needs had been provided. For example, dementia and dysphagia. There were no volunteers working in the centre at the time of inspection. Staff supervision arrangements were in place.

Team meetings were undertaken on a regular basis. The inspector reviewed the minutes of staff meetings. These were chaired by the person in charge and noted to provide an opportunity for staff to discuss residents' needs and any emerging issues. The meetings were considered to be supportive of staff member roles and promoted consistency in the operation of the centre.

Judgment: Substantially 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. A number of audits and checks were completed in the centre in line with an audit schedule in place. These included health and safety, finance, infection prevention and control audits, medicines management, audit of personal support plans 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. Feedback mechanisms were in place. This allowed residents, staff, and family members to share their views, which informed ongoing improvements in the service. Further to the last inspection, issues in relation to the maintenance of the premises had been addressed and suitable controls had been implemented in relation to fire containment and evacuation of residents in the event of fire.

Judgment: 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 in line with the requirements of the regulations. The inspector noted that there were overall a low number of incidents in the centre. A staff member spoken with was clear about the reporting requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

There had been no recorded complaints in the centre in the preceding 12-month period. The provider had appropriate policies and procedures in place should there be a complaint. Information on residents' rights, complaints processes, decision-making capacity and the national advocacy service were available in the centre. The contact details for the provider's complaint officer were noted to be on display on the notice board in the staff office.

Judgment: Compliant

## Quality and safety

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

The residents' well being, protection and welfare was maintained by a good standard of evidence-based care and support. A personal support plan document reflected 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 needs and choices. An annual review of the personal plan in line with the requirements of the regulations had been undertaken for each of the residents in the preceding 12 month period.

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. Control measure had been put in place in relation to identified risk relating to time taken to evacuate residents from the centre at night. 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. A cleaning schedule was in place and completed by household staff and 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 has eight resident bedrooms, four of which are ensuite. There were four accessible bathrooms, two separate kitchens, two separate sitting rooms and a large communal activity room/ activation area. Each of the residents had personalised their own bedrooms according to their individual taste and preference. Residents had a television in their own bedroom in addition to there being ones in each of the sitting rooms. Pictures of loved ones and other memorabilia were on display in each of the resident's bedroom and some communal areas. It was evident that each of the residents were proud of their home with a number of the residents speaking with the inspector about the recent improvements with the new flooring being installed and painting completed in areas.

The inspector observed that all of the matters set out in schedule 6 of the Regulations had been put in place. The centre was observed to be spacious, homely accessible and overall well maintained. It was noted that one of the bathrooms was identified for refurbishment to meet residents' assessed needs but a date for same had not yet been agreed. It was also observed that the flooring in a number of bathrooms and ensembles had some worn areas which meant that they were difficult to effectively clean. In addition, some of the surfaces in the smaller kitchen had some minor worn surfaces. The provider had identified that the internal courtyard area required some refurbishment but could still be utilised by residents in the interim.

Judgment: 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, 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 was a risk management policy in place, which met the requirements of the Regulations.

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. Overall, there was a low number of incidents. It was found that incidents were being reviewed by the service's management team and included in the monthly statistical reports reviewed by the provider's senior management. The inspector noted that, when possible, lessons learned from these reviews were being identified to promote learning, reduce risks and to mitigate their re-occurrence.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. Further to the last inspection, all outstanding works related to fire safety had been completed. Residents evacuation plans have been reviewed and updated following a fire drill using progressive horizontal evacuation, observed by the provider's fire consultant. The use of progressive horizontal evacuation, has significantly reduced evacuation times which had been deemed safe by the provider's fire consultant. Staff met with presented with a good knowledge of the updated emergency plan and the process of horizontal evacuation. Additional training had been provided for staff but it was noted that a small number of new staff members had yet to complete ski mat evacuation training as detailed under Regulation 16. Risk Assessments for fire had been reviewed and updated.

A personal emergency evacuation plan was in place for each resident and accounted for the mobility and cognitive understanding of the respective resident. 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. Records reviewed by the inspector showed that fire drills involving the residents had been undertaken on a regular basis.

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 5: Individual assessment and personal plan

The inspector reviewed the personal support plan for each 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. A review of three residents' social goals and daily notes for the previous two week period showed that residents were socially active both within and outside of their home. Examples included attending concerts, dining out, and going to shows.

An annual review of each resident's personal plan had been completed in the preceding 12 month period, in line with the requirements of the regulations. Specific, measurable, achievable, realistic and timely goals had been identified for each of the residents. There was evidence that progress in achieving identified goals were being monitored and recorded.

Throughout the inspection, the inspector observed that residents appeared happy in their home and in their interactions with staff. Residents were observed engaged in arts and crafts and flower arranging in the centre on the day of inspection with a number of residents also accessing the community.

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 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. A registered staff nurse was rostered on duty 24/7. The provider had an advanced nurse practitioner in health and chronic diseases and a clinical nurse specialist in dementia who staff could access for support.

Judgment: Compliant

### Regulation 8: Protection

There were measures in place to protect the residents from being harmed or suffering from abuse. There had been no safeguarding suspicions or concerns reported in the centre in the preceding 12 month period. The provider had a safeguarding policy in place. A small number of the residents presented with some behaviours which on infrequent occasions could be difficult for staff to manage in a group living environment. It was considered by the inspector that these behaviours were suitably managed. The provider had two clinical nurse specialist in behaviour support who staff could access when required. Suitable safeguarding procedures and reporting arrangements were in place. The person in charge and staff members met with on the day of inspection had a good knowledge of the safeguarding procedures.

Judgment: Compliant

### Regulation 9: Residents' rights

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 was available in the centre. There was evidence in daily notes reviewed by the inspector of active consultations with residents and their families regarding the residents' care and the running of the centre. Individual resident's will and preferences were recorded in personal plans reviewed.

Records reviewed by the inspector showed that staff had completed training in a human-rights based approach to health and social care and assisted decision making. One of the residents spoke with the inspector about their rights and how they were upheld in the centre.

The inspector reviewed minutes from residents' meetings, including the three most recent meetings. These detailed that advocacy and rights were routinely discussed at the residents' weekly meetings. It was evident that residents were being kept informed about matters relating to the running of the designated centre and were encouraged to express their opinions and make decisions about their daily routines and preferred activities.

Residents were offered opportunities to engage in a range of activities both within the home and in the community. Where residents chose not to participate in community activities, this decision was respected by the staff team.

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                |
|------------------------------------------------------------------------------------|-------------------------|
| <b>Capacity and capability</b>                                                     |                         |
| 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                                      | Substantially compliant |
| Regulation 23: Governance and management                                           | Compliant               |
| Regulation 3: Statement of purpose                                                 | Compliant               |
| Regulation 31: Notification of incidents                                           | Compliant               |
| Regulation 34: Complaints procedure                                                | Compliant               |
| <b>Quality and safety</b>                                                          |                         |
| Regulation 17: Premises                                                            | Compliant               |
| Regulation 26: Risk management procedures                                          | Compliant               |
| Regulation 28: Fire precautions                                                    | 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 An Sli OSV-0003618

Inspection ID: MON-0042392

Date of inspection: 15/07/2026

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

| Regulation Heading                                                                                                                                                                                                                                                           | Judgment                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Regulation 16: Training and staff development                                                                                                                                                                                                                                | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br><br>All current staff who require refresher training in CPI (Crisis Prevention and Intervention) and Ski Sheet Fire evacuation training are scheduled for training. |                         |

## Section 2:

### Regulations to be complied with

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

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

| Regulation          | Regulatory requirement                                                                                                                                                      | Judgment                | Risk rating | Date to be complied with |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------|--------------------------|
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. | Substantially Compliant | Yellow      | 31/10/2026               |