



**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:	Camphill Community Grangebeg
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	25 February 2026
Centre ID:	OSV-0003621
Fieldwork ID:	MON-0049573

About the designated centre

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

Grangebeg Camphill Community is a residential service for up to 12 men and women over the age of 18 with intellectual disabilities. According to the centre's statement of purpose people live, learn and work with others in healthy social relationships based on mutual care respect and responsibility. The designated centre consists of two, two-storey premises on a campus. Each of the houses have a number of private and communal spaces. Residents have access to gardens and plenty of outdoor spaces and the centre is based on a farm, which is situated in a rural part of Co. Kildare. Support is provided 24 hours a day, seven days a week by a team comprised of a person in charge, social care workers, social care assistants, and volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 25 February 2026	11:00hrs to 18:30hrs	Erin Clarke	Lead
Wednesday 25 February 2026	11:00hrs to 18:30hrs	Karen Leen	Support

What residents told us and what inspectors observed

This unannounced inspection was carried out to inform a decision on the provider's application to renew the registration of the designated centre. The centre had last been inspected in October 2025, and the purpose of this inspection was to assess the progress made by the provider in implementing the compliance plan submitted following that inspection. Overall, inspectors found that the provider had made progress in addressing a number of the findings from the previous inspection. Improvements were evident in aspects of staffing continuity, and in the premises and environmental changes completed to better support residents' comfort, privacy and safety. Residents spoke positively about some of these changes and described improvements in their home and in the support available to them. However, further action was still required to achieve full compliance in a number of areas, including staffing, the timely review of assessments and personal plans, the management of compatibility concerns between residents, and the completion of some planned premises works. Overall, while the centre was demonstrating improvement, inspectors found that some actions identified at the previous inspection had not yet been fully embedded in practice.

As part of the provider's application to renew registration for the two buildings comprising the designated centre, the provider had proposed a reduction in the capacity of one house from six residents to five residents. This change had been made in response to safeguarding concerns and environmental limitations previously identified within that premises.

Inspectors completed a walk-through of both premises in the designated centre. On arrival to the first house, inspectors met with two staff members working in one house during the course of the inspection. Both were agency staff. One staff member had worked in the designated centre for approximately one year, while the second staff member was on their first day in the service. This was reflective of the continued reliance on agency staffing in the centre, although inspectors were informed that efforts to recruit and onboard additional permanent staff were ongoing. While residents were observed to be in receipt of support, the continued use of agency staff had the potential to affect continuity for residents and their experience of consistent care and familiar support relationships.

Staff informed inspectors that four residents were out of the house, either attending activities or health appointments in the community with staff support. Inspectors met one resident who was relaxing in a recently refurbished quiet room within the house. This room had been designed to support residents to spend time alone in comfort and included dimmed lighting and comfortable seating. Inspectors observed that the environmental changes made in the centre were beginning to positively impact how residents could choose to spend their time and regulate their own comfort. For example, the resident chose not to engage directly with inspectors and indicated to staff that they wished to continue relaxing. Inspectors observed the

resident resting comfortably in a large chair while wearing noise-cancelling headphones.

The provider was also in the process of developing a sensory room for residents. This had been reviewed by an external professional with expertise in sensory environments. In addition, an alternative television room had been added in one premises, and residents now had access to a dedicated quiet space. Further refurbishment works were underway in one living area, including the planned installation of a large projector screen.

Inspectors were informed that heating works had also taken place in the centre. In order to minimise disruption, residents had been supported to go on holiday while these works were completed. This had been described as a positive experience for residents, and inspectors were told that some residents, who may not previously have wished to do so, had expressed interest in going on a similar trip again.

Inspectors then visited the second premises and were greeted by two residents and one staff member. One resident told inspectors that they had been out during the morning and had returned home for lunch, which they said they liked to do most days. During this discussion, the person in charge arrived at the house. Inspectors observed residents speaking openly with the person in charge about recent hospital appointments and the support they had received from staff to attend these. One resident described a number of recent check-ups and explained that changes had been made to their treatment as a result. The same resident also told inspectors about improvements to the home, including painting works completed in their bedroom and throughout the house, and said that they were happy with these changes.

Staff told inspectors that residents were enjoying using two of the recently completed rooms. In particular, staff described the quiet room as a positive addition for one resident who had begun to choose to spend time there regularly. Staff explained that, when initially planning the space, they had not anticipated that this resident would make frequent use of it. However, since the room had been completed, they had observed the resident using it to relax, particularly after mealtimes. This was also observed by inspectors on the day of inspection.

One resident gave inspectors a tour of their home alongside the person in charge. During this, the resident explained that residents and staff had met together to decide how a vacant room in the house should be used. Residents had chosen to convert this room into a meeting space where they could meet privately with keyworkers to discuss their personal plans and goals for the year. The resident explained that while they loved their home, conversations with staff about plans or private matters often had to take place in shared areas of the house where others could overhear. This meant that privacy could not always be fully maintained in practice. The resident felt that the addition of a meeting room would better support their privacy and dignity.

Inspectors also spoke with one resident who said that things had changed for the better in their home over recent months. The resident explained that they had

previously been upset by a lack of visible management presence in the centre. However, since the appointment of the person in charge and the person participating in management, they felt more supported and could see positive changes taking place. During this discussion, the resident stated that residents had "done good" and asked, "have we done enough?". When inspectors further explored this, the resident said they had been led to believe the centre might close. Inspectors discussed with the resident what a notice of proposed decision to cancel the registration of a centre meant, as this had previously been issued to the provider for the centre.

Through discussions with residents and a review of documentation, inspectors found that inaccurate information had been communicated to residents following the inspection of the centre in October 2025. Inspectors reviewed an easy-read document prepared by the provider for residents in relation to the inspection and the notice of proposed decision to cancel registration. Inspectors found that this document referred to a closure notice and asked residents whether they would like the provider to identify a new home for them. However, the document did not explain that residents could remain living in their home or outline the possible outcomes that may follow the issue of a notice of proposed decision to cancel registration in relation to the current provider.

In addition, inspectors reviewed keyworker meeting records relating to one resident's discussion of the easy-read document. These records noted discussion with the resident regarding the need to keep the centre to a high standard of hygiene, with reference made to keeping the house clean and tidy inside and out and that "first impressions are important". Inspectors also found, through speaking with a number of residents during the day, that the concept of the centre closing had been repeated and understood by residents, rather than an accurate explanation of the processes in place and what it meant for the governance arrangements of the centre.

Inspectors sought assurances from the provider that the easy-read information would be reviewed to accurately reflect the potential outcomes of a notice of proposed decision to cancel registration and clearly explain what this meant for residents and the governance of the centre. Inspectors also sought assurances that this revised information would be shared with residents in a supportive manner so as to reduce anxiety and provide appropriate reassurance.

A number of residents were undergoing investigation in relation to healthcare conditions and presenting symptoms, and inspectors found evidence that second opinions and further clinical input were being sought where required. Residents were being supported to access further assessment and review where there was uncertainty regarding diagnosis or treatment. Inspectors also found evidence of improved health outcomes for one resident since the previous inspection. Staff described that the resident was engaging more in everyday activities and had made progress in relation to their wellbeing. The resident was also working towards a personal goal of travelling on an aeroplane, which reflected a positive link between improved health, quality of life, and goal attainment.

At the same time, inspectors found that not all planning and review systems had kept pace with residents' changing needs and choices. While residents had person-centred "all about me" information and there was evidence of staff supporting day-to-day choice, some support plans, assessments of need, and annual health reviews had not been updated within required timeframes. This meant there was a risk that important aspects of residents' current goals, healthcare needs, and preferences were not always fully reflected in the formal plans used to guide their support.

Inspectors noted that incident levels had increased since the previous inspection. However, from discussions with management and review of records, inspectors were informed that this was believed to reflect improved reporting practices by staff rather than solely an increase in incidents occurring. This was linked to bespoke safeguarding training that had been delivered to staff, which had improved their awareness of what constituted a concern and the need to report incidents appropriately. Nonetheless, inspectors found that some residents continued to live with the impact of compatibility concerns and behaviours of concern within the centre. While improvements in the environment and support strategies had reduced some negative interactions, these issues continued to affect some residents' day-to-day experience of shared living and required ongoing review and action by the provider.

There was also evidence that the provider's annual review was informed by feedback from residents and families. For example, residents identified that they wished to do more baking, aqua aerobics, and to go out more often, and these suggestions were incorporated into the provider's quality improvement plan. Families also identified areas for improvement, including wanting more information about staff changes and who was working in the centre, improved information on the complaints process, a return to regular newsletters, greater access to activities, and better communication supports. Inspectors found that these views had been considered by the provider and reflected in the service's improvement planning.

The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support.

Capacity and capability

Overall, inspectors found that the provider had made progress since the previous inspection in strengthening governance, staffing, and oversight arrangements in the centre. There was evidence of action taken in response to previous findings, and continued efforts to recruit staff and progress works required across the service. The person in charge was actively involved in the day-to-day operation of the centre, knew the residents and their support needs well, and was familiar with the status of actions arising from previous inspections.

Inspectors also found evidence that management systems were under active review, including systems for annual medical reviews, assessments of need, support plans, and personal plans, to improve accessibility and timeliness of information for staff.

Registration Regulation 5: Application for registration or renewal of registration

Inspectors found that the statement of purpose had been reviewed as part of the provider's application to renew the registration of the designated centre. A full review of floor plans had been completed to ensure that they accurately reflected the current layout of the premises, including rooms that had been repurposed since the previous inspection and changes in staffing requirements.

Judgment: Compliant

Regulation 14: Persons in charge

Inspectors found that the person in charge had the qualifications, experience, and capacity required to fulfil the role. They were actively involved in the day-to-day operation of the designated centre and maintained a visible presence across the service. Inspectors found that they were available and accessible to both residents and staff and had developed a good knowledge of residents' assessed needs, support arrangements, and the day-to-day running of the centre.

The person in charge was also familiar with the status of actions arising from previous inspections and the improvement works required within the centre. This supported effective oversight of the service and provided assurance that actions identified were being monitored and progressed within their remit.

Judgment: Compliant

Regulation 15: Staffing

Since the previous inspection in October 2025, the whole-time equivalent staffing had increased from 23.5 to 25 posts to support the rostered arrangements required across both houses during the day and night. At the time of inspection, 19 staff were in post, which meant there remained a deficit of six whole-time equivalent staff. As a result, the centre continued to rely on agency staff to maintain the roster.

However, inspectors found that improvements had been made since the previous inspection. Two additional staff were in the process of onboarding and inspectors were informed that recruitment remained ongoing. Residents had also been involved

in recruitment initiatives and had participated in videos to describe what it was like to live in and work in the centre, in an effort to support recruitment. In addition, greater consistency had been achieved in staffing arrangements in one house of the designated centre, where there had previously been less continuity of care. While staffing arrangements had improved and were supporting the delivery of care to residents, further action was required to reduce the staffing deficit and reliance on agency staff in order to achieve full compliance

Judgment: Substantially compliant

Regulation 23: Governance and management

Inspectors found that there were clear governance and management systems in place in the designated centre. The provider had taken action following the previous inspections in the centre and there was evidence that oversight arrangements had strengthened in the intervening period. A clear management structure was in place, including a person in charge who was visible in the centre, knowledgeable regarding residents' needs, and actively involved in the day-to-day operation of the service. The Area Services Manager was also involved in the governance and oversight of the centre and was conducting audits and oversight visits to monitor the quality and safety of care and support being provided.

Inspectors found evidence that the provider was using its own governance and quality assurance systems to identify areas requiring improvement. The provider's annual review and quality improvement planning had identified a number of actions for 2026 in areas such as accessible information, oversight arrangements, premises improvements, access to activities, documentation, recruitment, financial oversight, annual reviews, and compatibility issues. Importantly, this process had been informed by consultation with residents and families. Residents' feedback regarding activities and preferences, and family feedback regarding communication, staffing information, and access to complaints information, had been considered and incorporated into improvement planning.

There was also evidence that the provider had systems in place to monitor actions arising from previous inspections and internal review processes. Improvement works to the premises were being progressed, recruitment initiatives were ongoing, and management systems relating to residents' documentation and annual review processes were under active review. While some areas still required ongoing action and monitoring, inspectors found that the governance arrangements in place were supporting service improvement and were sufficiently effective in identifying, responding to, and progressing areas for development within the centre.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents were receiving a service that was responsive in many areas to their needs and preferences. Residents had access to healthcare professionals, environmental improvements had been made to enhance comfort and privacy, and there was evidence that risks relating to health, behaviours of concern, staffing, and the premises were being reviewed and managed. Residents were also benefiting from improvements to communal and quiet spaces, and from increased management presence and oversight in the centre.

However, some areas required further improvement to ensure that residents' quality of life and safety were consistently protected. These included the timely review of assessments of need, support plans, personal plans, and annual health reviews, as well as the ongoing management of compatibility concerns and peer impacts within both houses. While environmental changes and revised strategies had reduced some safeguarding concerns, inspectors found that these remained live issues for some residents and continued to affect their lived experience in shared living arrangements. In addition, further premises works were planned, but not all of these had clearly defined timeframes for completion.

Overall, the centre was making progress, but further action was required to ensure that residents' care, support, privacy, and safety were consistently underpinned by up-to-date planning, compatible living arrangements, and timely completion of improvement works.

Inspectors found that risk management arrangements in the centre took account of known risks relating to staffing, behaviours of concern, premises works, and residents' individual healthcare needs. Risk assessments were in place and included consideration of the impact of permanent staffing arrangements on residents and on the quality and consistency of documentation. Inspectors were informed that senior management were reviewing the documentation systems in use in the centre to ensure that records were clear, accessible, and supported safe care delivery.

Inspectors noted that there had been an increase in adverse incident reporting in the centre, which correlated with incidents relating to behaviours of concern. However, inspectors found that the review and trending completed by the person in charge indicated that staff were demonstrating improved awareness of what constituted a concern and were reporting incidents through the appropriate systems. This gave assurance that concerns were being better identified and escalated.

Regulation 17: Premises

Inspectors found that ongoing improvements to the premises had been made since the previous inspection. A plan of additional works had been identified by the provider, including the replacement of windows, for which quotes had been obtained and agreed upon. Upgrading works to seven bathrooms had also been approved. At the time of inspection, two bathrooms had been completed and work on a further two were in progress.

Inspectors found that the provider had completed a number of environmental improvements to the designated centre which enhanced residents' opportunities to spend time alone when they wished, and to participate in activities with peers in spaces that promoted choice and comfort. A number of rooms that had previously been used for storage had been refurbished and repurposed to better meet residents' needs and provide alternative spaces for activities and relaxation.

Inspectors found that improvements had also been made to communal areas of the centre. New flooring had been planned for shared areas, and new furniture had been purchased and was in place, including couches and seating to improve residents' comfort. Further development of one living space was also planned, including the installation of a projector to support residents in enjoying movies and communal leisure activities. In one kitchen, a new table had been provided, which no longer obstructed the fire escape route, thereby improving both the layout and safety of the space. A trip hazard identified on the previous inspection had also been addressed and wires that had been loose on the floor were now safely trunked.

Overall, inspectors found that the provider was progressing premises improvements in a planned way and that these works were contributing positively to the quality of the environment for residents. However a number of required and planned works remained outstanding at the time of the inspection.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Inspectors found that the provider had ensured the consistent implementation of risk management systems in the centre. There was a risk register in place, which was subject to regular review, and residents also had individual risk assessments in place to guide safe support. An emergency plan was in place and had been updated to include additional detail, such as shut-down procedures, visual guidance for staff, and the potential impact of emergencies on residents who required equipment such as sleep apnoea machines. Inspectors also found that risk assessments had been developed to guide staff during premises works and in relation to behaviours of concern that may impact on the safety and wellbeing of residents or others in the centre.

The person in charge was reviewing and trending adverse incidents on a monthly basis to identify emerging patterns or areas of concern and to ensure that

appropriate action was taken. Inspectors found that the person in charge and senior management had also delivered in-person training to staff in relation to identifying potential safeguarding concerns and the appropriate reporting of incidents within the centre.

Inspectors also found that incidents involving behaviours of concern were being reviewed by the behavioural support specialist, who was present in the centre two days each week to support staff and residents. Risk assessments in place to address known and potential safety concerns were robust and were subject to regular review.

The provider had an emergency response plan in place to guide staff in the event of emergency situations, including loss of water, fire, and loss of power. Inspectors found that this plan was regularly reviewed by the person in charge and updated to reflect learning identified when the emergency response plan had been implemented.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Inspectors found that systems were in place to assess residents' needs and develop personal plans to guide their care and support. Overall, residents had person-centred information available to staff and there was evidence that many supports in place were responsive to residents' assessed needs and preferences. However, improvement was required to ensure that all assessments of need, support plans, personal plans, and annual health reviews were consistently completed, formally reviewed, and updated within the required timeframes so that they fully reflected residents' current needs, goals, and choices.

Inspectors reviewed a sample of five residents' assessments of need and associated support plans. From this review, inspectors found that support plans for three residents had not been reviewed within a 12-month period. In addition, inspectors found that assessments of need for three residents had been completed by one staff member but had not been signed to confirm review by staff responsible for guiding practice in the centre. This meant there was not adequate assurance that these assessments had been formally reviewed and were being used consistently to inform care and support.

For two residents, inspectors found that their support plans and assessments of need had been comprehensively reviewed and that the supports in place were clearly detailed and reflective of their assessed needs. However, inspectors found that personal plans were not always reflective of residents' current goals and day-to-day choices. For example, one resident attended a local day service five days each week, but staff were actively supporting the resident's choice to decide each day whether to attend the service or instead participate in activities at home or in the

local community. The resident had support from an allocated staff member throughout the day to facilitate these choices. However, the resident's personal plan had not been reviewed to reflect this flexible approach or the goals they were working towards for the year ahead.

All residents had an "all about me" plan in place. These plans outlined residents' likes and dislikes, important relationships, daily preferences, goals, and key information necessary for staff or other persons supporting them. Inspectors found these plans had been completed in a person-centred manner and included meaningful detail about residents' lives, preferences, and routines. Social stories were also in place for residents where additional support was required in specific areas.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors found that residents had access to health and social care professionals in a timely manner. The person in charge and staff team were knowledgeable regarding the medical, psychological, and wellbeing supports required for each resident living in the designated centre.

Where residents had identified healthcare needs, appropriate care plans were in place to guide practice. These plans reflected evidence-based practice and showed regular review by relevant multidisciplinary professionals. Residents had ongoing access to a range of health and social care and medical professionals, including general practitioners, physiotherapy, speech and language therapy, and occupational therapy.

Inspectors found evidence that the person in charge and staff team were actively advocating on behalf of residents to ensure that they received appropriate healthcare supports and further diagnostic review where necessary. For example, inspectors found that staff had supported one resident through a number of screening processes where there was concern that a correct diagnosis had not yet been made. This advocacy had resulted in the resident being referred for further testing and a subsequent change in medication.

Overall, inspectors found that residents had access to a broad range of multidisciplinary supports in line with their assessed needs and healthcare requirements. Support plans were in place to guide staff practice and clearly outlined the care and supports residents required. Staff demonstrated good knowledge of these supports and maintained daily records relating to residents' healthcare needs, where required.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that there were known compatibility concerns within both houses of the designated centre and that these were under active review by the management team, with input from the safeguarding officer and behavioural specialist. The inspectors found that the group living arrangements and the management of behaviours of concern continued to present challenges, particularly given the number of residents living together and the impact that some residents' behaviours could have on others.

The provider had committed, as part of the renewal process, to reduce the occupancy of one house through the discharge of one resident. This was intended to reduce the impact of compatibility concerns and improve the living environment for residents. Inspectors were also informed that discussions were ongoing regarding the future occupancy arrangements in the second house, given that some residents were finding it difficult to live together. Advocates were involved in these discussions to support residents' rights and ensure that their views were represented.

Inspectors found that behaviours of concern had, at times, impacted negatively on other residents. However, there was evidence that where environmental changes and revised support strategies had been introduced in one house, the frequency of safeguarding incidents and negative peer interactions had decreased. This indicated that the provider had begun to take some appropriate steps to respond to identified safeguarding and compatibility risks. Notwithstanding this, inspectors found that these issues remained live concerns within the designated centre and required continued oversight and action by the provider.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Camphill Community Grangebeg OSV-0003621

Inspection ID: MON-0049573

Date of inspection: 25/02/2026

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 15: Staffing Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • One Social Care Assistant commenced on 09-03-2026 • There are currently three social care assistants onboarding • One relief staff member has agreed a change of contract to a permanent position- currently being processed • A second team Lead role has been approved by the service and one candidate is currently onboarding • An offer was sent out on 24-04-2026 to a House coordinator candidate. 	Substantially Compliant
Regulation 17: Premises Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • The new windows for the south facing aspect of the properties were ordered on the 08-04-2026. An SEAI grant and business case have been submitted for approval to the relevant authorities. There is a twelve week lead in time for the installation date from the point of deposit payment. The expected timeframe for completion of the installation process is now the 30-07-2026 • The sensory room was installed by the external specialists on the 26-03-2026 and is currently operational. • Sanding and varnishing of the communal flooring is scheduled for completion following the installation of the windows, with an expected completion date of 14-08-2026 • Four out of the seven bathrooms have now been renovated. Two bathrooms are currently in progress, with an expected completion date of the 1st of May 2026. The final bathroom is planned for completion by the 31st May 2026. • An activity room is currently under development. Sofas, tables, chairs and projector and screen have arrived. The projector and screen are scheduled for installation by the 30th May 2026. 	Substantially Compliant

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • All CMSN's support plans have been updated. • All CMSNs assessment of needs have been updated. One CMSN has recently been informed of additional healthcare diagnosis', and an appointment is scheduled with the GP to discuss these identified changes in need. The CSO is scheduled to attend the appointment with the CMSN to support development of additional support plans and guidance for staff. • Annual reviews have been completed for 9/11 CMSNs. One CMSN has had to re-schedule their annual review twice recently due to recent ill health. The second outstanding CMSN's annual review is scheduled for the 29-04-2026 • Triangulation of information across documents for one CMSN in relation to their current day service choices has been completed. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • The SMT has approved a reduction in capacity of the community should a CMSN transfer or be discharged from the community at any point in the future. • One CMSN is undertaking a supported decision making piece of work in relation to their residential living preferences. This commenced on the 18-04-2026 • The SMT have approved an additional Team Lead role for the community, this will provide for a team lead per house, resulting in improved governance arrangements. The role has been recruited for and a candidate is currently onboarding • Referrals to the National Advocacy service were submitted following the previous inspection. The National Advocacy service attended onsite to meet with the CMSNs for an initial introductory visit. CCOI continues to await confirmation of next steps from the National advocacy service • A sensory room was set up in March 2026. This space adds to the previously developed additional sitting room and relaxation space providing further opportunity for CMSNs to choose how, where, and with whom they spend their leisure time • Review of safeguarding data highlights that incidents are reducing, with no recorded incidents since the 23-03-2026 • Development of activity room is currently under development to provide for further additional options for CMSNs to choose who, how, and where to spend their time. Sofas, tables, chairs and projector and screen have arrived. The projector and screen are scheduled for installation by the 30th May 2026. • CMSNs who have expressed changes in their mental health needs have been supported to attend their GP's and discuss their needs, which has resulted in amendments to some CMSN's treatment regimes, and referrals being submitted to specialists for additional support for other CMSNs. • Comprehensive Behaviour support plans are in place and subject to regular review, 	

with six having being reviewed between February and March 2026

- A robust recruitment campaign is underway with paid adverts on local radio and papers, social media presence and refer a friend incentive for staff. There are currently three staff onboarding, one staff member switching their contract from relief to permanent, an additional team lead onboarding, and an offer was sent out to a house coordinator candidate on 24-04-2026

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/06/2026
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/08/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good	Substantially Compliant	Yellow	30/08/2026

	state of repair externally and internally.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/05/2026
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	30/05/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/08/2026