



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 1
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	08 January 2026
Centre ID:	OSV-0004076
Fieldwork ID:	MON-0042819

About the designated centre

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

This designated centre comprises two bungalows next door to each other at the end of a small cu-de sac on the outskirts of a small town in Co. Kildare. The centre provides full-time residential service for seven adults with intellectual disabilities. One of the houses consists of five bedrooms, bathroom, toilet area, kitchen, sitting room, small hallway and small garden to the front. The other house consists of five bedrooms, two bathrooms, kitchen/dining room and two sitting rooms. This house has a garden to the back of the house. There is a car available to both houses. The person in charge divides their working hours between the two houses in this designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Thursday 8 January 2026	10:00hrs to 17:30hrs	Karen Leen	Lead

What residents told us and what inspectors observed

From what residents told the inspector and based on what was observed, residents were supported to enjoy a good quality of care in this centre. This report outlines the findings of an unannounced inspection of this designated centre. The inspection was carried out to assess the provider's ongoing compliance with the regulations in the centre. The findings of the inspection were positive, with the inspector finding the provider and person in charge was responsive to the needs of residents and that residents were supported to enjoy activities of their choosing and were supported by a suitably qualified and trained staff team. However, improvements were required in relation to Regulation 21: Records and Regulation: 17 premises.

The designated centre is divided into two houses and has a capacity for seven residents, at the time of the inspection there were no vacancies in the centre. The two houses are located in a small cul-de-sac in a village in County Kildare and located within a short walk to local shops and amenities. The inspector of social services visited both houses during the course of the inspection and had the opportunity to meet with all seven residents. In addition, the inspector had the opportunity to meet with one family member, the person in charge, clinical nurse manager grade one, six staff and the area director. The inspector used interactions with residents, observations of care and support provided by staff, conversations with staff and a review of the documentation to form judgments on the quality of care being provided in the designated centre.

On arrival to the first house in the designated centre, the inspector was greeted by a member of staff. The staff member introduced the inspector to all four residents who lived in this house, the residents were sitting at their kitchen table enjoying a cup of tea and making plans for the day. The inspector found that the house was warm, with a relaxed atmosphere.

The inspector observed one resident getting ready to go to their local day service, staff informed the resident that they would be taking the day off as they were getting over a head cold. The inspector observed the staff member kneeling down to the residents level to inform them of the plans that they had made in their home for the day, in order for them to fully recover. The inspector observed the resident telling staff that they were happy with the plans for the day. Later in the evening the inspector observed residents sitting in the main sitting room with a fire lighting and enjoying spending time with staff knitting and watching a movie.

The second house was home to three residents, the inspector visited this house in the afternoon when residents had returned from a number of activities. The inspector had the opportunity to meet with all residents in the house. The inspector was greeted by two support staff and residents who had returned from getting their

nails done in the local village. Residents were helping staff to prepare their dinner and told the inspector that they had enjoyed a busy Christmas period in their home.

One resident told the inspector that they love their home and that they would not change anything in the house. The resident told the inspector that they love doing arts and crafts and that their home had a small crafts room that they would spend time in most evenings. The resident showed the inspector a number of their art pieces that were hung around their house.

Support staff introduced the inspector to one resident who was relaxing in their room watching television. The resident later spoke to the inspector about their planned holidays for the coming year. The resident discussed that they had been on a number of holidays last year. They also told the inspector that their family was very important to them and that they visit them regularly in their home and that family often visit the designated centre. The resident told the inspector that they have lived in their home for a number of years and that they are very happy with the people they share their home with. They told the inspector that they have similar interests and hobbies and enjoy the same music and shows. The resident told the inspector that they were going to the local supermarket with staff to complete their grocery shopping.

The inspector observed one resident sitting in their living room with a blanket wrapped around their legs. The resident was enjoying a warm drink and was listening to music with staff. The resident told the inspector that they like their home and that the staff are 'always very good'.

The inspector completed a walk through of both houses in the designated centre. In one house the inspector found that the residents required a high number of assistive equipment such as walking frames, rollators or hoists. The inspector found that due to the amount of equipment and frequency of use, residents' equipment was being stored in communal areas. The inspector found that this took away from the homely atmosphere in the centre. Furthermore, the inspector found that the centre required refurbishment in a number of areas in order to promote infection prevention and control standards in one house. This will be discussed further under Regulation 17: premises.

The inspector had the opportunity to speak to one family member who was visiting their loved one on the day of the inspection. The family member told the inspector that they were happy with the care that their loved one received and that their loved one was very happy in their home. The family member discussed that the centre was equipped to meet the needs of their loved one as they aged and that all areas of the home were accessible. The family member said that they are happy with the supports given by staff. They discussed that they would like their loved one to have an increase in meaningful social activities. They are aware that this is in line with their loved ones needs and wishes and that staff have taken on board their suggestions for community activities in line with their assessed needs.

The inspector found that residents participated in a number of activities both within the designated centre and the wider community. One resident told the inspector

that both themselves and peers in their house like to attend theater shows and musicians. The resident showed the inspector a number of pictures from shows that they have attended with peers and friends throughout 2025. They told the inspector that at the start of the New Year, support staff had put together a list of upcoming shows with musical artists that they like and had put plans in place to attend concerts and shows throughout the year.

The inspector had the opportunity to speak to six staff during the course of the inspection. The inspector found that staff were aware of residents' support needs and were promoting an environment that was changing in line with residents' assessed needs. The inspector found that staff were detecting changes in residents' presentation and were ensuring that the environment was suitable to each resident. The inspector found that staff were aware of possible safeguarding concerns and could demonstrate the steps to take if they had a concern for residents in the centre.

In summary, residents were being provided with a quality of care and support that was identifying residents' changing needs and adapting the supports available in the centre through staff training and support or through environmental adaptations. Residents were busy and were participating in activities of their choosing and enjoyed spending time with people of their choosing such as friends and family.

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 section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a clinical nurse manager grade one, staff support team of nursing, social workers and healthcare assistants, who were knowledgeable about the support needs of residents living in the centre. The person in charge worked full-time and was supported by an area director.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents living in the centre.

The registered provider had implemented good governance management systems to monitor the quality and safety of service provided to residents. The provider had completed an annual report of the quality and safety of care and support provided in the centre, which included consultation with residents, their families and representatives.

The inspector found that improvements were required however, to the oversight and auditing of documentation. The provider was in the process of upgrading how records in relation to residents' personal plans, risk assessments and staff training were being stored and maintained. The inspector found gaps in relation to record management. For example, the inspector found for some residents identified risk assessments as highlighted through residents care plans could not be easily accessed by staff.

Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information which the provider had submitted for the person in charge prior to the inspection. These documents demonstrated that the person in charge had the required experience and qualifications relevant to their role.

The person in charge worked on a full time basis. They had responsibility over one other designated centre within the provider. This designated centre had a clinical manager in place since September 2025, who had been in a shadowing role within the centre, with a view to becoming the person in charge post completion of a management course. The inspector found that the person in charge and the deputy manager had clear knowledge of the assessed needs of each resident and were promoting a person centred approach to care.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre were in accordance with the residents' current assessed needs. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

The inspector reviewed both the planned and actual rosters from November and December 2025 and found that these accurately reflected the staffing arrangements in the centre, including staff on duty during day and night shifts. Following from previous inspections, the person in charge had updated the roster system to reflect where shifts were vacant within the designated centre and clearly identifying the staff responsible for covering vacant shifts as they arise. The inspector found that at the time of the inspection, the centre was working on a full whole time equivalence

and that vacancies identified in the roster were as a result of planned leave or unplanned leave such as sick leave. The inspector found that these vacancies were covered by regular full time staff taking additional hours or regular relief staff.

The inspector spoke to six staff members during the course of the inspection, and found that they were knowledgeable about the support needs of residents and had identified the changing needs for residents within the centre and supported residents within the centre to ensure that it was adapted to meet their individual needs.

Judgment: Compliant

Regulation 16: Training and staff development

The provider was in the process of updating training records in line with a new electronic data base. The inspector found that the person in charge had effective systems in place to record and regularly monitor staff training in the centre. The inspector reviewed the most current staff training matrix completed in January 2026 and found that staff had completed mandatory and non mandatory training.

The inspector found that staff had completed training in mandatory areas such as fire safety, managing behaviour that is challenging, and safeguarding of vulnerable adults. In addition, staff had completed training in order to support residents assessed needs such as dysphagia training, dementia support and epilepsy.

The person in charge and clinical nurse manager had developed a schedule of supervision for 2026 for all staff members. The person in charge and clinical nurse manager were found to be present in the designated centre and staff spoken to during the course of the inspection noted that they felt supported within their role.

Judgment: Compliant

Regulation 21: Records

The inspector found that not all records were readily available or in place for review on the day of the inspection. The provider was in the process of upgrading a number of systems within the designated centre and this was leading to some information or records remaining in older systems or awaiting update from archiving. For example, the provider was in the process of updating how training was recorded for all staff in the designated centre. This was resulting in training records for courses completed by staff not being available for inspection. The inspector acknowledges that the person in charge was updating records and was aware of mandatory training completed or due for completion by staff. Following the

inspection the provider updated the inspector with a full training matrix for all staff in both houses in the designated centre.

In addition to the updated system for training, the provider was in the process of implementing digital assessments of needs, care plans and associated risk assessments for all residents. The inspector found that not all information in relation to associated risk assessments were available to view on the provider's digital system. The inspector found that staff were able to detail the risks for each resident, however, the inspector found that review of the records was required in order to ensure that all emerging risks were assigned to each resident's care plan as required.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had arrangements in place to ensure that a safe, high-quality service was being provided to residents in the centre.

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

The provider and person in charge had systems in place to ensure that the quality of care provided in the centre was routinely monitored and reviewed. The person in charge had implemented a number of audits within the designated centre.

The inspector reviewed the centre's six-monthly unannounced audit completed in the centre on 22 and 23 of October 2025. The inspector found that this audit was completed with high level findings for the designated centre. These findings were uploaded to an action plan which the person in charge and staff team were in the process of completing. The inspector found that the person in charge and clinical nurse manager were regularly reviewing and updating the action plan.

The six-monthly unannounced audit had identified that staff meetings were required to occur more regularly within both houses within the designated centre. The inspector found that the person in charge had scheduled staff meetings for the centre which were occurring more regularly and had developed a schedule for staff meetings for 2026. The provider had completed an annual report of the quality and safety of care and support provided in the centre for 2024. Furthermore, the inspector reviewed the draft version of the providers annual report for 2025. Both reports had included consultation with residents, their families and representatives.

A number of new electronic systems had been implemented within the centre, the inspector found that the introduction of these systems had caused a duplication of some information or information not being accessible to all staff. However, the

inspector found that staff spoken to on the day of the inspection were aware of the current change to systems and were aware that some information had yet to be uploaded or updated for all residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had prepared a written policy on the referral, admissions, transition and discharge of residents, at the time of the inspection the policy was under review by the provider with a final review date for the end of February 2026. The inspector reviewed the transition process for one resident in the designated centre. The inspector found that the provider had followed their pre-admission procedures that assured that the centre was suitable for meeting the assessed needs of all residents prior to commencing the transition process.

The inspector found that an appropriate compatibility assessment had been completed by the provider and the multidisciplinary team to ensure that the designated centre was appropriate to support residents prior to their admission. In addition, the inspector found that residents were consulted with prior to the admission of new residents to the designated centre and were given appropriate supports during the admission process. It was evident that the person in charge and staff team had completed on going reviews of transitions to the designated centre. For example, the inspector found that weekly meetings were held to review the transition process and identify if additional supports were required for all residents during admission to the centre or additional supports that may be required for existing residents during the admission process.

The inspector found that the residents identified for admission to the centre were given ample opportunities to visit the centre and meet with fellow residents. These visits included evening meals and tea with peers and overnight stays in the designated centre as part of the transition process.

The person in charge and staff team had completed a review post admission to the centre for new admissions. The review highlighted that the transition had been a positive experience for the resident, peers and family members. The inspector reviewed a number of compliments from family and the resident's day service support, which highlighted the improvements for their loved one since their admission to the centre.

Residents' contracts of care were written in plain language, and their terms and conditions were clear and transparent. The residents' rights with respect to visitors were clearly set out in the contracts, as were the fees and additional charges or contributions that residents made to the running of the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives in a format appropriate to their communication needs and preferences. In addition, a walk around of the premises confirmed that the statement of purpose accurately described the facilities available including room size and function.

The inspector found that an accessible version of the statement of purpose was available to all residents and a copy was held in their bedroom for review with additional accessible information.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Chief Inspector of Social Services under the regulations were reviewed during this inspection. Such notifications are important in order to provide information about the running of a designated centre and matters which could impact residents. All notifications had been submitted to the Chief Inspector as set out in the regulations.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for residents who lived in the designated centre.

The provider had measures in place to ensure that a safe and quality service was delivered to residents. The findings of this inspection demonstrated that overall, the provider had the capacity to operate the service in compliance with the regulations and in a manner that ensured the delivery of person-centred care.

The inspector found that improvements were required in relation to the storage arrangements for assistive aids in the centre. Furthermore, the inspector found that the centre required areas of refurbishment due to general wear and tear and following requests from residents to upgrade interior decoration in communal areas in their home.

The inspector reviewed four residents' personal plans and saw that they included an assessment of each resident's health, personal and social care needs and that overall, arrangements were in place to meet those needs. In addition, the inspector viewed two visual person centred plans for residents and found that it clearly presented past and present goals for residents in the centre, with regular review by residents and their key supports.

Regulation 12: Personal possessions

The inspector found that the provider had measures in place to ensure that residents had access and control of their personal possessions. Residents had adequate space to store their personal possessions and clothing. The provider had ensured that there was adequate facilities for laundry available to residents in both houses in the designated centre.

Residents' rooms were reflective of their personal tastes, hobbies and interests. The inspector viewed all residents' bedrooms within the designated centre. In one house residents discussed that they are happy with the decoration within their home. Residents in the second premises in the designated centre discussed that they would like some upgrades completed in their home. This will be further discussed under Regulation 17: premises.

Residents had access to their finances, and where residents required support in managing finances, this was provided in line with each person's will and preference, and assessed needs. The inspector spoke to one staff member and two residents in relation to how finances were managed within the designated centre. Residents informed the inspector that they could access their money any time that they wished. One resident discussed that they always liked to have some money in their wallet, however, if they required a big purchase they would attend their local financial institution and withdraw money. Residents discussed that they attended numerous concerts and shows throughout the year and that they had future engagements booked. Support staff and residents discussed that finances were freely accessed to book shows, concerts and trips as they wished. In addition, the inspector reviewed financial records for two residents and found that there was good monitoring and oversight systems in place to safeguard residents' finances.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The inspector found that the provider had implemented a number of upgrades to the designated centre to ensure that all aspects of the residents' homes were accessible and supported their individual needs. For example, the provider had completed a number of refurbishment works to the bathrooms in one house in the centre, to ensure that it met resident needs and promoted residents independence and mobility.

The inspector found that both houses in the centre were homely and warm, with the houses decorated with residents possessions and memorabilia. While the provider had identified works to be completed in the centre which included completing essential painting works to some areas of one house, the inspector found that further refurbishment was required in the centre due to general wear and tear and in order to maintain infection prevention and control standards.

The inspector completed a walk through of both premises in the designated centre and found that the kitchen in one house required renovations by the provider. The inspector found that the paint work across kitchen cabinets was broken, removed or had scratch marks. The drawer handles for in two drawers would come off on one side when opening the drawer to retrieve items. Door handles of cabinets were worn down and had dents or scratch marks. The skirting boards on the underside of the kitchen cabinets were broken or the paint was missing or peeling away from the board. The cabinet above the oven hob which contained the ventilation system while cooking had peeling paint. While the inspector found that the kitchen area and all other areas of the premises was clean, the kitchen area was not promoting best protection against infection due to the number of issues highlighted.

In addition, the inspector reviewed minutes of residents meetings from September 2025 for one one house in the centre, which highlighted that residents would like their house to receive interior painting, including their bedrooms with interior purchases made for the main communal areas of the home. For the second premises in the designated centre, residents were happy with their home and would not like any additional maintenance work completed.

The inspector found that the centre did not have access to adequate storage for equipment. During a walk through of one house in the centre, the inspector observed that a number of pieces of equipment was required to be stored in residents' bedrooms or in communal areas of the house. The inspector observed standing hoists and wheelchairs stored on one sitting room in one house.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The inspector reviewed the centre risk management policy and found that the provider had ensured that the policy met the requirements as set out in the regulations. The policy was last updated in July 2025.

Where there were identified risks in the centre, the person in charge ensured appropriate control measures were in place to reduce or mitigate any potential risks.

For example, the person in charge had completed a range of risk assessments with appropriate control measures, that were specific to residents' individual health, identified changing needs, safety and personal support needs. There were also centre-related risk assessments completed with appropriate control measures in place.

In addition, the inspector found that the person in charge and support staff were aware of changing needs of residents in the centre and had ensured that appropriate supports were available to residents in order to maintain a safe environment. For example, the person in charge had identified age related health concerns for residents in the centre and had ensured that they had access to appropriate screening and support tools. Furthermore, the provider was in the process of rolling out an Echolight scan to residents within the designated centre in line with identified health concerns and falls risks. This scan is an alternative method to DXA scan screening for supporting residents in the identification of diagnosing bone disease, brittle bones or bone fragility.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed four residents' files and found that the files contained up-to-date and comprehensive assessments of need. These assessments of need were informed by the residents, their representatives and the multidisciplinary team as appropriate. The inspector found that residents were in receipt of regular multidisciplinary team reviews in line with their assessed needs and identified changes in their health and overall wellbeing. In addition, the inspector found that regular resident support meetings were taking place with residents and their representatives to discuss and devise changes to care and support plans in line with identified changes in residents as they age.

The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. The inspector reviewed a number of care plans which reflected identified supports in areas such as:

- falls support plans and fall prevention
- oedema care
- osteoporosis
- dementia care
- financial support
- respiratory care
- dysphagia support

The inspector reviewed two residents' personal plans, which detailed goals that residents were working towards achieving. In one house in the centre, residents person centred goals were kept in a visual diary in their bedrooms. These visual diaries illustrated residents' chosen goals and achievements throughout the year. The diaries also demonstrated evidence of meetings held with residents, representatives and key workers while achieving identified goals. The inspector observed goals achieved by residents including holidays, parties to celebrate life events and local community senior citizens events. Staff spoken to discussed that goals identified are decided by residents and as a staff team they try to support residents to remain active in their local community through retirement for some residents and maintain contact with family.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern. In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. The inspector spoke to six staff during the course of the inspection and found that they had the appropriate knowledge to support residents and were aware of safeguarding plans in place in the designated centre.

The person in charge maintained a safeguarding folder for both houses with the centre. The inspector found that this was subject to regular review and that all safeguarding concerns had been screened as per the providers policy and had been referred to the relevant external stakeholders as required.

Staff spoken to during the course of the inspection discussed the status of current safeguarding plans and the supports required for a resident during difficult periods associated with an on-going medical diagnosis. Staff discussed the importance of reviewing and reporting all allegations of abuse and supporting residents who are experiencing upset for example, due to stages of illness. The inspector found that staff spoken to were acutely aware of residents support needs.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Living Area 1 OSV-0004076

Inspection ID: MON-0042819

Date of inspection: 08/01/2026

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Following inspection, the Person in Charge has updated all digital records highlighted by the inspector.</p> <ul style="list-style-type: none"> • Risk assessments for all individuals have been uploaded to Epicare • Older records have been uploaded to digital system • Person in Charge has implemented a system to ensure all documentation is appropriately stored as per providers policy using most up to date systems 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: While the premises do not allow for any structural expansion or the development of additional storage areas, the centre will instead implement a comprehensive internal reorganisation to ensure safe and compliant storage of all mobility equipment.</p> <p>A full audit of all wheelchairs, hoists, and related equipment will be carried out to identify essential items, remove non-essential or duplicate equipment, and streamline what remains onsite. Existing internal spaces and other under-utilised areas will be repurposed and reorganised to accommodate the required equipment safely where possible.</p> <p>A risk assessment will be developed where appropriate to identify and manage hazards, including trip risks, fire safety implications, and the impact on residents' dignity, privacy, and free movement. In the interim, any equipment currently stored in unsuitable locations will be relocated to safe, non-resident areas pending completion of the audit and reorganisation.</p>	

To ensure ongoing compliance, the centre will introduce strengthened governance measures, including routine monitoring of storage practices, regular internal audits of equipment storage, and clear allocation of responsibility for maintaining safe and appropriate storage arrangements. These measures will ensure that the improvements are embedded into practice, sustained over time, and continue to protect the safety, comfort, and dignity of all residents.

Where equipment such as wheelchairs or hoists is identified as necessary to remain in a resident's bedroom to support their assessed mobility needs—including safe evacuation in the event of a fire—the centre will ensure that an individualised risk assessment is developed. This risk assessment will determine the safest and least restrictive placement of the equipment, ensuring it does not obstruct evacuation routes, compromise cleanliness, or impact the resident's dignity or use of their personal space.

Funding has been approved for refurbishment of the kitchen area and painting of identified rooms in the centre. Quotations are currently being obtained with works to be scheduled once procurement process has been completed.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2026
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.	Substantially Compliant	Yellow	30/08/2026
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in	Substantially Compliant	Yellow	23/02/2026

	Schedule 3 are maintained and are available for inspection by the chief inspector.			
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