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:	Community Living Area E
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	20 May 2026
Centre ID:	OSV-0004087
Fieldwork ID:	MON-0042311

About the designated centre

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

This centre is operated by Muiriosa Foundation, and can provide care and support for up to three male and female residents, who are over the age of 18 years, who present with an assessed disability. It comprises of a bungalow in the centre of a town and can provide a residential service for up to three residents. Residents have their own en-suite bedroom, and communal use of a main bathroom, sitting room, utility, and kitchen and dining area. There is also a staff office and sleepover room, with outdoor space for residents to use as they wish. The house operates on a 24 hour seven days a week basis, with staff present both day and night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 20 May 2026	09:00hrs to 15:15hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out to assess the progress made by the provider in implementing their compliance plan following the last inspection of this centre in October 2025, so as to inform a registration renewal decision. The inspection was facilitated by the person in charge, and the inspector also got to meet with the three residents that lived here, and with two staff members who were supporting them for the day. Overall, the inspector observed alot of very positive care and support practices over the course of this inspection, and residents were getting out daily to do the activities they liked to do. However, some issues relating to operational matters that arose upon the last inspection, had not been addressed by the provider.

During the October 2025 inspection, areas of non-compliance were found to fire safety and admissions and contracts, with more minor improvements needed to residents' finances, monitoring arrangements, and notification of incidents. Subsequent to that inspection, the provider did submit their compliance plan response to the Chief Inspector of Social Services, assuring of the various actions they planned to take so as to bring the centre back in compliance with these areas. This inspection did find that improvements were made to residents' contracts, to aspects of residents' finances, and to the notification of incidents. However, the remaining areas had not been subject to the same level of positive change, with little improvement found to fire safety, and monitoring arrangements. Furthermore, there was also a decline found in risk management and safeguarding arrangements, which were areas previously found compliant, with an urgent action required to be given to the provider in relation to an aspect of risk. All of which will be discussed in further detail later on in this report.

The centre comprised of a large bungalow house, located in a small quiet estate within a town in Co. Laois. Each resident had their own en-suite bedroom, they shared a large bathroom, sitting room, kitchen and dining area, and utility. There was a staff office, staff en-suite bedroom, and a front garden and back yard for residents to use as they wished. Residents had decorated their bedroom how they wanted, with many items and photographs that were meaningful to them proudly displayed. Communal areas were bright and spacious in size, and provided enough space for residents to spend time together, or to have time on their own, if they so wished. Overall, the house was very clean, well-maintained, and provided a very nice and homely living environment for the residents.

These residents had all lived together in this centre for a number of years, and got on very well as a peer group. They primarily required care and support in relation to their intimate and personal care needs, one required support with their mobility and transfers, two had specific health care needs, they all required varying levels of falls management, one had a visual and hearing impairment, and they all required a certain level of staff support to be able to get out and about. At the time of this

inspection, there were no known safeguarding issues, no resident required positive behaviour support, and no restrictive practices were in use. They were supported by two staff during the day, with one resident provided with a one-to-one staffing arrangement, and there was one sleepover and one waking staff in place at night. At the time of this inspection, all residents were presenting well and were getting on fine with their daily routines.

Upon the inspector's arrival to the centre, there was a warm welcome for her at the front door from two of the residents and a member of staff. They were expecting the inspector, and had been informed as to who the inspector was, and why she was coming to visit their home. One of them was very keen to show the inspector their bedroom, where they had their own en-suite that they kept neat and tidy. This resident had a love for soccer and GAA, particularly with regards to their home county, and had plenty of chat with the inspector about this over the course of the day. They had a certain arm chair in the sitting room that they liked to use, and had a knitted piece of one of their most respected soccer players in the sitting room, along with plenty of photos of themselves with family and friends over the years. They were supported by a one-to-one staffing arrangement, and later headed out with staff to visit a shop that was well-known to them, and loved to meet and chat with the locals while they were there. The second resident availed of a day service, and were waiting to be collected with plans to head to a nearby town. Due to this resident's assessed communication needs, they didn't engage verbally with the inspector, but were observed to understand what staff were saying to them, and staff were also seen to be able to interpret what this resident wanted. They were very affectionate in nature, loved hugs from staff, regularly looked to hold hands when they wanted to communicate something, and smiled often when staff engaged with them. The third resident was sitting on their support chair in the kitchen, and had balloons and presents around them, as they had recently celebrated a milestone birthday. They had done so at a hotel where staff, family and friends were able to celebrate with them, and it was reported to the inspector to have been a great day. This particular resident had a significant visual impairment, and also required aids to help with hearing. They too had assessed communication needs, and didn't engage much verbally with the inspector, but did engage with the person in charge and staff who were familiar to them. They loved fashion style, and since their vision disimproved, they often asked staff to confirm and describe what items of clothing they were wearing, which the inspector observed them to do when speaking with the person in charge. The inspector was informed that their mobility had declined over time, and they now used a wheelchair, but could weight bear for mobilisation and for transfers. However, upon speaking with staff and the person in charge, the inspector raised concerns in relation to the assessed mobility and transfer needs of this resident, which will be discussed in more detail later on. After a short while, the inspector was offered a cup of tea, and two of these residents joined her at the kitchen table, along with staff and the person in charge. There was a really friendly rapport had between all, as they filled the inspector in on what was done since the last inspection, and about how they generally spent their days. Overall, there was a very friendly pleasant and warm atmosphere in this centre, and it was very evident to the inspector that this was the norm in this house, with residents appearing very comfortable in the company of staff on duty.

These residents lived very active lifestyles, had their particular routines that they liked, and often got out and about. One had a liking for a particular coffee shop in a nearby town, and loved when staff would bring them there. Another regularly had a massage in the comfort of their home, and also responded well to the motion of being in transport and liked to go for drives most days. Another resident looked forward daily to meet with people from their own hometown, and went over that way with staff. Some of them loved music, with one resident looking into going to see an ABBA tribute in July. They recently had also recently started water sports, and also trialled fishing which they weren't a fan of. Two of them had previously gone to a panto show, and one loved to get going to local matches when they were on, and had also in the past gone overseas to see their favourite soccer team play. Day-time staffing arrangements allowed for residents to have the support they needed to get out and about daily, and the service also had access to two vehicles. The person in charge spoke of how that due to the assessed needs of some residents, they were in the process of exploring more sensory based activities to start doing, and would be consulting staff and residents shortly about this.

The staffing arrangement for this centre was fundamental to how it operated. Alot of staff members had supported these three residents for quite a while, and the two who met with the inspector were very knowledgeable on the specific needs and supports that they had. Both the provider and person in charge recognised the importance of a consistent staff team for this service, and had ensured that this was sustained through regular review. One resident who spoke with the inspector said that staff were very nice to them, and always were there to help them. They also went on to express that they loved their bedroom, had a great time getting out and about, and felt very safe and happy living in this centre.

There were some very positive findings to this inspection, and it was evident that residents were very much cared for and well- supported by this staff team.However, as earlier mentioned, there were some previously identified issues that hadn't been fully addressed since the last inspection, along with some further areas found upon this inspection, that also needed considerable attention from the provider to address.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

The provider had ensured that this centre was well-resourced to meet the assessed needs of residents, and that suitable persons had been appointed to manage and oversee the running of the service. The previous inspection identified where revision of contracts of care was required and this was completed. Furthermore, issues previously found with regards notification of incidents, had also been rectified.

However, there continued to be significant deficits to monitoring and oversight arrangements.

In the days following this inspection, there were planned changes occurring to the person in charge's responsibilities, which was going to result in increased capacity for them to be present in this centre more frequently. This was a welcomed change, and the person in charge spoke of how they planned to utilise the additional time afforded to them, to increase their oversight of care and support of this centre. They held regular staff team meetings, which allowed for resident specific care and support arrangements to be discussed, along with any other business. They also maintained frequent contact with their line manager to review operational issues, and attended all scheduled management team meetings. There were very effective staffing arrangements in place for this service, which saw continuity of care being consistently provided to these residents, by staff who were familiar to them.

Oversight and monitoring of the quality and safety of care within this particular centre was still found to require review. There continued to be audits and monitoring systems utilised that were rarely fit for purpose in monitoring this particular service, providing little opportunity for relevant and specific areas of care and support delivered to residents to be subject to the level of scrutiny required. This resulted in on-going limitations in the provider's ability to identify for themselves where specific improvements were needed in this centre, similar to those identified by the inspector upon this inspection. This was highlighted to the provider in the last inspection in October 2025, with little to no traction since made in addressing this.

Regulation 14: Persons in charge

The person in charge had a full-time role and visited the centre at least once weekly. They knew the needs of the residents very well, and were also familiar with the operational needs of the service delivered to them. They were supported in their role by their staff team and line manager, and maintained good contact with both. At the time of this inspection, along with this centre, they were also responsible for two other designated centres operated by this provider. In the days subsequent, this number of centres the person in charge was responsible for was reducing, so as to provide them with the additional capacity they required to fulfill their managerial responsibilities in this service.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to on-going review, ensuring a suitable number and skill-mix of staff were at all times on duty. There was a well-established team in place, who were familiar with these residents, and there was good staff retention to ensure this was sustained. When additional staffing resources were required from time to time, the provider had arrangements in place for this. Staff who met with the inspector were found to be very familiar with the assessed needs of these residents, and were clear on their roles and responsibilities in supporting them. They spoke respectfully about each resident, and were equally observed to engage with the residents in a similar caring manner. There was a well-maintained staff roster in place, which clearly named all staff and their start and finish times worked.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured all staff had received up-to-date training in the areas required so that they could carry out their duties. When refresher training was required, it was scheduled accordingly by the person in charge. Furthermore, all staff were getting regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The last inspection of this centre in October 2025 identified that the way in which the provider was monitoring the quality and safety of care of this service was not always effective. Although the provider did provide written assurances in their compliance plan of their commitment in addressing this, similar issues with auditing processes and with monitoring arrangements were again found upon this inspection.

There was a schedule of audits routinely completed in this centre on a monthly, bi-monthly, and six monthly basis. This led to areas such as health and safety, residents' finances, infection prevention and control, fire safety, medication management, and chemical agents being subject to audit. In addition to this, six monthly provider-led visits were carried out every six months, and included a review of areas such as, staffing, residents' details, safeguarding, restrictive practices, incidents and notifiable events. However, it was unclear as to how it was determined that these were the priority areas that needed regular monitoring in this centre. For example, there had not been a safeguarding concern in this centre for a considerable amount of time, no restrictive practices were in use, no notifiable incident had occurred in quite a period of time, there was no identified infection prevention control risk pertaining to this service or risk relating to the use of

chemical agents, that required this level of monitoring. The manner in which auditing and monitoring was being carried out was very structured, and didn't allow for the flexibility required by this centre to enable the areas that were relevant to the care and support residents received to be subject to regular review. Significant improvement was required on the part of the provider to review this aspect of their oversight arrangements, so as to determine the main aspects of care and support of their service that did require regular review, and to put in place effective monitoring systems that would enable improvement of these areas to be quickly identified, as and when they arise.

In particular, the last inspection found that the way in which the provider was conducting financial and fire safety audits was ineffective, with this inspection finding that no change had been made to these. The same auditing system continued to be used for residents' finances, and still failed to focus in on overseeing the basic functions of the management of residents' finances in this centre, so as to be able to identify any issues. For instance, the inspector observed a number of these that had been completed each month for one particular resident. There had been on-going issues with securing this resident's financial statements since 2024; however, each time these audits were being completed of this resident's finances, it referenced no issue with regards to their statements, resulting in the provider failing to identify a potential safeguarding risk to this resident's finances. Fire safety audits also required review, as despite these being conducted each month, they had failed to identify the areas of improvement required to fire safety that were identified upon this inspection. Furthermore, provider-led visits which had incorporated a review of residents' care and support arrangements, had also failed to identify an issue which led to an urgent action being issued on this inspection.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Following on from the last inspection, the provider revised residents' contract of care so as to ensure these now clearly outlined the fees to be charged for the service provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had improved their oversight of the notification of incidents to the Chief Inspector, ensuring these were now notified in line with the time frames set out in the regulations.

Judgment: Compliant

Quality and safety

This was very much a resident led service, where the preferences, individualized routines, and wishes of these three residents dictated how this centre operated. Residents' preference for their care and support were well-known to staff, and there was a particular emphasis on ensuring these residents enjoyed their recreational time by doing what they each loved to do. Despite the many good examples of care and support this found upon this inspection, there were other aspects of this service that required the attention of this provider to address.

Over the course of this inspection, there were very good arrangements found with regards to residents' social care, in relation to the maintenance of the house, better arrangements were now in place for resident's finances, and there were also good health care arrangements that had a positive impact on these residents. However, an urgent action was required to be issued to the provider in relation to a significant potential risk posed to one particular resident. This risk was in relation to their mobility needs that required the provider to take urgent action to assess the level of staff support needed by this resident to safely mobilise and transfer. In addition to this, improvement was also required to other aspects of risk management, to include, incident reporting and trending arrangements, falls re-assessment arrangements, and also to aspects of how risk assessments were being completed.

With regards to fire safety, there were good fire detection and containment arrangements in place, all staff had up-to-date fire safety training, fire exits were maintained clear, and fire safety was often spoken about with staff at team meetings, and all three residents had an understanding of what to do, if the alarm sounded. In addition, the week following this inspection, works were scheduled to begin at the front door to install a wheelchair ramp, to as to provide a second wheelchair accessible fire exit route. Following the outcome of the last inspection, the provider did rectify an issue raised with a fire door, and also addressed fire evacuation timeframes. However, the outcome of more recent fire drills demonstrated that the improvements made to evacuation timeframes hadn't been sustained, with a noticeable incline in evacuation timeframes starting to re-emerge, that the provider hadn't responded to. In addition, there were also other aspects of fire safety that required attention relating to hazard prevention at one fire exit route, external emergency lighting needed review, and clarification was also required to the centre's fire procedure.

There were good safeguarding arrangements in place, with staff having up-to-date training, no negative peer-to-peer interactions were occurring, and residents were supported to understand that they could raise any concerns they had with staff. There had been no requirement for safeguarding plans to be implemented in this centre for a long period of time, and the centre was supported by a designated

safeguarding officer. However, an issue relating to one resident's finances had been on-going for a substantial amount of time, and hadn't been reviewed by the provider in the context of safeguarding procedures, which required review.

Regulation 12: Personal possessions

Following on from the last inspection, the provider did make improvement to the management of residents' personal finances.

All three residents continued to require varying levels of staff support to manage their finances. There was better oversight maintained to ensure cash balances of residents' monies were carried out daily, which was evident by the records of these checks that were made available to the inspector. Where residents' ATM cards were required so that residents' could pay for items when they were out and about, staff signatures were obtained to evidence that these were taken out and returned. There was also a better system in place for receipt management, which evidenced all card and cash payments, along with any cash transactions made.

The last inspection did identify issues around the overall effectiveness of monthly financial audits, and also identified failings around reconciliation of residents' accounts. Neither issue was satisfactorily addressed upon this inspection, and will be addressed under regulation 23 and regulation 8 of this report.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with suitable arrangements for social care, and had staff and transport available to them, so that they could get out and about as much as they wished. Staff recognised the aging profile of some residents, and honoured their preferred routines. Residents had certain activities that they repeatedly liked to do most days, which included, going to coffee shops, visiting locals in their home town, and going for drives. They were supported and consulted by staff to plan what they wanted to do each day, and there was great flexibility provided to structure the day around what residents wanted. Equally, where residents wanted to relax at home, this was accommodated for them. Residents were also supported to maintained good contact with family.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of one well-maintained house, with the layout and design considerate of the assessed needs of these residents. For residents who were wheelchair users, hallways and doorways were wide enough to accommodate them, and at the time of this inspection, a second ramped exit and entry point was being installed at the front door. There were good arrangements in place for the maintenance and up-keep of the house, and when repair or maintenance works were required from time to time, there was a system in place for this to be reported and quickly rectified.

Judgment: Compliant

Regulation 26: Risk management procedures

Since the last inspection, there was a decline in the arrangements for overseeing and responding to risk in this centre, with one particular finding resulting in an urgent action being issued to the provider.

Upon review of incident reports dating from January 2025 to the date of this inspection, six of these were in relation to falls experienced by one particular resident. This resident had a significant visual impairment, was a wheelchair user, and the inspector was informed that generally one staff supported them with all transfers and mobilisation. The inspector also was also informed, that due to the tall stature of this resident, occasion did arise where two staff sometimes needed to support them with mobilisation and transfers. When requested by the inspector, there was no record in the centre to evidence that an assessment of this resident's mobility needs had been completed by a relevant allied health care professional, either before or after when these falls occurred, so as to clearly identify the level of staff support needed by them, to ensure no risk was posed to them when transferring and mobilising. An urgent action was issued to the provider to conduct an assessment of this resident's mobility and transfer needs, to identify the specific number of staff needed by them to safely transfer and mobilise, so as to mitigate against any potential risk of harm to this resident. The provider was also required to ensure this assessment gave full consideration to the review of all six falls incidents involving this resident. Subsequent to this inspection, written assurances were provided to the Chief Inspector that this was satisfactorily completed.

There were also other areas of improvement found to be required in relation to falls management. Upon the same incident review, the inspector observed four other falls that had occurred for another resident, three of which had happened within a short timeframe of one another. Following this, the inspector was informed that a re-assessment of their falls management was informally completed at a staff team meeting. The outcome of this informal re-assessment resulted in a decision that a re-assessment of the resident's mobility and falls management by a relevant allied health care professional was not required; however, no information could be provided to the inspector to demonstrate what factors were considered that led to

that decision, despite three falls having occurred within a short-time frame. Furthermore, improvement was also required to the falls risk assessments relating to these two particular residents. For example, for one of these residents some of their falls incidents had occurred in the community and within the kitchen of the centre, and were very similar in nature in how they happened. However, the falls risk assessment for this resident didn't provide adequate information around the specific measures that were in place to reduce the chances of re-occurrence.

In relation to incident management, improvements were also found to be required. Although there was a good incident reporting culture when falls and medication errors occurred, no other form of incident was subject to reporting. For example, over the course of this inspection, the inspector learned of an incident where a locked gate impeded a recent fire drill escape route, and of re-occurring issues with securing a resident's financial statements. However, these had not been considered as part of incident reporting, and required the attention of the provider so as to ensure this system was being adequately utilised to expand on the nature and type of incidents that typically got reported. In addition, routine incident trending was not occurring, which didn't allow for local management to maintain oversight of reoccurring incidents, and identify any particular response required.

Improvement was also required to some aspects of risk assessment. For instance, although residents' individual risks were well-known, some risk assessments did require further review so as to reflect the specific measures that were being implemented by staff daily. Furthermore, the risk register for the centre also required some updating, so as to ensure that areas that were regularly overseen by the person in charge, to include, finance management, staffing, changing needs, manual handling and falls management, better reflected the monitoring required to these aspects of service.

Judgment: Not compliant

Regulation 28: Fire precautions

This inspection found that a number of areas relating to fire safety still required the attention of the provider to address.

Following on from the last inspection, improvement was made to the length of time it was previously taking to evacuate these residents from the centre. However, the outcome of the two most recent fire drills raised concerns with the inspector that this level of improvement had not been sustained. For example, for a number of months, residents were consistently supported to evacuate in and around the same reduced timeframe. However, the last two fire drills showed an increase in this, with no reason recorded on these fire drill records as to why this was occurring. This was brought to the attention of the person in charge, who immediately scheduled a further fire drill to be completed, under their review and oversight. However, despite these fire drill records being reviewed prior to this inspection, this had not resulted

in prompt action to be taken in relation to these timeframes, so as to prevent further escalation. In addition, during one of these recent fire drills, it was reported that a side gate was locked which impeded access to the fire assembly point. This was a gate that was not routinely locked, and its occurrence had not prompted review of this to establish how it came to be locked, or instigate removal of the lock. On the day of this inspection, the person in charge logged an urgent maintenance request for this to be removed.

Upon walk-around of the centre, the pathway of a regularly used ramped fire exit, was found to contain debris from nearby folliage with the ground surface becoming slippery, posing a falls hazard to anyone exiting via this door. This was attended to on the day of inspection; however, there was no regular system in place for checking and addressing this area for slips and trips hazards.

There was good internal emergency lighting; however, external emergency lighting required extensive review. The aforementioned ramped fire exit was regularly used by a resident who was a wheelchair user and their supporting staff. Adequate emergency lighting arrangements had not been made to this exit or to this side of the house. In addition, given the design and layout of the house at the rear, emergency lighting that had been made available was not effective enough to guide those exiting via rear fire exits to the fire assembly point.

Clarification was also required in relation to the specific procedure staff were to follow in the event of a fire. Although there was a fire procedure in place, it didn't provide sufficient guidance to staff, and was not the specific procedure that was being following when fire drills were occurring. In addition, although for the most part, residents' personal evacuation plans were of good standard, one resident who was a wheelchair user did need their plan to be updated.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The updating of residents' assessments and care plans was overseen by the person in charge, and residents were consulted where possible, around the care and support they received. Personal goal setting was carried out with each resident, and there were goals that residents were working towards, with the support of staff. Some had chosen goals around trialling new activities, while others had expressed their wish to continue with their current routines.

Judgment: Compliant

Regulation 6: Health care

Some residents did have assessed health care needs, and the provider had ensured that they were receiving the care and support that they required. There was good access to allied health care professionals to review this aspect of residents' care, and staff were available to support residents to attend any medical appointments. For one resident who did have an assessed elimination need, staff were well-aware of their role in how they were to support the resident with this. However, the care plan relating to this health care need did require updating to reflect the specifics of the care that this resident needed. Similarly, this was also found with regards to the care plans of residents who had mobility and falls prevention needs. This was brought to the attention of the person in charge, who was putting arrangements in place for these to be immediately updated.

Judgment: Compliant

Regulation 8: Protection

While there were many aspects of safeguarding arrangements working well in this centre, there was an on-going issue in relation to a resident's finances, which the provider had not considered as part of their safeguarding procedures.

The last inspection of this centre identified that the financial statements for one resident's account had not been secured since 2024. Following this, efforts were made by the provider to rectify this; however, this had not resulted in these financial statements being made available. In the absence of these statements, the provider was still unable to carry out their own reconciliation so as to assure themselves of any concerns relating to this resident’s financial account. The provider had not recognised this as a potential safeguarding risk of this resident’s finances, had not referred this to the designated officer, and did not have any interim safeguarding arrangements in place for this resident's finances until such a time as these statements were secured by the provider.

Judgment: Not 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 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Community Living Area E OSV-0004087

Inspection ID: MON-0042311

Date of inspection: 20/05/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1.The Person In Charge will complete a review of Finances, Fire Statement , Risk Assessments and Care Plans to ensure they are centre specific and risk based. 2.The Person In Charge will review all audits to ensure they are resident focussed as to their care and support needs.Timescale – To be completed by 31.07.26 3.Monthly fire audits will be reviewed by the Person In Charge and the Fire Designated Safety officer and learning will be discussed at staff monthly meetings Six monthly provider audits will focus on priority areas that require regular monitoring.	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 1.One resident has had a full mobility assessment, and the Person In Charge has updated both the residents Care Plan and Risk assessment to include staff support that is required. An appointment has been made for a second resident. Timescale – Completed for 1 resident and appointment scheduled for other resident. 2. National Incident Management System and a Falls Risk assessment will be completed after each fall and reviewed by the Person In Charge. 3.All staff to attend National Incident Management System training on HSELAND. National Incident Management System will continue to be reviewed and discussed at monthly team meetings in the interest of shared learning. Timescale 3 Months	

4.Person In Charge to carry out a full review of all risk assessments to ensure they are centre specific and will condense generic risks where appropriate.
5. A full review and update of all risk assessments to be carried out of individual risk assessments to be carried out of individual and generic risks by the Person In Charge, the risk assessments will be condensed where appropriate. Timescale – to be implemented by 31st July 2026

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1.A fire drill was completed on 26th May 2026 with all 3 residents present and the time of this drill was lower than the previous 2 fire drills that were reviewed on the day of the inspection. 3 further fire drills were carried out on 01/06/2026, 30/06/2026 and 14/7/2026 again with all residents present and were all within an adequate timeframe and were reviewed by the Person In Charge. Timescale - To be Completed by 31st July 2026
2.A series of fire drills both day and night drills are planned and dates set for same to ensure that all residents are evacuated in an adequate time. These fire drills will be reviewed by the Person in Charge and the Fire Designated Safety Officer. If an increase in fire drill time occurs - the rationale for the variance will be documented on the fire drill report and it will be escalated to the PPIM for review.
3. Personal Emergency Evacuation plans have been reviewed by the Person in Charge and now include emergency medication. Timescale – Completed at time of report (22.06.26)
4.Centre specific fire evacuation procedure is now in place for the centre
5.Fire Safety has been added to the agenda for staff meetings and previous fire drills will be discussed
6.Fire evacuation route will be checked daily to ensure they are not obstructed and will be recorded on the daily checklist
7.Emergency Lighting internally and externally has been reviewed by the Fire Designated Safety Officer and has been upgraded to ensure all evacuation routes are adequately lit. Servicing of the emergency lighting have been certified by the monitoring company

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
1.Financial institutions have agreed to provide a monthly statement for each resident. Timescale – This has been completed (22.06.26)
2.Monthly financial audits will be completed and reviewed by the Person In Charge.

They will be compared to the monthly statement, and any discrepancies or variances will be examined by the Person In Charge and will inform the Person Participating in Management. Safeguarding will be completed if required. Timescale – To be implemented by 31st July 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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/07/2026
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	29/06/2026
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	03/07/2026

	maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	26/06/2026
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	16/07/2026
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	16/07/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/07/2026