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: | Kingfisher 1 |
| Name of provider: | Corlann |
| Address of centre: | Limerick |
| Type of inspection: | Unannounced |
| Date of inspection: | 17 June 2026 |
| Centre ID: | OSV-0004836 |
| Fieldwork ID: | MON-0050489 |

## About the designated centre

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

Kingfisher 1 provides a full-time residential service for up to seven adult residents with an intellectual disability. The designated centre aims to provide residents with a safe and homely environment, which promotes independence and quality care, based on the individual needs and requirements of each person. The designated centre comprises of three community houses. Two houses are located in new developments and one is located in mature residential area. All are located within easy access to local services and amenities. All of the houses are two storey buildings, providing residents with their own bedroom, one with lift access to the first floor. One house has a self contained apartment next to the main house. Each house has access to garden areas with parking also available to the front of the properties. The residents are supported in their homes through a social model of care, with staff available during the day, in line with the assessed needs of the residents. There is a sleepover staff in each house by night.

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

| | |
|---|---|
| Number of residents on the date of inspection: | 6 |

## 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 17 June 2026 | 16:15hrs to 20:15hrs | Kerrie OHalloran | Lead |
| Thursday 18 June 2026 | 09:40hrs to 17:40hrs | Kerrie OHalloran | Lead |

## What residents told us and what inspectors observed

From meeting the residents that lived in this designated centre and what the inspector observed, it was evident that residents were happy in their homes. The provider was making ongoing efforts to ensure residents were provided with a good quality and safe service. However, this inspection did find that some improvements were required in relation to governance and management, complaints, positive behaviour support and residents rights. Ongoing compliance issues in relation to fire precautions and premises remained during this inspection. The provider did have a plan in place to address these issues and had previously submitted a time bound plan to the Office of the Chief Inspector that would address these issues by the end of September 2026. However the inspector was informed that these plans would be delayed into 2027.

This inspection was unannounced and carried out by one inspector over the course of two days. The inspection was to assess the provider's regulatory compliance and to inform the recommendation to renew the registration of the designated centre. The designated centre comprises of three houses. These houses are registered to accommodate up to seven residents. At the time of the inspection six residents were living between the three houses. The inspector had the opportunity to met five residents over the course of the two days.

The inspector visited one of the houses on the first evening of the inspection. They were greeted by a staff member and a resident. The inspector had the opportunity to meet all three residents who lived in this house. The inspector spent some time in the sitting room with one resident who spoke to the inspector about their day and their plans for the evening. The resident engaged with the inspector and informed them they liked their home and liked the other residents. The resident appeared to be happy and comfortable in their home and staff appeared to be attentive to the needs of the resident. Another resident was upstairs where they were watching their programmes of interest, the resident again appeared comfortable and happy in their home and spoke to the inspector. The resident showed the inspector their bedroom and pictures of family and friends. They also spoke to the inspector about their plans for the following day and how they enjoyed the day service they attend.

Later in the evening, the inspector met another resident who lives in their own apartment which is adjoined to this house. This resident had been out earlier in the evening with the support of a staff member. The resident welcomed the inspector into their home and showed the inspector around, while also proudly showing the inspector their art which they had completed and was on display. The resident and staff also spoke about past and future trips the resident had been on and had planned. During this time the resident asked the inspector to play a game of basketball, during this the resident told the inspector about their love of sports and gardening and how they liked the staff that supported them.

From a walk around of this house that three residents resided in it was seen that no fire doors were present throughout. Some parts of the home required maintenance such as some painting to ceiling areas. The provider had a plan in place for this house and it would be replaced. A property had been secured and on the second day of the inspection the inspector was informed that building works had commenced on this property. This would provide a safer home for the residents currently living here. This will be discussed again later in the report.

On the second day of the inspection the inspector visited the other two houses that comprise of the centre, along with revisiting the first house to review documentation. Both houses were newer buildings had all fire precautions in place such as fire doors. These houses were also seen to be well maintained and decorated well throughout. One of the houses visited had been adapted with a elevator for residents to access their bedrooms on the second floor. This was seen to be serviced regularly. The inspector met two residents living here. One of the residents did not wish to engage with the inspector and this was respected. The other resident was relaxing when the inspector arrived but was happy to speak to the inspector before returning for a rest. The resident told the inspector they were happy in their home and liked the staff supporting them with what they would like to do and where they would like to go. The inspector observed this as the resident requested to visit a church and the staff was heard giving the resident a choice of which one they would like to go to.

The inspector visited the third house. One resident lived here and was informed that the inspector would be visiting their home. The resident was happy for the inspector to visit their home but they did not wish to meet the inspector. The person in charge informed the inspector that the resident was out continuing with their planned activities for the day. The inspector observed that the resident had been consulted about the inspection as it was present on a communication board displayed in the residents kitchen.

The inspector had the opportunity to meet five staff members throughout the course of the inspection, the inspector observed kind and caring interactions with residents and that residents were being communicated as per their assessed needs. Staff members were knowledgeable of the residents needs and informed the inspector that they felt supported in their role.

Overall the inspection found that there was evidence of ongoing efforts to ensure compliance with the regulations and provide residents with a person centred and safe service. Some review was required, this will be discussed in the report. Residents were being supported to make choices and have opportunities to engage in a variety of activities in their home and in their local community. 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 the residents' care and support.

## Capacity and capability

This section of the report describes the governance and management arrangements and how effective these were in ensuring a good quality and safe service.

There was an organisational structure in place to manage the service. The person in charge worked full-time and was responsible for the day to day operation of the service. An on-call system was in place and the person in charge was supported in their role by a person participating in management who was the area manager. The staff on duty informed the inspector that they are supported in their role. However some review is required under Regulation 23: Governance and management which will be discussed in this section of the report.

The provider had arrangements in place for the management of complaints. For example, there was an organisational complaints policy in place and complaints were being recorded. However, review was required. From the complaints reviewed some of these had not been addressed in a timely manner and the satisfaction of the complainant had not always been recorded.

Staff working in the designated centre completed an orientation programme which included instruction and guidance on information regarding the centre. The inspector reviewed a sample of the orientation records for three staff members. These were found to be completed. The training records viewed indicated that all staff had completed training in order to support the residents with their assessed needs.

Overall, this inspection found that systems and arrangements were in place. However, some review is required under Regulation 23: Governance and management and Regulation 34: Complaints to ensure the providers oversight is effective in progressing and identifying issues, while also ensuring consultation with residents regarding complaints in a timely manner. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

## Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The person in charge had a remit this designated centre at the time of the inspection. The person in charge was very knowledgeable regarding the needs of the residents who lived there.

Judgment: Compliant

## Regulation 15: Staffing

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the residents.

There were sufficient numbers of staff on duty to meet the needs of the residents both day and night. The roster reviewed showed that the planned numbers and skill mix of staff was maintained and that there was a consistent staff team who were known to the residents. Internal relief staff provided consistent support in the centre. The inspector met two members of staff who were part of the centres relief staff team. They knew the residents and discussed with the inspector the residents likes and dislikes. It was important for some residents living in this centre to have consistent staff in place to ensure continuity of care.

The inspector spoke to the staff members on duty and they were found to be knowledgeable in their role and the support needs of residents. They were also familiar and knowledgeable in questions relating to safeguarding of residents. They were also aware about the ways to respond to behaviours of concern.

During the course of the inspection the inspector observed and overheard staff interacting with residents in a caring and professional manner, and in accordance with their assessed needs. It was evident that residents were comfortable with the staff supporting them and that they were familiar with them. Throughout the inspection staff were heard giving residents choice with regard to their activities. For example, residents were offered different activities and also offered a choice of refreshments.

Judgment: Compliant

## Regulation 16: Training and staff development

The person in charge had ensured that staff members had access to appropriate training. The inspector reviewed the staff training matrix for the designated centre and found that staff had completed training identified as mandatory by the registered provider. The training matrix also identified dates for refresher training as required and some of these had been completed. For example a staff member had recently completed manual handling training in April 2026.

Staff had completed training in safe administration of medications, fire safety, manual handling, first aid, managing actual and potential aggression, safeguarding and assisted decision making.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge was in place in a full-time role with a remit of this designated centre, they facilitated the inspection. They were knowledgeable regarding the needs of the residents and the general running of the designated centre. Staff spoken with also said they felt supported in their role by the person in charge.

There were oversight systems in place, such as regular audits and meetings. The inspector reviewed the centres annual review, six-monthly unannounced audit and a sample of team meetings from 2026. Overall, the inspector seen that team meetings which were taking place monthly provided support and guidance for staff, this included learning from incidents that had occurred in the centre and regularly discussing safeguarding. The annual review of the centre had taken place for 2025 and the last six monthly unannounced inspection had taken place in February 2026. Action plans were in place which identified any areas of improvement required in the centre, these action plans identified the person responsible for completing.

However, some review was required, the inspector found that there needed to be more oversight when complaints were raised in the designated centre to ensure that the providers internal audits identified issues that were being raised and were not being addressed in a timely manner.

It is acknowledged that the provider does have a clear plan to address the remaining issues with one house in the designated centre with regard to fire containment and premises. The provider does have a restrictive condition in place with regard to these works to be completed by September 2026, however the inspector was informed that these works would be leading into 2027 and an updated plan would be submitted to the Office of the Chief Inspector to extend this date. These have been long outstanding issues in previous reports.

The provider had measures in place with regard to a number of notifications of allegations of abuse in the designated centre. These were being reviewed internally, and a report was being finalised at the time of this inspection, although the inspector was unable to review this report, they were informed that all actions pertaining to this review would be completed in a timely manner.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

There was an up-to-date statement of purpose. The inspector reviewed the statement of purpose and found that it met the requirements of the regulations. The statement of purpose had been reviewed and contained up-to-date information

regarding the management of the designated centre. It was available in the centre for residents.

Judgment: Compliant

## Regulation 34: Complaints procedure

On the day of the inspection the inspector reviewed the complaints log for the centre. The centre had open complaints. Some complaints were seen to be escalated to the complaints officer, with some complaints reviewed ongoing since 2025. For example, two complaints received by the provider in one of the houses in May 2025 remained open at the time of the inspection. These had been escalated in a timely manner, however there was no evidence in place to identify that these complaints were being addressed in a timely manner for the complainants. Correspondence regarding the complaints from the complaints officer was dated the 17th June 2026, which was the day of the inspection. Therefore, there was no evidence on the day of the inspection that this correspondence had been communicated with the complainants. This did not provide assurance that these complaints had been fully addressed. The registered provider had not ensured that all complaints were investigated promptly.

The inspector reviewed other complaints which had been closed in the designated centre. Some of these also required review as they did not record if the complainant was satisfied with the outcome of the complaint.

Judgment: Not compliant

## Quality and safety

Overall, the inspector found that the residents were supported to enjoy a good quality of life in this centre. They were regularly taking part in activities they enjoyed and the inspector observed this on both days of the inspection residents were out completing activities or discussed their day with the inspector which they appeared to enjoy.

The inspector reviewed the resident's personal plans. These documents were found to positively describe their needs, likes, dislikes and preferences. Residents communication preferences were clearly documented, and residents' aspirations were also supported in this centre.

The inspector did identify some areas for improvement to enhance the quality and safety of resident's lives. This included ensuring behaviour supports for residents

was regularly reviewed to include all areas residents required support in, and ensuring residents autonomy was promoted. The provider has ongoing issues with regard to the premises and fire containment measures for one of the houses. These are discussed under the relevant regulations below in this section of the report.

## Regulation 10: Communication

The registered provider was ensuring that residents were assisted and supported to communicate in accordance with their needs and wishes. Residents living in this centre presented with various types of communication. Four residents met with on the day of inspection communicated verbally with the inspector, two other resident choose to either not meet the inspector or preferred not to engage and the inspector respected their choice.

Residents had access to various forms of media in their homes, this included television, books, magazines, radio and internet. Residents were supported to contact friends and family as they wished. Some residents had their own phones, while landlines or other mobile phones were available in each house.

The inspector reviewed three resident's communication guidance which was clearly outlined in resident's personal plans. This ensured staff were supported with information around residents preferred method of communication. Easy-to-read documents and social stories were also available for residents. In each house residents had access to visual displays of the staff on duty to support them and guides in place for meals and activities. The inspector spoke to staff in two of the houses who outlined residents choice was supported with these. Staff met with were found to be very knowledgeable of the residents communication needs.

Judgment: Compliant

## Regulation 13: General welfare and development

The provider had ensured that residents had access to opportunities as they wished for leisure, education and recreation. Residents engaged in activities in the centre and community. Residents also had access to attend day services.

On the day of the inspection the inspector observed residents enjoying various activities they wished. This included some residents attending their day services. The inspector had the opportunity on both days to met residents in one house after they attended their day services. The residents appeared happy and told the inspector they had a good day. During the evening in one of the houses the inspector observed residents being supported to do activities they wished this

included going out for a meal, going for a drive, playing sport, relaxing and watching television, listening to music and completing table tops activities.

The inspector met the residents in one of the houses in the morning and afternoon. Residents living here liked to plan their own days and drop in and out of activities happening in the day service. In this house residents were being supported to attend mass and visit the church. One resident spoke to the inspector that they liked this, they also informed the inspector that they liked their home.

Staff met with during the inspection had good knowledge of the residents and their likes and dislikes. They were seen to consult with residents and communicate with them in a respectful manner.

Judgment: Compliant

## Regulation 17: Premises

The inspector had the opportunity to visit all three premises over the course of the two days. Overall, they were clean, homely and decorated in line with the residents preferences. Residents each had their own bedrooms which they had their personal items on display and communal areas such as the centres living and sitting rooms were seen to be well furnished and homely. Each of the three houses had an outdoor space that residents could enjoy. Transport was also available for residents.

At the time of the inspection, three residents lived in one house which required substantial work to ensure it would be in compliance with fire regulations. As mentioned earlier in the report, the provider had a plan in place and a new premises had been secured. The provider had a plan in place to ensure residents living in this house would be supported to move to a new building which would met their assessed needs. This would include one resident who currently has their own apartment area would also have this in their new home. Some issues were present in this building at the time of the inspection, this included paint flaking off ceiling area in the hallway, and gaps in flooring in the hallway and staff office. The person in charge had identified a number of areas for improvement on a maintenance list such as painting works. It is acknowledged that the provider has plans in place for a new building for the residents living here which will provide a safer and better maintained home.

Judgment: Not compliant

## Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information such as a summary of services and facilities, arrangements for visitors and how to access inspection reports.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had not ensured that effective fire safety management systems were in place in all parts of this centre at the time of this inspection.

- Appropriate containment measures were not in place in one premises. There were no fire doors in place in that premises at the time of this inspection.
- A review of fire drill records showed that evacuation drills were taking place regularly, however in one of the houses, three of the six drills completed in 2026 took between six to ten minutes, with one drill indicating that a resident refused to leave. This required review to ensure residents were supported to evacuate the centre in a timely manner and to ensure documentation reflected any risks associated with this.

Two of the other premises visited on the day of inspection were seen to have appropriate fire safety management systems in place, including fire doors, a fire detection and alarm system and fire-fighting equipment.

The provider has a plan in place for a new premises which will address the outstanding fire works that are required in the current building. The designated centres management team discussed the progress of these works and premises during the inspection.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the receipt and storage of medicines. The inspector reviewed the medicine procedures in place in all three houses. The provider had appropriate lockable storage in place for medicinal products. The person in charge discussed with the inspector the procedures in place for the collection, checks and handover of any medications in the centre, along with the procedures in place for administration and disposal of medicines. The inspector reviewed a sample of documents in place in each of the three houses. The systems in place were effective in ensuring medicine received was in line with the resident's prescriptions.

Medicine administration records reviewed by the inspector clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration. Medicine prescribed as necessary (PRN), also clearly stated the maximum dose to be administered in a 24 hour period. Staff were competent in the administration of medicines and were in receipt of training and on-going education in relation to medicine management.

There was a system in place to ensure medication errors were managed effectively. All medicine errors and incidents were recorded, reported and analysed. If any learning was identified this was brought back to the staff team as required.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector viewed three personal plans of the residents that lived in the centre. These plans ensured the residents were supported with assessments related to staying safe, mental health, communication, social and personal development and other personal care plans. Where a support need was identified, care and support plans were developed. These were seen to be kept under ongoing review and updated as required.

The residents were supported to identify and set goals and aspirations for the future. These goals were found to be kept under ongoing review to ensure they were met within a time line identified. Some goals had been achieved with the support from staff. These included going on shopping trips to a new place and visiting Christmas markets. Other goals included gardening project, meeting friends, planning to go to concerts and shows and planning holidays.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents that required support with behaviours of concern had access to specialists in behaviour management and behaviour support plans were in place. Staff received training in order to support residents manage their behaviour. The behaviour support plans in place outlined supportive strategies, information about triggers and guidance for staff on managing situations with responsive strategies. It was evident that there was clear detail in the behaviour support plans and that staff were familiar with these plans to ensure that residents were protected and supported.

However, some review was required to ensure all behaviour support plans in place were reviewed on a regular basis to ensure these plans reflected all current

situations residents may need support with. For example, one plan reviewed by the inspector had been last reviewed in August 2023, the person in charge had highlighted this required review to ensure it reflected new details to support a resident around a specific area. This had been requested in April and August 2025, however on the day of the inspection the plan had not been reviewed to include this. Another behaviour support plan reviewed had not been reviewed since January 2025.

Judgment: Not compliant

## Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm.

Staff spoken with were aware of the various types of abuse, the signs of abuse that might alert them to any issues and their role in responding to any concerns. Staff spoken with were confident that any concerns raised would be listened to, taken seriously and acted upon. The staff spoken with on this inspection were aware that they could raise any concerns with the local management team. The provider had notified the Office of the Chief inspector of a number of allegations of abuse that may have occurred in the centre. The provider had put measures in place such as an internal review of the designated centre. At the time of the inspection this report was in the final stages and the inspector was unable to review. The management of the centre informed the inspector that any actions highlighted in this review would be completed in a timely manner.

On the day of the inspection there was open safeguarding plans in place. The inspector reviewed six of these between two of the houses. These plans had been clearly recorded and reviewed regularly. It included strategies to protect the resident from harm.

Residents had intimate care plans in place which were seen to be regularly reviewed. These plans provided clear guidance to staff and the supports required for each resident living in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were supported to maintain contact with their families and friends, and visitors were welcomed to the centre.

The person in charge described various ways in which they upheld the rights of residents and supported them in making their own decisions and choices. For example, regular residents' meetings were taking place in each house. Topics discussed included upcoming social events, weekly menu plans, complaints and safeguarding. The inspector reviewed a sample of these meetings from 2026.

Care in this centre was provided in a manner which was person-centred and which considered the residents expressed wishes and interests. A staff member in one of the houses told the inspector of how the staff team ensured that the residents had choice and control of their daily lives. For example, on the day of the inspection the residents had plans to attend mass and visit the church, the staff member asked the residents which church they would like to go to.

The provider had systems in place to support residents' human rights, however some review was required to ensure residents privacy. On arrival to the first house of the designated centre the inspector seen a notice board inside the front door with information regarding residents displayed. On review of this notice board the inspector observed that this contained personal information for the residents. For example, residents full names were displayed on a consent document in place for transport and one residents information regarding assessed supports in place for their transport was also displayed. This required review to ensure the resident autonomy.

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** | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 34: Complaints procedure | Not compliant |
| **Quality and safety** | |
| Regulation 10: Communication | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Not compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

# Compliance Plan for Kingfisher 1 OSV-0004836

## Inspection ID: MON-0050489

## Date of inspection: 18/06/2026

**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 | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br><br>• On Friday 19th of June, Area manager & PIC discussed and clarified in the absence of complaint officer, any complaint that require escalation will be escalated to Head of community service or relevant line manager if indicated during that period.<br>• An updated fire compliance plan was sent to HIQA on 08/05/2026 outlining the revised timeline for the replacement of one house within the designated centre that remains not compliant with fire safety. An alternative house has been identified, specification for upgrade works completed and work has been tendered for. Builder has been appointed and work is due for completion within 12 months of work commencing. We can confirm that work has commenced in July 2026. | |
| Regulation 34: Complaints procedure | Not Compliant |
| Outline how you are going to come into compliance with Regulation 34: Complaints procedure:<br><br>• Complaint officer met with residents on 8.7.26 and 9.7.26 to discuss open complaints and support with resolutions. Both residents have indicated they are satisfied with resolution and document has been to be placed in MPMP to reflect this.<br>• PIC discussed complaints process at June staff meeting on 24th & 30th June. PIC reminded staff to ensure complaints resolved locally must state in the summary that residents were either happy or unhappy with resolution.<br>• All complaints escalated to complaints officer are to indicate if the resident was or wasn't happy with the resolution offered.<br>• Where resident is not happy with resolution then complaint can be escalated to the Complaints Officer. In the absence of Complaints due to leave or vacant post the complaint can be escalated to the Head of Community. | |

| Regulation 17: Premises | Not Compliant |
|---|---|

Outline how you are going to come into compliance with Regulation 17: Premises:

• An updated fire compliance plan was sent to HIQA on 08/05/2026 outlining the revised timeline for the replacement of one house within the designated centre that remains not compliant with fire safety. An alternative house has been identified, specification for upgrade works completed and work has been tendered for. Builder has been appointed and work is due for completion within 12 months of work commencing.

• Building Works have officially commenced in replacement house in July 2026.

• PIC will continue to raise/highlight any maintenance issue to facilities where they arise as per process.

• Timeline for completion of works is 12 months. After this work is completed the designated centre will be updated to include new house and the existing house will be removed.

• Once this house is registered the centre will be fire compliant.

| Regulation 28: Fire precautions | Not Compliant |
|---|---|

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• Risk assessment has been put in place due to evacuation taking a long period of time on 3rd of July 2026. PIC has engaged with behaviour support also on 8th of July on mitigations to support resident to evacuate in timely manner. Behaviour support clinician has given suggestions/recommendation which is currently been put in place to support resident. These recommendation will be done weekly to support around fire evacuations. To be completed with resident for period 1 months and reviewed after that.

• PIC undertook an unplanned fire drill on 3rd of July and all residents evacuated in timely manner. Monthly planned fire drill took place on the 5th of July and all residents exited in a timely manner.

• PIC has updated residents PEEP on 8th of July to reflect delay evacuation of building and suggest mitigation to support exit.

• Building works has begun on the new premises in July 2026. This upgraded house will replace non-fire compliant house in the designated centre. It is expected that this work will be completed within 12 months.

| Regulation 7: Positive behavioural support | Not Compliant |
|---|---|

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

| | |
|---|---|
| • PIC has engaged with behavior support on the 6th of July by way of follow up.<br>• Behaviour Support team confirmed that they will ensure all behaviour support plans will be reviewed by the end of September. | |
| Regulation 9: Residents' rights | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 9: Residents' rights:<br><br>• Personal Information that was displayed in the hallway of one house has been removed.<br>• PIC and Area Manager have reviewed all houses on 19th & 26th June 2026 to ensure that there is no personal information on display in communal areas within the designated centre. | |

## 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. | Not Compliant | Orange | 30/09/2027 |
| 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. | Substantially Compliant | Yellow | 30/09/2027 |
| Regulation 28(1) | The registered provider shall ensure that effective fire safety management systems are in place. | Not Compliant | Orange | 30/09/2027 |

| | | | | |
|---|---|---|---|---|
| Regulation 28(4)(b) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Substantially Compliant | Yellow | 31/10/2026 |
| Regulation 34(2)(b) | The registered provider shall ensure that all complaints are investigated promptly. | Not Compliant | Orange | 19/06/2026 |
| Regulation 34(2)(f) | The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied. | Not Compliant | Orange | 19/07/2026 |
| Regulation 07(3) | The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, | Not Compliant | Orange | 30/09/2026 |

| | | | | |
|---|---|---|---|---|
| | and are reviewed as part of the personal planning process. | | | |
| Regulation 09(3) | The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information. | Substantially Compliant | Yellow | 26/06/2026 |