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:	Joanstown, Rathowen
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	13 April 2026
Centre ID:	OSV-0004906
Fieldwork ID:	MON-0041269

About the designated centre

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

This designated centre is a service provided in a large detached bungalow on the outskirts of the nearest small town, which provides residential care to five ladies with an intellectual disability and autism. The centre comprises of a sitting room, a large kitchen diner with a utility room, four single bedrooms and one shared twin bedroom, two of the bedrooms are en-suite. There is also one large shared bathroom and a further WC located in the utility room. Outside there is a large well-maintained garden both to front and rear of the property. Residents living in the centre have a range of support needs and the centre is staffed by both nurses and health care assistants, providing 24 hour staffing cover.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Monday 13 April 2026	11:16hrs to 19:05hrs	Karena Butler	Lead

What residents told us and what inspectors observed

On the day of this announced monitoring inspection, the inspection findings for the most part were positive and good levels of compliance with the regulations achieved across a number of regulations reviewed. Residents received high-quality care provided by a familiar staff team who delivered it with kindness and respect. There were a number of improvements required in relation to medicines management and some minor improvements were required in relation to risk management.

The inspector had the opportunity to meet four of the five residents that were living in the centre. Three residents shared brief pleasantries and communicated in their own way that they were happy and liked the staff that worked in the centre. The fourth resident shared their opinion with the inspector about what it was like living in the centre. They said that the staff were nice and that staff would try to help them if they had a concern. They communicated that they felt safe living in the centre and felt they got on well with their housemates. They felt that they had choice each day what food they ate and activities they participated in. They said that they wanted to 'live here forever'.

On the day of the inspection, one resident attended an early morning healthcare appointment which a staff member had facilitated. After the appointment the resident had their breakfast out which they said they enjoyed. Upon their return, they relaxed in their room watching one of their favourite singers on their personal television.

On the day of this inspection, three residents attended a day service programme. One resident went out for dinner after their day service programme and the other four residents had a takeaway for dinner.

One resident attended an art class regularly and attended on the day of this inspection. They showed the inspector their bedroom which displayed many of their artwork. They were a talented artist and their beautiful art brightened up the walls they decorated.

From communication with the person in charge and the staff on duty, residents participated in activities depending on their interests. For example, attending concerts, hotel breaks, shopping, going out for lunch or dinner, going for coffee out, and family visits.

As part of this inspection process residents' views were sought through questionnaires provided by the office of The Chief Inspector of Social Services (The Chief Inspector). Feedback from the four questionnaires was returned by way of one staff member and three family representatives supporting the residents to complete the questionnaires. Feedback was positive and questions were ticked 'yes' for happy when asked about the service and care provided. One comment stated that they

'liked the staff and their housemates, that everyone is lovely'. One family representative took the time at the end of the questionnaire to state that they were 'very happy with the care and support their family member receives'. They said that the person in charge and the staff team were dedicated to the residents needs and attention. They said that their family member was 'very happy residing in the centre'

In addition to the person in charge, there were three staff members on duty during the day of the inspection. The inspector had the opportunity to speak with two staff members. The person in charge and staff members spoken with demonstrated that they were very familiar with the residents' support needs and likes. They were observed to interact with residents in a kind and respectful manner. For example, staff members were observed offering choices to residents in a soft spoken manner, such as if a resident wanted a cup of tea.

The provider had arranged for staff to have training in human rights. One staff member explained how they had put that training into everyday practice. They felt that since having the training that they try to be more conscious of what a resident might be trying to communicate through their behaviour. Prior to having the training, the staff member believed that they may have focused more on the behaviour itself and not what message the resident was trying say.

The inspector had the opportunity to speak with two family representatives, one on the phone and one in person. Neither had any concerns regarding the service and both stated they would feel comfortable raising a concern if they were to have one. One said that 'the staff are brilliant and dedicated to their profession, and that each member of staff was respectful'. The other stated that "staff are an example of how to treat people". Both communicated that they felt their family members were provided with choices about their day-to-day lives.

The inspector conducted a walk around of the centre. The centre was a single storey house and was found to be tidy and clean. This facilitated in the arrangements for good infection prevention and control (IPC).

Each resident had their own bedroom with two bedrooms having an en-suite bathroom. Three residents shared bathroom facilities. There was adequate storage facilities for their personal belongings in each room. Residents' rooms were decorated in line with their preferences and had personal pictures displayed.

The centre had a large front and back garden. The front garden had some mature plants and shrubs as well as some potted flowers, which helped the house look aesthetically pleasing. However, the person in charge communicated that the back garden could be very windy and cold as it was very exposed. They said residents would use the front garden more if they wanted to sit out in times of good weather.

At the time of this inspection there were no visiting restrictions in place and there were no vacancies. The most recent admission to the centre was in June 2024. One complaint had been recorded since the last inspection, this was raised by the person in charge on behalf of the residents, who were required to move to alternative accommodation briefly during building renovation works.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was announced and was undertaken as part the provider's application to renew the registration of the centre as well as part of an ongoing monitoring with compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). This centre was last inspected in November 2025. At the time of the last inspection the inspector observed good compliance levels with the regulations.

The inspector found that there were effective governance and management arrangements in place at the time of this inspection in order to ensure a safe and effective service was provided for the residents. For example, the provider had completed an annual review of the quality and safety of the service which included family representative feedback.

The provider had ensured that the centre was adequately insured against risks to residents and property.

A review of a sample of staff rosters across three months found that there was appropriate staffing levels in place to meet the assessed needs of the residents. In addition, staff had access to training appropriate to their roles, for example epilepsy awareness training.

The provider had made an application for the renewal of registration for the designated which contained the information as required by the registration Regulation 5.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules. For example, the provider submitted floor plans, a statement of purpose and function, as well as a residents' guide.

Judgment: Compliant

Regulation 15: Staffing

This inspection demonstrated that there were sufficient staffing levels in place with staff who had the appropriate skills, qualifications, and experience to meet the assessed needs of the residents.

The inspector reviewed a sample of rosters across a three-month period from February to April 2026. There was a planned and actual roster in place and the inspector found improvements since the last inspection to how the roster was maintained.

While the centre did not have a full complement of staff, the person in charge had ensured that there were consistent staff working in the centre. There were sufficient staff available to meet the assessed needs of residents. For example, one of the agency staff working in the centre had worked there for several years. The residents were observed to be very relaxed in the presence of the staff members on duty. The person in charge was awaiting the appointment of a permanent staff member from a recently formed recruitment panel.

Staff personnel files were not reviewed at this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Training identified as mandatory by the provider had been completed by all staff members. In addition, a range of non-mandatory training had also been completed by the staff team.

The inspector reviewed the training oversight matrix for training completed. Additionally, a sample of three staff members' certification for eight training courses completed. This review confirmed that staff received a suite of training in order for them to effectively support the residents.

Examples of the training staff had completed included:

- safeguarding vulnerable adults
- Children first
- epilepsy awareness and responding to seizures
- positive behaviour support and Autism awareness
- fire safety
- cardiac first response
- people manual handling
- training related to IPC, such as hand hygiene.

Staff had received additional training to support residents. For example, staff had received training in human rights. Further details on this have been included in the 'what residents told us and what inspectors observed' section of the report.

Judgment: Compliant

Regulation 22: Insurance

As per the requirements of the regulations, the provider had ensured that the centre was adequately insured against risks to residents and the property. Evidence of the insurance was submitted to the Chief Inspector.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the provider had appropriate governance and management arrangements in place.

The provider had carried out an annual review of the quality and safety of the centre which included very positive feedback from family consultation. For example, one family representative recorded that "the service exceeded their expectations".

There were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis, of which the inspector reviewed the unannounced visit report completed since the last inspection in November 2025. There were action plans in place for any areas identified as requiring improvement and all of the actions were completed by the time of this inspection.

There were monthly audits being completed on different aspects of the service to facilitate a safe and effective service. Some of the areas covered included: a review of how clean the centre was, health and safety, care planning, and residents' finances.

A review of team meeting minutes confirmed that they were occurring regularly. A review of three team meeting minutes, February to April 2026 demonstrated that topics discussed at the meetings included incidents, safeguarding, audits, training, care plans, and fire safety. This facilitated staff having up-to-date knowledge on applicable areas relating to the residents and the centre.

The inspector spoke with two staff and they communicated that they would feel comfortable going to the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Compliant

Quality and safety

This inspection found that a good quality of service was provided to all residents. However, improvements were required in relation medicines management, and some improvements were required with regard to risk management arrangements.

While there were arrangements in place with regard to medicines management, the inspector observed that a number of improvements were required in order to ensure the systems in place worked effectively. For example, a daily stock control record completed by staff had not identified a medication error that was identified by the inspector. Therefore, the inspector was not assured that all the systems in place would facilitate in supporting safe administration practices and identify errors in a timely manner.

For the most part, there were appropriate risk management procedures in place. For example, any incidents that occurred in the centre were recorded and appropriate adaptations were made based on learning from the incident. However, the inspector did identify some areas for improvements in order to ensure that all risk management arrangements were robust. For instance, to ensure all identified risks were risk assessed with appropriate control measures in place.

The person in charge had ensured that residents had an assessment of need completed and any identified support need that arose from the assessment had a corresponding care plan in place to appropriately guide staff.

The provider had ensured that there were suitable arrangements in place that helped protect residents from different forms of abuse. For instance, a staff spoken with was able to explain possible warning signs of abuse and how to respond should they observed those signs. They knew their role was to ensure the safety of the residents and to report their concerns without delay.

There were suitable arrangements in place for residents to receive visitors in line with their preferences.

The inspector found that, residents had access to food and drinks of their choice and were included in the weekly menu planning.

There was a residents' guide that contained the required information as set out in the regulations.

The inspector completed a walk-about of the premises and found that it was homely, tidy and improvements were observed since the last inspection. For example, new flooring was installed.

Regulation 11: Visits

The person in charge and the staff team facilitated residents to receive visitors in accordance with the residents' wishes. There were no restrictions to visiting at the time of the inspection and there were suitable facilities available in order to receive visitors in private. For example, residents could entertain their visitors in the sitting room or if the weather was nice, visits could be facilitated in the garden.

The staff team also facilitated transport for visitors as required to attend the centre for visiting their family members.

Both family representatives stated that they feel comfortable and welcome to visit even unannounced. One commented that a private space was made available if needed; however, the location of the visit was normally decided by their family member which was always facilitated. The other said that they never feel rushed on visits.

Judgment: Compliant

Regulation 17: Premises

At the time of the inspection, the layout and design of the premises was appropriate for the assessed needs of the residents.

The centre was generally found to be very clean and in a good state of repair. While some minor patches of mildew was observed in three areas, for example above the exit door of a resident's bedroom, this was cleaned prior to the end of the inspection.

Since the last inspection, the centre had received new windows to the back of the property, a new back door was installed, a new microwave was purchased, and new flooring was fitted.

Each resident had their own bedroom with adequate storage facilities for their personal belongings. One resident spoken with confirmed that they had enough room to store their belongings and clothes.

The inspector observed that antibacterial gel, hand wash and disposable hand towels were available. This would facilitate good hand hygiene practices.

There were colour coded equipment used for cleaning the centre and a staff member who spoke with the inspector was familiar as to what colour equipment was to be used to clean what areas. This was found to be in line with the provider's new guidance on cleaning equipment for the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

There were arrangements in place that ensured residents were provided with adequate nutritious food that was consistent with their preferences. Residents were supported to buy, prepare and cook their own meals in accordance with their abilities.

For example, the inspector reviewed the food available in the centre as well as a sample of five food shopping receipts and found that the food was being purchased and made available in order to provide suitable meals for the residents.

From a review of a sample of three residents' meeting minutes, menu plans were completed with the residents weekly to ensure that their likes and dislikes were taken into consideration.

At the time of the inspection none of the residents had specific support needs relating to their feeding, eating or drinking.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide that contained the required information as set out in the regulations. For example, it guided residents on the arrangements for making a compliant. It also explained a summary of the services and facilities the centre offered.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had established systems to manage and mitigate general risks, for example there was a safety statement in place to guide staff and a system for recording and escalating incidents, to which the centre had a low level of incidents

occurring. However, improvements were required to ensure that all risk assessments were comprehensive, that learning was clearly communicated to the staff team, and that all fire containment doors closed effectively.

While the inspector found that a health-related risk for one resident had a support care plan in place, it had not been formally assessed. This resident chose to consume a very restricted diet, consisting largely of processed foods with limited protein. Past attempts to introduce dietary clinical advice had resulted in the resident becoming distressed, and they had since declined to engage with a dietitian. While the resident's health was being monitored through annual bloods and regular general practitioner (GP) reviews, which currently showed no cause for concern, those protective measures were not documented in their care plan or within a formal risk assessment.

The absence of a specific risk assessment or a detailed care plan meant there was no clear guidance for staff on how to balance the resident's nutritional needs with their mental well-being. This created a risk that staff, particularly temporary or agency workers, might inadvertently cause the resident distress by raising the topic inappropriately, or they may not notice a decline in the resident's health. There was a need for a clear, documented strategy that respected the resident's right to refuse advice while ensuring their health remained monitored in a way that did not cause them upset.

Furthermore, it was not evident that all learning from incidents was being clearly recorded or shared with the staff team. For example, following a resident's fall from their bed, the incident report noted that the furniture had been rearranged. However, the report did not explicitly state that the learning from this event was to ensure the bed was to be positioned against the wall to prevent future falls. While the person in charge and a staff member confirmed that this was discussed informally, the lack of a formal record of this learning meant the information was open to interpretation and might not be consistently applied by all staff members.

While the inspector found that risk assessments were within their prescribed review dates, some existing risk assessments required further review. For instance, a risk assessment regarding mould in the premises had not been updated since a new back door was installed in January 2026 to address the issue. Additionally, this assessment did not clearly outline the control measures staff should take to monitor or mitigate the re-emergence of mould.

In addition, the risk assessment related to determining a safe minimum staffing levels required review to ensure it clearly stated what the provider deemed to be the safe minimum staffing levels and how those levels could ensure the safety of residents as well as safeguard their activities of daily living were not affected.

The inspector found that three fire containment doors would not close fully during the inspection. A member of the maintenance department called to the centre and amended two of the doors so they closed appropriately. They were unable to fix the sitting room door due to a faulty part required fixing or replacement. The person in charge confirmed to the inspector that the fire contractors were calling out the day

after this inspection to fix the door. In the meantime, the centre had waking night staff on duty which helped mitigate some of the risk in order to safely evacuate residents in the event of an emergency.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Some of the systems for medicines management were not robust, leading to unidentified medication errors and potentially unsafe storage practices. While some administration procedures were followed, the internal checks designed to catch mistakes required improvement to ensure residents were not put at risk.

From a review of the prescribing and recording of administration of medication documentation for two residents, the inspector observed that the system for identifying changes to residents' prescriptions was not always effective. One resident had not received a required short-term medication on two occasions over the 24 hours preceding the inspection. As staff had not identified this omission or changes to the prescription during shift handovers, the resident was left without the prescribed treatment.

The inspector also identified that the daily stock control form forPRN medication, (medication taken when the need arises), was not being used effectively. This ineffective oversight meant that a medication error, which had occurred previously, was only identified through the course of this inspection. This demonstrated that staff were counting the amount in stock but were not implementing a cross check as part of the process to verify if those medications were being administered correctly.

Staff were found to have reviewed and signed in medication into the centre when it was received from the pharmacy. However, from a review of the medication stock control form it was not evident, when completing a stock intake, if staff were comparing the pharmacy labels and kardex prescription form against incoming medicines. This oversight check would help to ensure that medicines matched their prescription and that all required medicines were accounted for in order to minimise the potential for medication errors which could pose a risk to residents' pain management or health.

The inspector reviewed two residents' medication documentation and identified risks in relation to the storage and transport of a particular emergency epilepsy medication. In one instance, the centre was holding an excessive oversupply of the medication, far exceeding the resident's maximum prescribed dosage. Additionally, there was a failure to consistently track the whereabouts of the emergency medication when it left the premises. On four separate occasions in April 2026, there was no evidence to demonstrate that the resident's emergency medication had been brought with them. This meant that the person in charge could not be assured that

the resident had access to their emergency medication in the event of a seizure occurring when they were outside their home.

Best practice arrangements ensure out-of-date/discontinued medications are stored separately from other medicinal products and returned to the pharmacy of origin for disposal. The arrangements in this centre for returning such medications to the pharmacy were disorganised. Out-of-date or no longer required medications were not segregated appropriately from current stock. The records did not always explain why the medications were being returned to the pharmacy and the centre staff were not ensuring the pharmacy confirmed receipt of the medication for disposal.

Therefore, the collective identified issues in oversight meant the provider could not ensure that the systems for medicines management were always safe and reliable, placing residents at risk of poor health outcomes or adverse reactions.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector found that there was sufficient arrangements in place for residents to have their needs assessed and care provided in line with their assessed needs.

From a review of two residents' files, the inspector found that there was an assessment of need in place for each resident, which identified their healthcare, personal and social care needs. These assessments were used to inform plans of care, and there were arrangements in place to carry out reviews of effectiveness.

There were care plans in place for identified needs and were found to be up to date and suitably guided the staff team. For example, epilepsy care plans, physiotherapy care plans, a specific health diagnosis care plan. This would facilitate consistency of staff support and help ensure the residents received appropriate care in line with their assessed needs.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse.

The inspector reviewed the finance balance recording sheets for one month for one resident and found that the residents' money was being checked daily by staff. The person in charge performed a spot check of the resident's money balance in the presence of the inspector and the count was found to match that of the finance

recording sheet. That meant that the oversight arrangements in place to safeguard residents' money appeared to be working appropriately.

Staff were found to be suitably trained to recognise and escalate any safeguarding concerns. There was a reporting system in place with a designated safeguarding officer (DO) nominated for the organisation.

While there were no reported safeguarding concerns in the centre since 2023, a staff member spoken with was familiar with the steps to take should a safeguarding concern arise including a witnessed peer-to-peer incident or an unwitnessed disclosure. For example, in the case of an unwitnessed disclosure, the staff member explained that they would gather the facts, don't promise confidentiality, don't ask leading questions, and report the potential safeguarding incident.

From a review of two residents' files, the inspector found that there were intimate care plans in place that guided staff as to supports residents required. While some minor additional information was required to one plan, the person in charge arranged for it to be updated to include the applicable information prior to the end of the inspection.

Based on the above information, the inspector was satisfied that there were appropriate systems in place that promoted a culture of safeguarding.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Joanstown, Rathowen OSV-0004906

Inspection ID: MON-0041269

Date of inspection: 13/04/2026

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Living Room fire door was repaired by Master fire on 14/4/2026. All doors checked on 14/4/2026, all doors working correctly. Risk assessment on mould has been reviewed and updated on 14/4/2026. Cleaning schedule updated regarding same. All care plans, risk assessments and recent incidents discussed at staff meetings in relation to mobility and falls, all staff have a good understanding of same. Incidents are a standing agenda item at the staff team meetings now to ensure a formal review of incidents with all staff for the purpose of sharing information and lessons learned to mitigate the risk of repeating similar events occurring. New risk assessment developed on 14/4/2026 in relation to a resident's nutritional needs, resident's dietary strategy and care plan updated.	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The PIC has developed a new template for counting and recording PRN medications. There has also been a new template developed for 28-day supply stock check for each resident's medication when received from the pharmacy. On discovering the error G.P was contacted and the prescription changed. Staff involved completed medication management training. NIMS forms and medication event form completed. Discussion was held with staff on the importance of signing in and out emergency medications to ensure oversight and the PIC will monitor the record to ensure staff adherence to record keeping. Extra emergency medications were sent back to the pharmacy, and it was agreed with	

the pharmacy that they would sign the medication return book. Small container in place in the event the Centre has out of date medication to be returned to the pharmacy. Out of date or medications no longer required will be stored separately in the new container marked as 'medication for return to pharmacy'.

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 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.	Substantially Compliant	Yellow	14/04/2026
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the	Not Compliant	Orange	14/04/2026

	resident for whom it is prescribed and to no other resident.			
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Substantially Compliant	Yellow	14/04/2026