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: | Mullingar Centre 3 |
| Name of provider: | Muiríosa Foundation |
| Address of centre: | Westmeath |
| Type of inspection: | Unannounced |
| Date of inspection: | 16 June 2026 |
| Centre ID: | OSV-0005047 |
| Fieldwork ID: | MON-0046420 |

## About the designated centre

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

Mullingar Centre 3, operated by the Muiríosa Foundation, is a modern bungalow based on the outskirts of Mullingar town. It is a full-time community house which provides support based on a social model for residents with severe to profound intellectual disabilities and physical care needs. The building design is suitable for individuals with high support needs and can accommodate a maximum of four individuals, both male and female. The residents are supported by a 24 hour staff team consisting of nursing staff, social care workers and support workers. There is a large entrance hall and wide corridors. There are four large double bedrooms with en-suite bathrooms. All bedrooms are personalised and designed to each individuals personal preferences. Each resident is supported to avail of community based facilities that are of importance to the individual and which reflects their support plan. A wheelchair accessible vehicle is available for use by the designated centre.

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

| | |
|---|---|
| Number of residents on the date of inspection: | 4 |

## 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 |
|---|---|---|---|
| Tuesday 16 June 2026 | 10:10hrs to 18:20hrs | Karena Butler | Lead |

## What residents told us and what inspectors observed

On the day of this unannounced monitoring inspection, the inspection findings for the most part were positive and a good level of compliance with the regulations was achieved across several regulations reviewed. Residents received high-quality care provided by a staff team who delivered it in a caring manner. There were some improvements required in relation to staffing, food and nutrition, records, protection against infection, and fire precautions. These points are discussed in detail later in this report.

The inspector had the opportunity to meet with and observe the four residents that were living in the centre. Three residents, with alternative communication methods, did not share their views with the inspector, and were observed throughout the course of the inspection in their home. One resident briefly spoke with the inspector and communicated that the staff were nice and that they were happy living in the centre.

On the day of the inspection, two residents went for a drive to a nearby town to attend a sensory room in a library. They then went for a walk and completed some personal shopping. One resident showed the inspector a new item of clothing they had purchased, and they smiled when the top was complimented.

Another resident had a hand and foot massage and afterwards went for coffee out in the community. The fourth resident assisted staff in preparing for dinner and then went for coffee out in the community. On their return they relaxed in the communal area and completed some educational work.

In addition to the person in charge, there were four staff members on duty during the day of the inspection. The inspector had the opportunity to speak with three staff members. The person in charge and staff members spoken with demonstrated that they were familiar with the residents' support needs and likes. They were observed to interact with residents in a gentle and respectful manner. For example, a staff member was observed offering a resident their favourite fruit as a snack and asked their permission to throw away the skin. Another staff member was observed telling a resident to take their time, that the staff member was in no rush. They were observed smiling at the residents and complimenting them on many occasions.

The inspector had the opportunity to speak with a family representative on the phone. They had no concerns regarding the service and stated they would feel comfortable raising a concern if they were to have one. They said that their family member was 'very well cared for' and that 'staff were approachable'. They felt that all the residents got on together. They felt their family member was safe living in this centre and that 'all their needs were met and that their family member wants for nothing'.

The inspector conducted a walk around the centre. The centre was a single-storey house and was found to be tidy and, for the most part, clean. While some issues were identified regarding the storage and usage of cleaning equipment, this is discussed further in the report.

Each resident had their own bedroom with all bedrooms having an en-suite bathroom. There were adequate storage facilities for their personal belongings in each room. Residents' rooms were decorated in line with their preferences and had personal pictures displayed. For example, one resident had a feature painted a different colour with stars.

The centre had a large front and back garden. The back garden had a gazebo that residents could use 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. There had been no complaints recorded in 2025 or 2026 to the date of this inspection.

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 unannounced and was undertaken as part of ongoing monitoring 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 September 2024. 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 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 inspector found that while most records were appropriately maintained, some improvements were required to ensure they contained all applicable and correct information. For instance, additional information was required for the contracts of care.

A review of a sample of staff rosters across four months found that while there were appropriate staffing levels in place to meet the assessed needs of the residents, a

review of the staffing contingency plan was required to ensure more consistent staff supported the residents wherever possible to preserve continuity of care.

Staff had access to training appropriate to their roles, for example epilepsy awareness training.

In addition, from a review of the most recent transition to the centre, the inspector found that the resident was appropriately supported with their move using a transition plan.

## Regulation 14: Persons in charge

The person in charge was employed in a full-time capacity and had the necessary experience and qualifications to fulfil the role. For example, they held a qualification in supervisory skills and team leadership. They demonstrated a good understanding of the residents and their needs, for example what healthcare needs the residents required support with.

They were also found to be aware of their legal remit to the regulations and were responsive to the inspection process. For instance, they were aware that it was their responsibility to ensure the reporting of any adverse incidents that occurred to the Chief Inspector.

They were responsible for two designated centres. They attended the centre regularly in order to provide oversight and provide informal supervision for staff. They were supported in this role by a nurse who held team leader responsibilities.

Judgment: Compliant

## Regulation 15: Staffing

The person in charge ensured all required shifts were covered to safely support the residents. However, improvements were required to the staffing contingency plan to ensure continuity of care.

In conjunction with the nurse on duty, the inspector reviewed a sample of rosters across a four-month period from March to June 2026. There was a planned and actual roster in place maintained by a nurse that acted in a lead capacity supporting the person in charge.

While the centre did have a full complement of staff, due to sick leave or maternity leave cover requirements, the centre was using temporary staff to fill the required shifts. While it was positive that all the required shifts were filled, it resulted in 14 different agency staff covering 42 shifts between the four months reviewed. This

had the potential for the residents' continuity of care to be impacted by this reliance on temporary staffing. The person in charge had arranged for one staff member to commence working in the centre the weeks prior to this inspection and they had undertaken induction and some shadow shifts to become familiar with the residents. They had communicated plans to employ a particular relief staff, which would mean a 0.5 WTE post would remain required. However, the provider's staffing contingency plan required review to ensure more consistent staffing was available to the residents to temporarily fill that remaining post and for future staffing needs.

While full staff personnel files were not reviewed, the inspector reviewed a sample of three core staff members' and two agency staff members' Gardai vetting disclosures. All five Gardai vetting disclosures were either completed within the last three years or in the case of one staff member they had applied for re-vetting. This demonstrated that the provider had arrangements for safe recruitment practices in line with best practice and the requirements of schedule 2 of the regulations.

Judgment: Substantially 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 document for training completed and reviewed all staff members' certification for four 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 or first aid
- manual handling of people
- human rights.

The inspector also reviewed a sample of three staff members' supervision records and found that they were receiving it in line with the provider's guidance and it was an opportunity to raise any concerns.

Judgment: Compliant

## Regulation 21: Records

All required records were for the most part adequately maintained and available for inspection, including records of staff meetings and supervision. There was a residents' guide available for residents, as well as a statement of purpose.

However, some records were not as thoroughly maintained as others. For example, one resident's specific healthcare plan to support them with their percutaneous endoscopic gastrostomy (PEG) contained some incorrect information. For instance, the volume of water flushes between meals was incorrect, and the volume of water flushes between medications was not detailed. The nurse on duty confidently described in detail the steps of the plan and the inspector was satisfied that the relevant information was known and that this was more of a documentation issue. The inspector also found that staff were due to record the fluid intake daily and several gaps were observed in the evening time recording. While the nurse explained that the daily fluid target was met because the designated fluid bottle was found empty at the end of each 24-hour cycle, the lack of consistent recording represented a gap in clinical documentation.

One resident's diabetes care plan did not guide staff to their normal range of blood sugars or what to do if they experience hyperglycaemia (high blood sugar). From speaking with a staff member they were familiar with this information.

The lack of clarity in the written guidance mentioned above posed a risk of residents receiving incorrect care, particularly from temporary or agency staff who may not be familiar with the residents. Therefore, improvement was required to those guidance documents.

Furthermore, the contract of care was vague in relation to some aspects of additional costs that residents could incur. For example, it was not clear if the resident had to pay to use the provider's own transport, phone, Internet, basic furniture, and toiletries.

Judgment: Substantially compliant

## Regulation 23: Governance and management

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

The provider 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 "staff are very caring and client focused and that all lines of communication are open".

There were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis in March 2026 and December 2025.

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: health and safety, the centre's vehicles, and medication. In addition, a nurse for the centre completed periodic spot checks on different topics and the person in charge completed a monthly governance report which was reported to the area director.

A review of team meeting minutes confirmed that they were occurring regularly. A review of three team meeting minutes, January to May 2026 demonstrated that topics discussed at the meetings included incidents for shared learning, safeguarding, health and safety, and a discussion on the residents. This facilitated staff having up-to-date knowledge on applicable areas relating to the residents and the centre.

The inspector spoke with three staff members 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

## Regulation 24: Admissions and contract for the provision of services

The inspector reviewed the most recent admission to the centre and found that they were supported in moving to the centre through an individual transition plan. The transition plan also included a compatibility review of residents, which helped to promote residents' safety and wellbeing.

The resident had visited the centre and met with the other residents prior to moving to the centre. They were given choices about how they wanted their bedroom to look, for example if they wanted to buy new curtains.

A review was completed monthly after their move to assess how they were settling in and to review compatibility. Those reviews continued each month until the resident was living in the centre a year and the provider was assured that the move had been successful.

Additionally, the inspector reviewed their contract of care and saw that while the contract did lay out many of the terms and conditions of residency as required by regulations, some additional information was required. This was addressed under Regulation 21: Records.

Judgment: Compliant

## Quality and safety

This inspection found that a good quality of service was provided to all residents. However, some improvements were required with regard to food and nutrition, records, protection against infection, and fire precautions.

The inspector found that residents had access to food and drinks of their choice in line with their assessed needs. However, improvements were required as to how one resident's food was being prepared to ensure that their dining experience was in line with best practice and served in an appealing manner for them.

While there were many appropriate arrangements in place for protection against infection, the inspector found areas for improvements. For example, adherence to the provider's own guidance for usage of cleaning equipment was required.

For the most part, there were appropriate fire precautions in place. For example, regular fire practice drills were taking place. However, some improvements were required, such as there was no evidence of alternative evacuation routes being used.

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 member 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.

The inspector completed a walk-about of the premises and found that it was homely and in a good state of repair. Visits were also found to be accommodated in the centre.

There were suitable arrangements in place regarding medicines management, for example staff had received training to administer medicines.

## Regulation 11: Visits

Visits were facilitated with no visiting restrictions in place in the centre. Different private areas for entertaining visitors were available depending on residents' preferences.

There were adequate communal areas, such as an open plan kitchen, dining and sitting room area. Additionally, there was a separate sitting room in which residents could receive visitors in private if they wished.

From speaking with one family representative they felt welcome to visit and said they were 'always offered a cup of tea'.

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 facilities of Schedule 6 of the regulations were available for residents' use, such as cooking and laundry facilities.

The centre was generally found to be very clean and in a good state of repair. While some minor patches of rust were observed on some radiators, this was already self-identified by the provider and arrangements were in place for this to be addressed the week after this inspection.

Each resident had their own bedroom with adequate storage facilities for their personal belongings.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents were provided with nutritious food that was aligned with their preferences and needs. However, improvement was required in the preparation and presentation of pureed meals to ensure a dignified and appetizing dining experience for one resident.

Staff members on duty were knowledgeable about residents' specific feeding, eating, and drinking plans, and advice of speech and language therapists was implemented.

However, observational evidence and from speaking with a staff member revealed that food was not being presented in an appealing manner for one resident who required a pureed diet. Specifically, cooked dinners were being liquidised together into a single, indistinguishable mixture. Although the resident required a pureed

consistency, blending all meal components together is contrary to best practice, as it can negatively impact the flavour, smell, and visual appeal of the food.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

While the provider had established several effective measures to control the risk of healthcare-associated infections, some improvements were required in cleaning practices and documentation oversight to ensure consistent safety.

There was personal protective equipment available and hand washing facilities were available in the centre, such as hand wash and disposable towels. Staff had received training related to infection prevention and control (IPC), for example hand hygiene, standard and transmission based precautions, and cough etiquette and respiratory hygiene.

There was a cleaning schedule in place for a tray used for preparation of medications for one resident. A staff member had signed to say it had been cleaned that day; however, the inspector found that wasn't the case as they observed the tray was dirty. The inspector also observed many gaps in the recording of the cleaning of the tray and this had not been picked up on by the provider's audits.

Additionally, while there was a colour coded system in relation to food preparation and cleaning of the centre, the inspector observed that some of the buckets were inappropriately stored. For instance, one bucket was stored outside exposed to the elements. In addition, it was not evident that staff were using the correct colour coded mops and buckets as per the provider's guidance.

In summary, while there were many good systems in place to promote IPC in the centre, improvements were required to some staff practices and some oversight processes, to ensure residents were not put at risk of healthcare related illnesses.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment and fire detection and alarm systems in place which were serviced as required. However, some improvement was required to scenarios simulated during evacuation drills, and one emergency lighting required repair.

Each resident had an up-to-date personal evacuation plan (PEEP) in place which outlined the support they required to safely evacuate in the event of a fire.

A review of records confirmed that fire drills were taking place periodically, with three drills sampled by the inspector. However, there was no evidence that alternative evacuation routes were being used to ensure that residents could be evacuated from all areas of their home under varied conditions. In addition, a drill had not been practised in the last year under the conditions of hours of darkness as required.

Furthermore, while emergency lighting was installed internally and externally, one external light was observed not to be working. This had the potential to impact on residents' safety when exiting to the final assembly point in the event of an emergency. The emergency lighting had been serviced the month prior to this inspection, meaning that this issue had recently arisen. The person in charge confirmed that they would ensure the issue was fixed as soon as possible.

The inspector observed, there were fire containment doors installed fitted with self-closing devices to help contain the spread of fire in an emergency and they were found to close effectively.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector found that there were suitable arrangements in place regarding the ordering, receipt and storage of medicines which safeguarded residents from medication errors and protected their physical well-being. In addition, staff were found to be trained in medicines administration.

There were audits in place to monitor medicine management. In response to the findings from the last inspection, a new stock intake form was being utilised in the centre to support staff to provide more thorough oversight of receipt of medicines into the centre.

The person in charge had arranged for guidance to be available in the centre for the staff team to be able to identify medicines when completing the stock intake of medicines received into the centre.

The inspector observed medicines had pharmacy labels attached as required to support in medication administration.

There was a reducing balance sheet completed for the stock control of medicines received in original packaging to ensure medicine was being administered as prescribed and to facilitate the identification of any potential medication errors.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector found that there were 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 residents' identified needs and were found to be up to date and, for the most part, suitably guided the staff team. For example, epilepsy care plans, eating, drinking, and swallowing, seasonal allergies, and hospital passports to guide hospital staff should the resident require admission to hospital. This would facilitate consistency of staff support and help ensure the residents receive appropriate care in line with their assessed needs. While some improvements were required to some care plans, due to the information being known by the staff on duty, this was addressed under Regulation 21: Records.

Judgment: Compliant

## Regulation 8: Protection

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

There was a reporting system in place with a designated safeguarding officer (DO) nominated for the organisation. It was found that concerns or allegations of potential abuse were investigated and reported to relevant agencies. There were no reported safeguarding concerns in the centre in 2026 to the time of this inspection.

Staff were found to be suitably trained to recognise and escalate any safeguarding concerns. 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.

| |
|---|
| 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** | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| **Quality and safety** | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Substantially compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 8: Protection | Compliant |

# Compliance Plan for Mullingar Centre 3 OSV-0005047

## Inspection ID: MON-0046420

## Date of inspection: 16/06/2026

**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 15: Staffing | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing:<br><br>The Person in Charge continues to review staffing arrangements to promote continuity of care and support for all residents. Consistency is ensured where possible through the utilisation of regular relief staff and agency staff who are familiar with the residents, their assessed needs, routines and support requirements. Where unfamiliar agency or relief staff are required, an appropriate induction is provided by regular staff prior to them supporting residents within the designated centre. The Person in Charge actively reviews the roster on an ongoing basis to maximise continuity of care and minimise the use of unfamiliar agency personnel wherever possible. The provider continues active recruitment campaigns to fill all vacancies as they arise. | |
| Regulation 21: Records | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records:<br><br>The Person in Charge has completed a full review of resident's healthcare documentation. All care plans regarding residents with PEG tubes in situ, have been reviewed and updated to ensure they are comprehensive and accurately guide practice. One residents' diabetes care plan has been reviewed in full to ensure it is fully up to date and comprehensive to effectively guide practice. Residents care planning documentation is audited by keyworkers monthly or as required. The provider has reviewed the contract of care to ensure it is clear regarding what residents are entitled to pay. | |
| Regulation 18: Food and nutrition | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 18: Food and nutrition: | |

All staff have been advised by the PIC to complete food safety training again, to be completed by 17th August. All residents eating and drinking care plans have been reviewed to ensure they are comprehensive and effectively guide practice. All staff are aware of the guidance in preparing modified diets and how to present these to residents and to ensure meals remain appetising, dignified and in line with Speech and Language Therapy recommendations. A staff team meeting is scheduled for the 22/07/26 , the nutrition policy will be reviewed and discussed by the team. The Person in Charge will also discuss nutrition, hydration and texture-modified dietary requirements at the team meeting to reinforce expectations, monitor compliance and ensure learning is embedded into everyday practice.

| | |
|---|---|
| Regulation 27: Protection against infection | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

All staff are aware of the provider's Infection Prevention and Control policy & procedures and are required to re-read and sign as read. IPC is also an agenda item for discussion at the team meeting on 22/07/26 including the correct use of colour-coded cleaning systems, the appropriate storage of cleaning equipment and the completion of cleaning schedules. The cleaning schedule for the medication preparation tray has been reviewed and updated to ensure it effectively guides practice. The PIC carries out regular spot checks as part of the governance to monitor compliance and ensure effective infection prevention and control practices are maintained.

| | |
|---|---|
| Regulation 28: Fire precautions | Substantially Compliant |

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

The external emergency light identified during inspection has been repaired on 15/07/26. The Person in Charge continues to monitor all emergency lighting and report any defects/ issues to the maintenance department.

Fire evacuation drills throughout the year are reviewed by the PIC to ensure fire drills incorporate a variety of realistic evacuation scenarios, including the use of alternative evacuation routes and evacuations during the hours of darkness.

Learning identified from fire drills, including any issues or areas for improvement, are discussed at team meetings and formally recorded to support continuous improvement in fire safety practices.

## Section 2:

## Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---|---|---|---|---|
| Regulation 15(3) | The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis. | Substantially Compliant | Yellow | 22/07/2026 |
| Regulation 18(2)(a) | The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served. | Substantially Compliant | Yellow | 17/08/2026 |
| Regulation 21(1)(b) | The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are | Substantially Compliant | Yellow | 22/07/2026 |

| | | | | |
|---|---|---|---|---|
| | available for inspection by the chief inspector. | | | |
| Regulation 21(1)(c) | The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector. | Substantially Compliant | Yellow | 22/07/2026 |
| Regulation 27 | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | Substantially Compliant | Yellow | 31/07/2026 |
| Regulation 28(2)(c) | The registered provider shall provide adequate means of escape, including emergency lighting. | Substantially Compliant | Yellow | 22/07/2026 |
| 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 | Substantially Compliant | Yellow | 22/07/2026 |

| | | | | |
|---|---|---|---|---|
| | and bringing them to safe locations. | | | |