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:	St. Anne's Residential Services Group L
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	25 May 2026
Centre ID:	OSV-0005159
Fieldwork ID:	MON-0042383

About the designated centre

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

St. Anne's Residential Group L is a designated centre operated by Avista CLG. The centre can provide residential care for up to four male and female residents, who are over the age of 18 years and who have a disability. The centre comprises of one two-storey house located on the outskirts of a town in Co. Offaly, close to shops and local amenities. Residents have their own bedroom, some en-suite facilities, a shared bathroom, kitchen and dining area, sitting room and utility. Staff are on duty both day and night to support the residents who live here.

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
Monday 25 May 2026	08:45hrs to 14:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection, carried out to inform a registration renewal decision. In the absence of the person in charge, the inspection was facilitated by the person participating in management (PPIM), and the inspector also got to meet with three residents, and their two support staff who were on duty for the day.

The last inspection of this centre in April 2025 identified significant concerns around day-time staffing levels, with more minor improvements needed to aspects of risk and governance and management. Since then provider made considerable improvements to staffing, which led to better and safer staffing arrangements to ensure adequate supervision of residents who were at risk of falls. Overall, there were some very positive findings to this inspection, particularly around the care and support that these residents received from staff. However, there were considerable improvements found to be required to some operational oversights, to residents' contracts of care, with an immediate action also issued in relation to fire containment. More minor review was found to be needed to aspects of care planning, risk management, and to the premises, all of which will be discussed in more detail later on in this report.

The centre comprised of one dormer-style house located on the outskirts of a town in Co. Offaly, and was home to four female residents. Each resident had their own ground floor bedroom some of which were en-suite, there was a large main bathroom with an assisted bath, and a communal sitting room, utility, kitchen and dining area. On the first floor, there was a staff office and additional rooms which were used for storage purposes only. There was also a well-maintained garden area to the front and rear of the premises, that had garden furniture for residents to use in the good weather. Since the last inspection, one resident's en-suite had been renovated, which provided them with additional space, and was a welcomed change as this resident had encountered a number of incidents in this en-suite, due to its previous layout. Residents' bedrooms were nicely presented and very personalised, and they each used these spaces to decorate with photos and items that were important and meaningful to them. One resident who used alot of hand gestures to communicate their wishes, had a display of these hung-up on their wall so that others would know what they were trying to say. In the sitting room, there was a framed portrait of all residents proudly on show, with one resident also displaying various artwork that they had completed. Residents were waiting on a new couch to be delivered for this room, along with each of them having their own electric armchair, with one resident remarking to the inspector about the comfort they had when watching television. The PPIM also informed the inspector that various re-decoration and touch-up work was scheduled for the summer months. Overall, the house was very clean, nicely furnished, and provided a very homely environment for these residents. Although in general, there were very good maintenance

arrangements for this house, there was an external maintenance issue that the provider had not yet rectified, which will be discussed again later on in this report.

These four residents had lived together for a good few years, and got on very well as a peer group. For note, at the time of this inspection, only three residents were present, as one resident was receiving care in hospital. All three residents were presenting well, and were getting on fine with their daily routines. They primarily required care and support in response to their assessed personal and intimate care needs, some had specific health care needs, each presented with varying levels of falls risk, some had communication needs, and all required a certain level of staff support to get out and about. They were supported by two staff during the day, and a waking staff member at night. At the time of this inspection, there were no safeguarding concerns, the level of behavioural support required in this centre had significantly declined, and due to increased staff supervision arrangements, no fall had occurred for a number of months. Due to the aging profile of these residents, there was a significant emphasis placed on their changing needs. At the time of this inspection, the inspector was informed that with this in mind, the provider in the process of reviewing this centre's service provision.

Upon the inspector's arrival, they were greeted at the door by a member of staff. All three residents were up and about and were getting ready for the day ahead. They remembered meeting the inspector on previous inspections, with staff again reminding them of who the inspector was and why she was visiting their home. One resident was sitting at the kitchen table having their breakfast, and they came into the sitting room after they were finished to watch music on television, which they often loved to do. This resident did have communication needs and although they didn't engage verbally with the inspector, they were able to show their welcome for her, and staff were well-able to interpret their hand gestures and vocalisations. Another resident was waiting in the sitting room to leave for their place of work for the day. They told the inspector they went there four days a week, and used the fifth day to rest at home. They said they loved going, as it was a great social outlet for them where they got to meet up with many of their peers. They told the inspector they were not long after returning from a trip to Lourdes with a family member, and had a great time. They spoke about their peer that was in hospital, and of how staff offered daily to bring them to visit, and that they often included in them in their prayers for a quick recovery. They spoke of an upcoming music concert which they were very interested in going to, and of how they loved artwork and knitting, having much of their work on display around the house. They brought the inspector down to see their bedroom, and told of how they had very recently gotten a new bed and wardrobe which they were delighted with. However, over the course of this inspection, a concern was raised by the inspector in relation to the purchasing arrangements of this new furniture, which will be discussed again later on in this report. After a while, this resident headed off with staff to their place of work, with their peer heading with them for the spin over and back. The third resident was being supported to have a shower, and later came up to the kitchen where they had a warm and friendly welcome for the inspector. They spoke of how they were very much looking forward to celebrating their upcoming birthday, and planned to head out for a drink with staff when it came around. They held a part-time job in a local restaurant where they helped out with preparing tables, and

really loved the social interaction it gave them. This resident took their time pottering around the house before sitting to have breakfast, and later headed out with staff for a while. Over the last while, this resident had been experiencing a number of nights where their sleep was significantly disturbed.

These residents lived very active lifestyles, and each had their own personal preferences for how they spent their time. They liked to plan holidays and mini-breaks away, they were out for dinner the previous evening, liked to go to mass, loved to go shopping, often went to local cafes, some liked to go for a drink every now and then, loved going for drives, and some had various walks that they liked to do. Family contact was very important to them, with some having very regular overnight stays with family which they very much looked forward to. They were all very much involved in the running of their home, and staff took time each week to sit and speak with them through scheduled advocacy and key-working meetings. Records of these showed that staff spoke with them about very relevant aspects of their care, and took on board the wishes expressed by these residents around any changes, or plans that they wanted to make.

This was a centre that required a consistent staffing arrangement, and the provider ensured that this was sustained for these residents. Most staff members had supported these residents for a very long time, and residents were very familiar with them. Both staff on duty spoke at various intervals during this inspection about these residents, and were very confident in their roles. They were very courteous, kind, and caring in their interactions with the residents, and there was plenty of banter had about the plans for the coming week as there was good weather forecasted. Residents appeared very comfortable in their company, with one resident in particular saying that staff were lovely to them, and that they were there to help them when they needed it, with no questions asked.

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

Capacity and capability

While the provider did take on board the findings of the last inspection with regards to their staffing arrangements, this inspection did find a decline in oversight and monitoring arrangements, with significant review also needed to one resident's contract of care, following a recent purchase for their bedroom.

The person in charge held a full-time position, and was based at this centre. At the time of this inspection, they were on a period of short-term absence, with members of senior management appointed to provide interim managerial arrangements. There was regular meeting structures in place, with staff team meetings often happening, and the minutes of these showed that residents' relevant care and support arrangements were discussed, along with any other business. Managerial

meetings were also occurring on a scheduled basis, and staff were maintained informed of any updates from these meetings that impacted the operations of this centre.

As mentioned, staffing had improved since the last inspection, with additional staff rostered during day-time hours. Staff who met with the inspector stated that this had made a marked improvement on their ability to ensure all residents were suitably supervised, resulting in much better falls prevention. There was good oversight maintained of staff training needs, and regular supervision was also occurring.

While the above aspects of this service were working well, there were deficits found to the provider's own oversight and monitoring arrangements for this centre, which required considerable review. These arrangements needed better determination of the main aspects of care and support in this service that did require regular monitoring for quality and safety purposes, and more effective systems were required so as to enable the provider to quickly identify any areas that needed improvement in this centre. While residents' changing needs was a large focus of this provider, a review was also needed around what specific information they were gathering and overseeing in relation to this. Furthermore, prior to this inspection, a significant purchase was made for a resident's bedroom, with the full cost of this incurred by the resident, which required the attention of the provider.

Regulation 15: Staffing

Since the last inspection, the provider increased day-time staffing levels, which had a positive impact on staff supervision arrangements, to ensure the safety of residents who were assessed with a falls risk. There was good oversight that this increase in staffing was sustained, and there was good continuity of care provided with familiar staff members only ever supporting these residents. Where additional staff support was required from time to time, the provider did have arrangements in place for this. There was a well-maintained roster available, which provided the full name of each staff member, and their start and finish times worked.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had suitable arrangements in place to ensure staff were receiving the training they needed to carry out their roles and responsibilities. Refresher training was required by some staff members, and this had been scheduled for them. Each staff member was also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

Since the last inspection, there was a decline found in how the provider was overseeing and monitoring for the quality and safety of care in this centre.

There were internal audits routinely being completed, and six monthly provider-led visits were also carried out. However, it was unclear as to how the areas that were included in these visits and audits, were determined as the priority areas that needed regular monitoring in this centre. For example, the week prior to this inspection the most recent six monthly provider visit was carried out, and was considerably expansive in nature, focusing on reviewing thirty-three different areas of this service. However, the way in which this visit was structured didn't allow for flexibility, so that areas relevant to the care and support that these residents were receiving at the time the visit was conducted, could be subject to increased scrutiny. For instance, around the time of this visit, some residents were recently treated for reoccurring infection, some needed on-going care with regards to specific health care needs, falls management remained a pivotal focus of care, and some residents' sleeping patterns had recently been subject to alot of change which saw them needing increased staff support at night. Although aspects of these areas were included within the visit, due to its expansive nature, it did not allow for a specific monitoring focus to be had on these areas, which were very relevant to the care and support provided to these residents at the time of the visit. Overall, the way in which this provider was monitoring the quality and safety of care in their service, required a full and comprehensive review, so as to establish the key primary areas of care and support relevant to this service that needed regular monitoring. Determination of this, also needed to inform better and more flexible monitoring systems so that specific improvements could be identified.

The provider was very much aware of the changing needs of these residents, and of the potential change in service provision that may be required over time, and did maintain this under review. However, concerns were raised by the inspector upon this inspection around the gathering and oversight of key performance indicators, so as to inform the provider's oversight of this. For instance, through review of residents' daily care notes the inspector noted multiple entries pertaining to two residents that were up multiple times during the night, requiring increased staff support and supervision during this time, which had been on-going for a number of weeks. When brought to the attention of those facilitating this inspection, this had not been known or reported to them. In addition, another resident had recently experienced reoccurring infections, and the re-emerging presentation of a specific resident health care need that they had not encountered for a period of time. When the inspector queried the monitoring of the frequency patterns of these health care needs and changes to sleeping patterns, the provider had no system in place for themselves to quickly gain access to this information, so as to inform their own oversight of residents' changing needs.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had a signed contract of care in place with this provider; however, following a purchase made for a resident's bedroom, the provider was required to review their contract of care with this resident, to ensure this purchase was conducted in line with the terms and conditions set out in the contract.

In the weeks prior to this inspection, new furniture was purchased for a resident's bedroom, and the cost of this was incurred by the resident, which had been a substantial amount of money. The inspector was informed that the previous bed and wardrobe had become of poor quality over time, and were no longer suitable for this resident. The inspector reviewed this resident's contract of care, and there was no specific information provided around the fee arrangements for such a purchase under these circumstances, to suggest that this fee was to be charged to the resident.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all incidents were notified to the Chief Inspector, as and when required by the regulations.

Judgment: Compliant

Quality and safety

This was very much a resident-led service, where their wishes and preferences informed how the centre operated daily. There was a significant focus placed by staff on the quality of life afforded to these residents, and they ensured that each day was filled with whatever residents wanted to do. There was a very warm rapport had between staff and residents, and along with daily interactions, this was also maintained through the time staff took each week to formally meet with each resident to capture any concerns, preferences, or wishes for the service they received. Safeguarding arrangements were working well, and good arrangements were in place in relation to restrictive practices and behavioural support. However,

there were some areas that required attention in relation to fire safety, medication management, care planning, and risk management.

Fire drills were occurring regularly, and the records of these ensured staff could evacuate these residents in a timely manner. All staff had up-to-date training in fire safety, and fire detection systems were in place. Although fire doors were found to be closing properly, the inspector observed gaps at the bottom of two fire doors, resulting in an immediate action being issued. In addition, during a walk-around of the external grounds, the inspector observed that the location of some bins had the potential to impede an exit route, and that some outside emergency lighting arrangements needed review. Furthermore, a gable end of this house was observed to need substantial repair works. The inspector was informed that this work had been outstanding for several months, was known to the provider, and had been a finding from their own visits of this centre. However, no time line had been provided to management as to when this would be rectified.

Residents' care and support needs were well-known by staff members, and were often discussed at staff team meetings, and staff were able to provide the inspector with very good quality information around how they supported these residents each day. However, this quality of information was not available in residents' supporting assessments and care plans, which required review. Medication management was an area of this service that was subject to regular review, and in general, very good systems were in place. However, some aspects of prescribing practices around as-required medicines did require some improvement. Risk was also an aspect of this service that was subject to much discussion and review with staff, but some areas of this system also did need the attention of the provider, particularly in relation to incident reporting and risk assessment.

While this inspection did identify various areas of service that needed improvement, residents did enjoy a good quality of life and were supported by a staff team that knew them very well. Residents' feedback to the inspector about the service they received was very positive, and particularly complimentary about the comfort of their home, and of the care that staff provided to them.

Regulation 13: General welfare and development

The provider had ensured that these residents had regular opportunity for social recreation, and that they got out and about as much as they wished. Staffing and transport arrangements allowed for this to be the case in this centre, with a suitable number of staff on duty each day to support residents to access the community. Some attended day services during the week, others held part-time employment, and they each had various social interests that they often engaged in. They were also supported to maintain strong links with family, with some regularly having overnight stays with family members.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of one dormer house, that was very clean, nicely decorated, and comfortably furnished. Since the last inspection, upgrade works were made to a resident's en-suite bathroom, which had made a marked improvement to the space available to this resident. In general, there were very good maintenance arrangements in place for the upkeep of this house.

However, during a walk-around of the outside of the premises, the inspector noticed substantial repair works to one gable end. When queried, the inspector was informed that this was in place for a number of months. It was an issue that was well-known to the provider; however, despite this no time bound plan was in place for when it was to be addressed.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

While residents' risks were well-known and well-managed, aspects of incident reporting and risk assessment required the review of the provider.

Although there was a good incident reporting culture in this centre when falls occurred, it was rare that any other form of incident was subject to reporting through this system. For example, at the time of this inspection, there was no recorded incident for 2026, with most incidents in 2025 relating to falls that had happened. However, through a review of other documentation, the inspector learned about an incident that had recently occurred involving a resident's finances, which wasn't reported using the incident reporting system. In addition, during a general review of residents' daily notes, the inspector also identified occasions of where where reporting systems were not implemented as per the provider's procedure, which the provider had not yet identified for themselves. The overall utilisation of this centre's incident reporting system did require the attention of the provider to expand on the nature and type of incidents that were typically reported through this system, so as to allow for better risk management and incident trending.

The way in which risk was being assessed also required review, both in relation to identified resident risk, and also with regards to operational risks. For example, for one resident who recently was treated for a re-occurring infection, there was no risk assessment in place for this. For another resident, there was a known challenge for them to transition back to the service after spending a period of time at home with family, and again there was no risk assessment in place for this. Another resident

who had a healthcare need that required attention from staff from time-to-time, did have a risk assessment in place for this. However, it didn't inform on the specific measures that were in place to monitor and mitigate against potential risks associated with this aspect of their care.

With regards to operational risks, there was a risk register for the oversight of these. However, it failed to fully support local management in responding to, and monitoring for specific risks relating to the operation of this centre. For example, risks posed to residents' changing needs, staffing, maintenance of the premises, and falls management, were not adequately reflected in the register, to demonstrate the current status of risk posed by these areas, and the specific action being taken by the provider in relation to these.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Although there were good systems and practices in place with regards to fire safety, an immediate action was required to be given in relation to fire doors.

During a walk-around of the service, the inspector observed a substantial gap at the bottom of two bedroom doors, which had the potential to considerably compromise the fire containment function of these doors. An immediate action was issued to have this rectified. However, despite multiple fire safety checks of this centre happening, these required review as they had failed to identify this issue, prior to it being brought to attention on this inspection.

To the rear of this premises, two fire exit routes at either side of the house were available to anyone exiting either through the kitchen or utility fire exits. However, the emergency lighting arrangements for one of these routes needed review to ensure adequate lighting was available to safely get to the fire assembly point.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were good arrangements in place for medication management, with all staff having up-to-date training, suitable storage was in place, prescription and administration records were legible and maintained to a good standard, and there was clear information available to staff so that they could accurately identify all medicines dispensed within blister packs.

As-required medicines were prescribed to these residents, but rarely were required to be administered. However, upon review of two separate as-required prescription

records, the inspector observed that each had prescribed multiple forms of pain relief, with no guidance to inform staff if one was to take priority with regards to first administration. Secondly, there was no information to inform on any contraindications to be considered around the administration times of these multiple forms of as-required pain relief.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Although the needs of these residents were well-known to staff, review was required of their assessments and care plans.

Prior to this inspection, the outcome of the provider's most recent visit to this centre did identify that a number of assessments and care plans were outside review dates. From speaking with staff over the course of this inspection, they were very knowledgeable around the specific assessed needs that residents had, and also around the supports and care that they required daily. However, the inspector found that many care plans and assessments, didn't reflect the relevant and specific to the care and support delivered to these residents, which required review.

The inspector also observed improvement required in relation to the documentation maintained around residents' progress, where any changes to their needs occurred. For example, a few days prior to this inspection, a resident did experience a change in relation to an assessed health care need, that related to their skin. However, no skin assessment had been completed to demonstrate this, and no progress updates were maintained within their daily notes, to inform on whether the interventions implemented by staff had resulted in a positive outcome.

Judgment: Substantially compliant

Regulation 6: Health care

The provider had ensured that residents with assessed heath care needs, had the care and support that they required. Although no resident was assessed as requiring nursing input, the provider did have an arrangement in place for this service to avail of nursing support, should it be required. There was good access to allied health care professionals, and staff were at all times available to bring residents to medical appointments. Residents were offered national screening programmes that they were eligible for, and staff maintained regular weight and vital sign monitoring, reporting any concerns to residents' GPs, if required.

Judgment: Compliant

Regulation 7: Positive behavioural support

At the time of this inspection, no resident required input from behaviour support specialists. There were some environmental restrictive practices in use in response to residents' safety needs, and the provider had ensured that these were subject to on-going multi-disciplinary review.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding arrangements in place to ensure staff were supported to identify, report, respond to, and monitor any concerns relating to the safety and welfare of these residents. Staff had up-to-date training in safeguarding, and there was a named safeguarding officer assigned to this centre, should any concerns arise. At the time of this inspection, there were no safeguarding concerns.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St. Anne's Residential Services Group L OSV-0005159

Inspection ID: MON-0042383

Date of inspection: 25/05/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The PIC and PPIM met with the staff team on 18/06/2026 and reinforced the requirement to report all significant changes in residents' health, wellbeing, sleep patterns and safety concerns to local management without delay to ensure appropriate oversight and follow-up. The PIC & PPIM also highlighted with the staff team, the importance of escalating any changes for residents to senior management to ensure such incidents are reviewed and reported to the appropriate personnel

A nightly handover system has been implemented to ensure that all issues arising within the designated centre to the senior manager on duty including healthcare concerns, changes in presentation, incidents and wellbeing concerns, are communicated to the PIC and PPIM for review.

A staff team meeting was held on 18/06/26 to review reporting structures, incident reporting requirements and escalation pathways to ensure consistent communication and management oversight.

The provider will ensure appropriate systems are in place to provide oversight of priority areas of care and support in this centre. The provider will ensure that areas of concern and high need identified through existing governance systems including those additional systems referenced above as well as routine audits, incidents reports & risk escalation processes, are reviewed in detail during the 6 monthly provider visit or more frequently as required.

The Quality, Safety and Risk department will engage with persons completing 6 monthly audits in this centre to ensure that an in-depth review on specific areas is completed relevant as required in this centre.
The Service Manager will provide ongoing oversight of this process to ensure that the 6

monthly audit tool is used effectively to capture specific issues relating to the centre or where increased monitoring is required.

Regulation 24: Admissions and contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The circumstances relating to the purchase of bedroom furniture have been reviewed by the provider. The resident has been reimbursed in full for the cost incurred in relation to the purchase of bedroom furniture on 12/06/26. The provider will ensure all procedures regarding the replacement of furniture and equipment are consistent with contractual arrangements and organisational policy.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: A survey of the premises was completed on 09/06/26 by Director of property and estates and maintenance manager to identify the scope of works required to address the issues identified during inspection. It has been identified as low risk to the premises and not structural. Remedial works have taken place with remaining works included in an overall roof renovation project for Quarter 1 2027.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
A staff team meeting took place on 18/06/2026 with the PIC & PPIM where risk identification, incident reporting and incident management was reviewed with all staff members to ensure a consistent approach to reporting and escalation of incidents and emerging risks.

A full review of residents' risk assessments has commenced and will be completed by September 2026 by PIC and PPIM to ensure all identified risks are appropriately assessed, documented, and supported by suitable control measures.

A review of the centre risk register has commenced with a full review completed by 30th September 2026 by the PIC and PPIM to accurately reflect current operational risks, including residents' changing needs.

The effectiveness of risk controls and risk management arrangements will be monitored through local governance management systems and as per DOCs010 Incident Management policy.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The issue relating to gaps identified in two fire doors was escalated immediately on the day of inspection. Appropriate smoke seals have been installed on bedroom doors identified.

Person in Charge will review completed fire check records on a monthly basis to ensure compliance and identify any emerging issues requiring attention. Any defects identified will be reported promptly through the maintenance reporting system, with corrective actions tracked to completion.

In addition, fire door checks have been incorporated into the centre's health and safety weekly walk-about checks and will be reviewed as part of regular environmental audits to provide ongoing assurance regarding the effectiveness of fire safety measures.

The external emergency lighting arrangements and fire exit routes were reviewed on 27/05/26 by maintenance manager / fire officer to ensure safe evacuation to the designated assembly point during hours of darkness and in the event of a power outage. Additional external emergency lighting installed on 16/06/26.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
A review of all prescribed PRN medications was completed on 12/6/26 and 15/06/26 by the PIC with the prescribing GP to establish protocols for the administering of same. PIC has discussed new PRN protocols& contraindications with the staff team following review.

Medication audits will be complete by PIC 31st July 2026. PIC will continue to monitor compliance with prescribing and administration requirements.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
All residents' personal plans have been reviewed by PIC & PPIM to accurately reflect residents' current needs, emerging healthcare requirements, and future support planning.

Following the inspection, the PIC reviewed the documentation in place regarding the recording and monitoring of changes in residents' assessed needs. The specific resident identified during the inspection had a comprehensive skin assessment completed, with the findings documented and appropriate control measures and interventions recorded within their care plan.

Staff have been reminded of their responsibility to promptly report and document any changes in a resident's health, wellbeing, or support needs, including the completion of relevant assessments and the recording of progress updates within daily notes. Guidance has been provided to staff on ensuring that records clearly demonstrate the interventions implemented, the monitoring undertaken, and the outcomes achieved for residents. Staff have also been reminded to report any changes in a resident’s health or wellbeing to their line manager and the CNM3/PPIM on call.

A review of all residents' assessment and progress note documentation has been completed to ensure that changes in needs are accurately assessed, documented, monitored, and reviewed. The Person in Charge monitors that assessments are

completed when required and that progress notes adequately reflect residents' responses to interventions and any resulting outcomes.

This will ensure that residents' changing needs are consistently assessed, documented, and reviewed, and that records clearly evidence the effectiveness of supports and interventions provided.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/03/2027
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.	Not Compliant	Orange	31/07/2026
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the	Not Compliant	Orange	12/06/2026

	designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
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	30/09/2026
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/06/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2026
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	Substantially Compliant	Yellow	31/07/2026

	ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/08/2026