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:	Lionshead
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	15 April 2026
Centre ID:	OSV-0005288
Fieldwork ID:	MON-0045480

About the designated centre

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

Lionshead is a four bedroom detached bungalow situated in small village in County Louth. The bungalow is within walking distance to shops, pharmacy, churches and pubs. It is also a short drive from a large town and a bus is provided for residents in the centre. The centre provides care to male adults who have some medical and mobility needs. Each resident had their own bedroom and the property consists of a well equipped kitchen/dining room and adequate communal space for residents. There was a garden to the back of the property. Health care assistants and nursing staff are employed to support residents. There are three staff on duty during the day and one waking staff at night. There is an out of hours on call support system in place which is facilitated by senior nursing personnel. One of the residents attends a day service programme Monday to Friday. Day activities are planned for the other two residents by the staff in the centre. Services provided in the centre are done in collaboration with residents, their representatives and allied health professionals as appropriate to the needs of the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 15 April 2026	10:50hrs to 18:45hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the staff team were promoting person-centred care based on the assessed needs of the residents in this centre. Some regulations reviewed required improvements under records, fire safety, risk management, and residents' rights.

This inspection was unannounced and was conducted to monitor ongoing compliance with the regulations. The last inspection of this centre had been conducted in April 2024, where some minor improvements had been required in communication and healthcare. At the time of this inspection, three residents lived here and there was one vacancy in the centre.

Over the course of the inspection, the inspector met all of the residents, the staff on duty and the person in charge. Three staff met with the inspector formally, to discuss their views on the quality of care provided. The inspector also observed practices and reviewed records specific to the residents care, and the governance and management arrangements in this centre.

On arrival to the centre, one of the residents had left to attend their day service, and two residents were at home, listening to music in the sitting room while they waited to go out for lunch. The staff member introduced the inspector to both residents. Both residents looked happy and content and the inspector joined them for a cup of tea soon after arriving to the centre. It was clear that the staff members knew the residents well. Both residents were mainly non-speaking and communicated using alternative ways such as gestures and facial expressions. The inspector observed the staff member responding to the residents' gestures. For example, one of the residents requested more tea through non verbal gestures and when the staff member responded with more tea, the resident was smiling and used a gesture observed by the inspector in the residents support plan which meant that the resident was happy. Notwithstanding that the inspector found over the course of the inspection that the staff members, who had worked with the residents consistently over the last number of years, knew the residents needs very well, some improvements could be made to improve communication aids for residents to enhance their rights to make informed choices in their lives. This is discussed under Regulation 9: Residents' rights.

Both residents went through some of their easy to read plans with the inspector while having tea. This included some of the interests the residents had and some significant events that had happened in their lives. For example, one of the residents had celebrated a significant birthday and had planned and booked the event in a local hotel. There were numerous pictures of other events that residents had attended.

It was evident from reviewing support plans and observations made on the day of the inspection, that residents regularly went out and got to do things they enjoyed. One of the residents loved music for example, and had been to numerous concerts over the last year. As well as this on the day of the inspection, staff were overheard confirming attendance for a music festival that all residents were attending in the coming months. Residents had been on short breaks in hotels and one resident was going on a holiday to a nearby holiday village in the coming months. Notwithstanding, during the day one resident needed to be dropped and collected by staff to their day service. This meant that the other two residents if out on activities had to return to the centre to facilitate this. This meant that these residents could be restricted in the choices they made each day. This needed to be reviewed and is discussed under Regulation 9: Residents' rights of this report.

The third resident returned from their day service in the afternoon and was observed engaging with staff on their return. It was clear that the resident was very happy and was comfortable with the staff team. The resident liked to spend time alone in a room that had sensory equipment and a television for the resident to watch some television programmes that they particularly liked. All of the residents could freely access all areas of their home including the kitchen, a staff member explained to the inspector that although there were some potential risks for example in the kitchen that might pose a risk to the resident, measures had been taken to minimise these risk which did not impact on the resident freely accessing the kitchen. For example; a new kitchen hob had been purchased to reduce the likelihood of potential injury.

The premises was generally clean and residents' bedrooms were spacious and well maintained. The sitting room was large and spacious and one resident who loved music had a record player, where they were observed listening to some of their albums when they returned from having lunch. There was a large window in the sitting room, and one of the residents liked to sit and 'people watch' sometimes.

Both residents indicated to staff that they were happy for the inspector to see their bedrooms. The bedrooms were spacious and had plenty of storage space for residents to store their personal belongings.

There were some upgrades required to the premises, however the person in charge informed the inspector that the provider had secured a new property that the residents would move into in the coming months. Therefore these upgrades were not essential as the residents would be moving out of this centre, and they were not impacting on the resident's quality of life at the time of the inspection.

The registered provider had sought to collect the views of residents and their family members about the quality and safety of care provided which was published in the annual report for the centre. Some questionnaires were not completed and returned. The views from the residents were recorded by staff members on an easy to read format. However, these questionnaires could be more person centred, meaning, they did not explain how the person completing it conducted the

questionnaire with the resident and it did not include the will and preferences of the residents.

Residents meetings were held every week to discuss issues with the residents. The person in charge informed the inspector that all of the residents liked to attend these meetings. There was information provided to residents about certain events that were happening, and some education was provided to residents about their rights. Residents whose religious beliefs were important to them, were supported to attend religious ceremonies such as going to Mass or watching the ceremony remotely when the resident did not feel like attending in person.

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

The governance and management arrangements in the centre were assuring a safe service to the residents living in this centre. Some improvements were required, however, in records, risk management, residents rights and fire safety.

There was a consistent staff team supporting the residents and where relief staff were employed they were generally the same staff to maintain consistency of care to the residents.

Staff had been provided with training to support the residents and assure a safe service to the residents in the centre.

The records stored in the centre required some improvements, for example the staff rota required review to assure that it included the full names of all staff who worked.

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis in the organisation. They had a management qualification and experience working in the disability sector. There were also appointed to run one other designated centre under this provider and the inspector found that this was not impacting on the delivery of care provided in this centre. The person in charge was found to be responsive to the inspection process and to meeting the requirements of the regulations.

The person in charge was also aware of their legal remit under the regulations and supported their staff team through supervision meetings and team meetings.

The staff who met with the inspector said that felt supported in their role by the person in charge and could contact the person in charge over the phone at anytime to speak to them.

Judgment: Compliant

Regulation 15: Staffing

The staff skill mix included, nursing staff and health care assistants. The staffing arrangements included three staff during the day and one waking night staff.

A planned and actual roster was maintained, showing the staff that worked each day in the centre. A review of a sample of rosters worked in December 2025, January, April 2026 showed that the staffing arrangements outlined above were in place. This review also showed that where relief staff were employed, they were the same consistent staff members.

On call arrangements by senior managers was also provided should staff need guidance or assistance.

One resident was assessed as requiring two staff in their manual handling risk assessment for a specific task, however as actioned under Regulation 26: Risk management, there was only one staff on duty at night. This risk needed to be reviewed as there had been a change in the residents' needs some nights over the last few months according to staff. The person in charge also assured the inspector that this would be discussed at a staff meeting which was due to occur the next day.

Staff personnel files were not reviewed at this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete specific training to meet the needs of the residents and mandatory training required by the registered provider. The person in charge had oversight of the training records to assure that staff where required completed any refresher training required. Certificates of the training attended by staff were also stored in the centre. The training provided included:

- Antimicrobial Resistance and Infection Control (AMRIC)- Basics of Infection & Prevention Control
- AMRIC - Hand Hygiene
- AMRIC - Personal Protective Equipment
- AMRIC - Respiratory Hygiene and Cough Etiquette
- AMRIC - Standard and Transmission-Based Precautions
- AMRIC- Management of Blood and Body Fluid Spillages
- Safeguarding of Vulnerable Persons
- Fire Safety
- FEDS Part 1 – Foundation
- Crisis Prevention Intervention
- Manual Handling (including people handling)
- Basic life Support
- Safe Administration of Medicines
- Assisted Decision Making
- Human Rights Based Approach to Care
- Dementia

Staff were also provided with formal supervision twice a year. This enabled staff to discuss their personal development and raise concerns about the quality of care if they had any. The inspector spoke to three staff who demonstrated a very good knowledge of the residents' healthcare needs, and the residents' goals and aspirations for the coming year.

Judgment: Compliant

Regulation 21: Records

At the time of the inspection, the supervision records for the person in charge were not available.

A copy of the duty roster worked in the centre was available, however, some of the names of staff (who were assigned from time to time from other designated centres to work in this centre) were not always fully recorded or explained on the roster.

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centre had effective leadership, governance and management arrangements in place with clear lines of accountability. The person in charge was

employed full time in the organisation. Senior managers were also on-call after hours to provide support to staff.

The person in charge reported to a director of care, who was also accountable for the care and support provided. The registered provider also had other directorates within the organisation to oversee services like risk management and quality.

There are adequate resources in place to support residents achieving their individual personal plans, and in line with the assessed needs of the residents. Notwithstanding as discussed under Regulation 9: Residents' rights and Regulation 26: Risk management some improvements were required to enhance the quality and safety of care in the centre.

The registered provider had personnel appointed to conduct a six monthly unannounced quality review, and an annual review of the designated centre had been completed. The person in charge met with the director of care every two weeks.

The person in charge also carried out other audits in medicine management and residents personal finances. The inspector followed up on some of the actions following these audits and found that they had been completed. As an example, one audit found that some staff training was still outstanding and this had been completed.

Arrangements were in place to ensure staff could exercise their personal and professional responsibility for the quality and safety of the services that they were delivering. This included monthly staff meetings and arrangements in place for staff supervision meetings and staff appraisals.

At the time of this inspection, there had been no complaints reported to the person in charge about the quality of care being provided.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. It detailed the aims and objectives of the service and the facilities to be provided to the residents.

This document had also been reviewed recently and the person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

Quality and safety

Overall the inspector found that residents had a good quality of life and the staff team were very familiar with residents' care needs, however, some areas needed to be improved under risk management, fire safety and residents rights.

The registered provider had systems in place to manage risks in the centre, however, a risk assessment in place for one resident needed to be reviewed. The inspector also observed that the fire procedure in the centre, did not guide practice and needed to be reviewed for night time evacuations.

Residents were supported with their health and well being and had timely access to allied health professionals. They were also supported to be included in their community, maintain links with family and friends and got to do things that they were interested in. However, there were some improvements required to assure that residents were afforded choices in their lives which could be impacting on their rights.

Regulation 10: Communication

At the time of the last inspection in April 2024, improvements had been required in the communication supports for residents. The inspector found at this inspection that residents had communication plans in place and that staff were familiar with the different communication styles of the residents. However, as discussed earlier in this report and referenced under Regulation 9: Residents' rights of this report, some improvements could be made to improve communication aids for residents to enhance their rights to make informed choices in their lives.

Residents had access to the Internet and televisions.

Judgment: Compliant

Regulation 12: Personal possessions

The residents had adequate storage to store their personal possessions and the staff maintained a record of what specific items residents owned in the centre. For example; a resident had recently purchased a record player that they kept in the sitting room and the staff had it recorded on the residents personal plan that they had purchased it and therefore it belonged to this resident.

There was space for residents to store their clothes and they could launder their own clothes if they wished.

Residents have could access their personal property, possessions or finances when they wanted to. They were provided with statements from financial institutions showing how much money they had in their personal accounts. The staff supported the residents to manage their financial affairs and maintained records (including receipts) of when residents spent their money to assure accuracy and transparency. As discussed under regulation 9 resident rights of this report, however some improvements were required to ensure that residents understood and had choices around spending the money they held in financial institutes.

Judgment: Compliant

Regulation 13: General welfare and development

As discussed under the section 'What the residents told us and what the inspector observed' of this report', residents were provided with opportunities to take part in a variety of activities that promoted their wellbeing and encouraged socialising and integrating in their local community. They regularly walked to the local shops to buy items they may need and went to local pubs and restaurants.

All of the residents got to do things that they enjoyed. One of the residents for example; loved music and attended concerts regularly. All of the residents had been away for overnight stays last year in a hotel. The staff informed the inspector that one of the residents had found it difficult being out of their usual home environment and so this year the staff team were supporting the resident to go on day trips that would allow the resident to return to their home at night and therefore reduce the residents anxiety. This was a good example of how the staff team were considering the residents personal preferences. On the other hand, another resident was going on holidays to a theme park in the coming months for a few days.

Notwithstanding, during the day one resident needed to be dropped and collected by staff to their day service. This meant that the other two residents if out on activities had to return to the centre to facilitate this. This meant that these residents could be restricted in the choices they made each day. This needed to be reviewed and is actioned under regulation 9 residents rights of this report.

Residents were supported to keep in touch with family and staff helped the residents to arrange visits to their family members homes.

Judgment: Compliant

Regulation 18: Food and nutrition

Each resident had time to eat and drink, and meals and snacks were unrushed. Staff were observed sitting with residents during meals and snacks and supporting residents with specific food and nutrition guidelines the residents had in place.

Residents were supported to buy and prepare their own meals if this was their preference. For example, one resident liked doing the grocery shopping each week and some of the residents enjoyed either watching staff preparing meals or helping with baking.

All staff had completed training to support residents who may have swallowing difficulties (dysphagia) to eat safely.

Residents had also been reviewed by a speech and language therapist to assess specific requirements around their meals.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place and other supplementary policies, such a site specific risk policy, to guide how risks were managed in the centre.

The systems included a process for reporting and reviewing incidents and, the management and review of risk assessments. As an example, incidents in the centre were required to be reviewed by the person in charge and any actions agreed to mitigate risks were to be included in the residents risk assessments. For the most part the residents individual risk assessments showed the measures that were in place to mitigate potential risks. However, the inspector found that a manual handling risk assessment in place for one resident indicated that they needed two staff to support them with some tasks. However, there was only one staff on duty at night and this had not been reviewed to assess how this task should be managed at night.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector reviewed the fire safety procedures on display in the centre in the event of a fire occurring in the centre at night. However, from talking to staff and reading this procedure, it was unclear how this should be systematically followed at night.

The inspector reviewed one fire drill that had been conducted at night in the centre (which had been observed by one staff not taking part in the evacuation) which showed that all residents and staff were evacuated in a timely and safe manner. Notwithstanding this, the inspector was not fully assured that the procedure was clear enough for all staff. The person in charge was very responsive to these concerns and agreed to conduct and observe a fire drill that night to review the fire procedures and assure that the procedure was updated to reflect the appropriate practice and that in the unforeseen event that this could not be done in a timely manner they would address the matter promptly.

The person in charge contacted the inspector the day after the inspection, outlining that the fire drill had been completed in a timely manner, with all residents and the staff member being evacuated. The person in charge also assured the inspector that the fire procedure would be updated to reflect this, and that this would be reviewed with the health and safety officer to assure they were satisfied with this change.

Judgment: Substantially compliant

Regulation 6: Health care

The health and wellbeing of each resident was promoted and supported in a variety of ways, including through diet, recreation, and exercise, and in line with the residents personal preferences. The person in charge and the staff were proactive in referring residents to healthcare professionals when the residents needed these supports. Residents for example, had timely access to mental health professionals, physiotherapists, a speech and language therapist and behaviour support specialists when and if required.

Residents who are eligible, by means of their gender, age or medical needs, were supported to access if they wished preventative and national screening services.

The person in charge and the staff team understood the important of each resident's right to give consent to any treatment recommended. For example; in each residents plan it stated how the resident could be assisted with making decisions. Where residents refused such treatment this was respected.

The assessment of need completed for each resident included a synopsis of their health care needs. Support plans had been developed outlining the supports residents needed to achieve and promote their health and wellbeing, which included recommendations from health care professionals. A sample of those reviewed by the inspector were detailed and guided staff practice.

The staff who met with the inspector and the person in charge, demonstrated a good knowledge and understanding of the residents needs on the day of the inspection.

Judgment: Compliant

Regulation 8: Protection

The provider had a policy on the prevention, detection and response to abuse. All staff had completed training in safeguarding vulnerable adults. There had been no incidents reported to the Chief Inspector in relation to allegations of abuse. A staff member, went through the different types of abuse and was aware of the reporting procedures in place should an incident like this occur in the centre.

The residents were observed to be comfortable in their home and comfortable in the presence of staff on the day of the inspection. At the time of this inspection, there were no complaints on the quality and safety of care provided. The staff spoken to and the person in charge, informed the inspector that they had no concerns about the quality and safety of care provided.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found some good examples of where residents' rights were promoted and protected in the centre. Residents could seek support from an assisted decision making coordinator employed in the organisation, should they need advice or support around making decisions. Residents whose religious beliefs were important to them, were supported to attend religious ceremonies such as going to Mass or watching the ceremony remotely when the resident did not feel like attending in person.

However, improvements were required so as each resident could exercise choice and control in their daily life in accordance with their preferences. These improvements included:

Being informed of the amounts of money they had in their bank accounts to assure that residents got to decide what they would like to do with this money.

Reviewing the resources in place to assure that residents were not impacted to make choices around the places they wanted to go each day.

Reviewing the residents' questionnaires to ensure that they contained meaningful information about the residents will and preferences. The person in charge agreed to refer some these issues to the human rights committee in the organisation for review.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Lionshead OSV-0005288

Inspection ID: MON-0045480

Date of inspection: 15/04/2026

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Supervision for PIC is now available and PDP on HSELand has been completed for 2026 and 2027 scheduled. Staff meeting was held following HIQA inspection on the 16/04/2026 to outline to staff the need to write the full name of any persons working in the DC on the roster.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Residents plan of care and documentation around mobilisation have been updated to reflect assistance of one, however the resident is scheduled a review assessment with SJOG physiotherapist with regard to support need recommendations.	

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: All documentation around evacuation procedures have been updated and same discussed with all staff at team meeting the 16/04/26 following the inspection. PIC completed nighttime evacuation the night of inspection on the 16/04/26 and all residents evacuated with staff member in a timely and safe manner. Subsequently the annual nighttime fire evacuation was carried out on the 21/05/26 by CNM2 on night duty, again all residents evacuated with staff member in a timely and safe manner and documentation available. Fire precautions and procedures have been reviewed by health and safety officer along with all documentation and any actions completed by PIC around same. Health and safety officer was satisfied with the steps the PIC has taken to ensure all staff are aware of the correct procedure and protocols in place for a fire evacuation and that the PIC can ensure safe evacuation of the premises for all residents in the event of a fire.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents’ choices are planned for in advance to ensure resources are in place to meet their choices and activities they wish to partake in. In the event extra transport is required to facilitate an outing/activity same can be sourced from the maintenance department. PIC and staff continue to collaborate about activities, and all necessary resources are available to residents to ensure there is no impact to residents in the house in achieving their goals and activities.

Residents going forward will be informed of their finances during their keyworker meetings which take place monthly.

The PIC has referred identified issues to the human rights committee in the organization in relation to the residents’ wishes regarding their monies and their wishes around what they would like to do with same.

PIC referred identified concerns around the questionnaires to the Human Rights Committee to review same with the view of developing a questionnaire bespoke to the residents individual support needs.

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 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	25/05/2026
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	08/06/2026
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and	Substantially Compliant	Yellow	10/06/2026

	ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	08/06/2026
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	08/06/2026