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:	DC15
Name of provider:	St John of God Community Services CLG
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	09 April 2026
Centre ID:	OSV-0005316
Fieldwork ID:	MON-0046481

About the designated centre

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

St John of God Kildare Services DC 15 is a registered designated centre that provides residential care and support for up to seven residents with intellectual disabilities. The designated centre comprises of two community based homes located near each other and situated in community based housing estates outside a large town in County Kildare. Each residential unit that makes up the centre is a modern, spacious home providing residents with their own bedrooms. One residential unit is registered to accommodate up to two residents that are provided with one-to-one staffing support and supervision. The second residential unit is home to five residents. A number of residents living in the centre transitioned from a congregated setting operated by St. John of God Kildare Services as part of an overall de-congregation plan for the organisation. Residents living in the centre receive a full-time residential service and are supported by a team of social care workers. A person in charge manages this designated centre and splits their time between this and one other centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 9 April 2026	08:00hrs to 17:30hrs	Gearóid Harrahill	Lead

What residents told us and what inspectors observed

This inspection was unannounced and completed to review the arrangements the provider had to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Adult Safeguarding (Health Information and Quality Authority and the Mental Health Commission, 2019). It was also completed to follow up on information received by the Chief Inspector of Social Services regarding this designated centre. The inspector had the opportunity to meet and speak with all five people who currently lived in this centre, as well as speak with staff, observe the centre environment and review documentary information, as evidence to indicate the lived experience of the people using this service.

At the time of this inspection, one of the two houses which make up this designated centre had been vacant since January 2026. The inspector spend the day in the occupied house and visited this second house briefly at the end of this inspection.

On the inspector's arrival, the two front-line staff on duty were in the process of supporting residents with their morning routine. The inspector was welcomed in by one resident who was up and ready, and spent the first portion of this visit chatting in the living room with three of the residents while their peers finished getting ready. The residents understood what an inspection involved and were eager to tell the inspector their news and current plans. Some residents were going for routine blood work on the morning of the inspection and one resident commented they weren't worried about it at all, and was just looking forward to their sausages and rashers afterwards. One resident had been to a show in Dublin the previous night which they enjoyed.

The residents showed the inspector photos in frames, hard-bound books and photo albums in the house of them on holidays enjoying restaurants, bars, theme parks and museums. Sometimes residents travelled all together, sometimes they travelled with one or two of their peers, and other trips was just them and their support staff. One of the residents had been on an airplane for the first time last year, and told the inspector about their trip to Manchester where they visited the set of Coronation Street. Two other residents had recently visited the Beatles museum in Liverpool. Other residents showed the inspector photos of their trips to Portugal, Spain, France, Wales and England, and talked about their next trips, including Italy and the Netherlands. The staff were clear on what aspects of their travel would be covered by the provider and what would be contributed by the residents, and the inspector spoke with one resident about their understanding and consent that they paid for some aspects of staff travel.

The staff team in this centre were well-established and had worked with the residents for many years. The inspector observed a friendly and casual rapport

between residents and staff. The residents knew the person in charge well also, and told the inspectors she was present in their home often, and were observed asking after the person in charge's family as they chatted. The inspector also observed the residents talking with the person in charge looking for updates in getting their premises issues resolved, and this was reflective of what was being raised by staff or identified elsewhere.

Residents' bedroom were highly personalised and reflected their hobbies and interests. Two of the residents had plans to add new décor to their bedrooms with one resident going with staff to buy furniture on the day of inspection. Two of the bedrooms were decorated with wall-size mural decals chosen by the residents, of Liverpool football club, sports cars and Dublin airport. The kitchen and living rooms were comfortable and homely, and featured photos of the residents at Christmas events, in their Halloween costumes, and an annual black tie dinner for which the residents were dressed in their tuxedos. Two of the residents had recently celebrated birthdays, with their balloons still up and their cards on the mantelpiece.

Some areas of the house required work to maintain the pleasant aesthetic of the house. This was primarily related to cosmetic upkeep such as painting and plastering, but also related to works to address damaged blinds and flooring, plumbing issues, and doors which were sticking or could not shut properly. Some of these issues were identified through environmental audits or resident comments and feedback. Residents told the inspector that they loved their home but that it could take a long time to get maintenance and repair issues resolved.

The residents told the inspector they got along very well with their housemates and support staff. The residents had all lived together in a previous congregated setting and were planning to have a celebration this year to mark ten years living in their home together. The residents enjoyed travelling as a group, but had the option to travel alone or with a smaller group if that was their preference. One resident presented a list of shows coming up in the Bord Gáis theatre that they were interested in for later in the year. A resident had enjoyed attending the Fleadh Cheoil music festival in 2025 and another had attended the National Ploughing Championships. One resident had visited Disneyland and wanted to try other amusement parks, and had plans to visit another theme park in the Netherlands with one of their peers. Another resident had enjoyed a live Westlife performance screened in their local cinema.

Where residents were in a relationship they were supported to have time to themselves. Some residents were supported to stay home alone for a time, with means of staying in contact with staff. Some residents had their own house keys and were facilitated to come and go as they liked but could stay in contact with staff. One resident took pride in their confidence using public transport to get to their day programme, and where road works had affected their usual route, staff took the time to re-train them to be familiar with the diverted routes.

Some residents told the inspector about the sports they played including golf and bocce, attending a local gym and doing yoga. One resident had a large collection of horse-riding medals. One resident was an avid plane-spotter, and took trips to the

airport to identify airlines and routes, as well as telling the inspector which airlines and flight plans were which, through videos streamed to their television. Other residents had televisions in their rooms and had agreed to contribute to the cost of television and streaming services together. One resident had recently been supported to join a horticulture club, and another resident had plans for the summer to do painting and planting in their back garden. Residents told the inspector about some of their adult education courses in literacy, personal care and healthy eating. One resident was proud of their success in losing weight through small but important changes to their diet and exercise. One resident was a member of a drama club.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

In the main, the inspector found that this service was ensuring that that principles of residents' human rights of fairness, respect, equality, dignity and autonomy were upheld by staff. The provider had arrangements in place to ensure that residents were supported by a familiar and consistent staff team. Human rights, independence and autonomy, and resident safeguarding were recurring topics of discussion in individual and team supervision meetings.

Staff supervision meetings, provider-level quality reviews, and the content of the 2025 annual report contained meaningful information of areas in which the service was doing well or had opportunities for improvement, including highlighting achievements by the team and residents. In routine checks and oversight measures, the inspector observed some recording systems which did not provide complete and accurate information which was relied on by staff and management to evidence consistent quality of service. This report will reference a number of issues related to premises repair and maintenance which had been identified and reported but which had not been addressed by the provider in a timely manner, with some items outstanding for extended periods of time with no indication of when it would be resolved.

Regulation 15: Staffing

The inspector reviewed some aspects of the service with two members of the frontline team who demonstrated a good knowledge of the residents' support needs and interests. Staff were observed advocating for the wellbeing of the residents, including highlighting where the service required improvement and selecting

meaningful new and varied personal objectives and goals with the residents to optimise their potential and keep activities varied.

While there were some minor inaccuracies, in the main the staff rosters indicated which personnel had been on duty and when, when relief personnel covered absences, and when staff were on planned or unplanned leave. A small and regular contingent of relief staff worked in the centre to minimise the impact on residents' support continuity. The person in charge ensured that staff annual leave was coordinated in such a way as to avoid periods such as Christmas week in which there were no core staff on duty. Staff were flexible if they needed to stay on later or come in earlier however, team meetings discussed this not being disproportionate. Shift patterns were based around resident preferred activities such as having additional staff on weekends when day services were not open or on a day where residents had more evening recreational pursuits. The person in charge discussed with the inspector some factors which may require a revision of the number and shift patterns of staff, such as residents getting older, potential changing needs under review, or if they opted to scale back their day programmes or start their morning later, however the residents and staff indicated that routines were good at the moment.

The staff team had remained consistent and well-established in recent years, and this was identified as a key factor in the positive lived experience and reduced risk of discomfort and anxiety among the residents. Where the residents had had a poor experience with contingency staff, the inspector observed measures being implemented to avoid future similar occurrences. Staff were instructed to go through induction and orientation routines with non-regular staff regardless of if they had worked a shift in the centre before.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector was provided minutes of one-to-one meetings between the frontline staff and the person in charge. These covered meaningful topics related to staff competencies, fluency with digital care plans, protected time to cover administrative duties and training, and staff members' relationship with their colleagues.

Staff were also supported through team meetings. The minutes of these included feedback on recent outings and holidays by each resident, updates on the progress of their personal plans, educational courses and life skills, and reminders to staff to ensure care plans and risk control measures are consistently given effect. Staff were reminded that as a house in which staff worked alone often, it was important that records were accurate and that staff were not signing tasks as done if they were not, or vice versa, and that they were aware of how to access out-of-hours support.

Minutes of meetings were signed and dated as read by those who were not in attendance.

The person in charge had a means by which they were advised of when staff had completed their mandatory training or were due to attend refresher courses. All staff were up to date on their training in safeguarding people at risk of abuse. Staff had recently been reminded to ensure they completed their Children First training, and the team was due to commence training in identifying and supporting people in their dementia journey.

Judgment: Compliant

Regulation 23: Governance and management

The inspector observed the centre to be sufficiently resourced with a full complement of staff and a person in charge who maintained a frequent presence in the centre to monitor service quality. The person in charge had conducted local audits and discussed matters in team meetings on subjects which were meaningful to this centre, including environmental safety, personal planning and financial oversight.

The provider had published the reports of six-monthly unannounced inspections by the provider's quality team in April and October of 2025, and an annual report for 2025. A substantial portion of the quality reports reflected on the commentary and contributions of the residents, their representatives and families, and their support team. The provider was recognising the good work of the staff team and the achievements and successes enjoyed by the residents in their own objectives. The reports reflected on completion or progression of personal goals, life events such as milestone birthdays, bereavements and the discharge of one service user. Residents' direct quotes and contributions to meetings were used as evidence to indicate their positive or negative experiences.

In the main, routine record keeping was being maintained by the front-line team. However, during this inspection the inspector observed some records and routine checks which were not fully accurate or up-to-date, or contained gaps in information. Examples include the following:

For one resident's personal goal to engage with a new social community once a week, daily notes did not always record when they had attended this, despite their keyworker knowing they attended more frequently however, it was not always recorded. This is important as the keyworker relies on others recording this data as later evidence to demonstrate that the resident is attending as planned, or why not if they didn't.

When reviewing residents' personal monies with staff, the inspector observed a €20 discrepancy in the records which had been last updated four days before this inspection. While the staff could explain the reason for the difference, it was

important that this record was kept up-to-date to protect the resident and the staff members.

A number of the internal doors including bedrooms, the living room and the kitchen, were getting stuck on the floor or did not close properly when the hold-open device was released. This had not been identified in daily and weekly checks of fire doors or in fire safety audits. Staff verbally identified risks such as ineffective hold-open devices, residents wedging doors open, or doors which jammed into the floor, however there was no evidence available that these had been recorded, subject to risk analysis or escalated for review.

In the sample of actual rosters of staff in the centre, the inspector observed a small number of shifts which were not filled. The person in charge could evidence that the shift was filled and that the record was incorrect.

The training matrix used by the person in charge to monitor staff training did not reflect dates that staff had attended training in subjects such as first aid and supporting people with epilepsy. The inspector was advised that the tracking sheet had not been updated to reflect recently-completed training.

While individually some observations were documentary in nature, due to the level of lone-working in this service, it is important that all information is complete and timely when relied upon by staff and management to monitor quality of service and ensure risks are identified and responded to.

Through a combination of team meeting discussions, environmental audits, quality reports and speaking with the person in charge, staff and the residents, the inspector observed a number of issues related to the premises of the centre which had been open for an extended time and were repeat observations in provider audits. This primarily related to repair and maintenance works. The inspector was provided examples of these being identified by the residents and staff and reported up to the provider for attention, and observed some of the long-reported matters still outstanding on this inspection. However, there was no evidence to indicate timeframes for when these works would be completed.

Judgment: Substantially compliant

Quality and safety

The inspector observed that residents were encouraged and facilitated to be active participants in their care and support. Residents were supported to enhance their autonomy and independence in line with personal goals agreed with them, and to engage in stimulating and meaningful travel, social outlets, learning opportunities and music and farming events.

Residents enjoyed their home and felt safe and supported to engage in positive risk taking including ownership of money management, being alone in the community or at home, and engaging in hobbies, travel and events which aligned to their personal interests. Residents were facilitated to have their voices heard in their supports and decisions, including supporting residents who required personal approaches to optimise their contribution.

The premises was overall homely and personalised with no environmental restrictive practices required. However some risks were observed which had not been formally identified and risk controlled related to fire safety and privacy of personal information. Premises issues were well documented and reflected the commentary of the staff and residents, and were primarily related ot updating and repairing surfaces and furnishings, however were taking a long time to be resolved by the registered provider.

Regulation 10: Communication

Residents were facilitated to discuss their personal plans in a manner with which they could engage. This included short-lists and information downloaded of concerts and attractions the resident may wish to go to, to facilitate decision making and goals planning, and simple language documents and photo albums which supported the residents to talk about their hobbies, travel and education which were ongoing or completed.

Residents had access to their own phones, televisions, movie collections and streaming services. Residents were supported to have their own televisions in their bedrooms if they wanted and had access to Wi-Fi in the house. There were no restrictions in place related to online services or websites.

While all residents primarily communicated verbally, guidance was provided to people who may be less familiar with residents on how to optimise communication. For example for one resident, readers of the guidance were advised that the resident was more inclined to express themselves and speak up on their choices when having one-to-one conversations rather than a shared environment where they let others take the lead. This information is important to ensure that residents are supported to contribute their opinions and comments in a manner with which they are comfortable.

Judgment: Compliant

Regulation 17: Premises

The inspector walked the premises with the person in charge. The layout of the centre was overall suitable for the number and assessed needs of the residents.

Bedrooms were personalised to the interests and preferences of the residents and they had sufficient storage space for their belongings. Bathrooms and the kitchen were suitably equipped to support residents to use them safely, and the residents had access to nice front and back gardens. One resident told the inspector their plans to plant flowers in the front garden and was due to be supported with a summer project to work on their back garden.

During the premises walk the inspector observed a number of areas throughout the house which were in need of repair or maintenance. The majority of these issues were impacting on the homely and pleasant appearance of the centre, however other aspects affected the residents' comfort, the ability to effectively clean surfaces, and negatively impacted on fire safety. These included but were not limited to the following examples:

- Worn and damaged flooring, and flooring which prevented doors from effectively closing.
- Damaged door sets which did not close properly.
- Radiators with rusted surfaces.
- Cracks in the paint and plasterwork of ceilings.
- A toilet which was running water non-stop.
- Stained bathroom seals.
- Broken blinds on windows.
- Walls requiring painting.
- Pieces of dismantled furniture at the back doorstep.
- Peeling wardrobe surfaces.
- Plumbing issues in an upstairs en-suite which had affected the supply to one resident's toilet and shower.

As previously referenced, the inspector observed a number of these issues being raised in staff meetings, maintenance requests, correspondence with the person in charge, and resident complaints which indicated that repair work had been outstanding for an extended period of time, some by over a year. While provider audits identified these works as required, there was no timeframe in which the tasks would be completed. Residents commented that they loved their home but it would take a long time for issues to be resolved; in one example it had taken six weeks to fix a resident's personal sink.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Residents were supported to engage in positive risk taking pursuant to them leading interesting and meaningful lives. This included international travel, independent use of public transport, ownership of money and house keys, and support to stay at home without staff accompaniment. The provider had assured themselves that

residents would be safe alone, such as testing their understanding of what to do if a stranger comes to the door or there is a fire when they are home alone.

The provider conducted fire drills including occasional practice evacuations taking place just before 7:00am while residents and staff would still be in bed. This type of drill provided assurance that residents could still swiftly exit in a higher risk scenario, including residents who may move slower after waking up, or needed to carry their night-time equipment with them. Residents performed well in these night scenarios with only a slightly longer evacuation time and still within two minutes. Learning from practice evacuations was used to populate the information in each person's individual evacuation plan.

As referenced earlier in this report, some fire doors along evacuation corridors were not effectively closing due to getting stuck open or bouncing off the frame, observed by the inspector both during the premises walk and when the alarm went off during this inspection. Staff told the inspector about doors which weren't closing properly, however, these had not been reported via daily or weekly fire checks of the premises and fire safety equipment up to the day of this inspection which indicated that no actions were required. These issues had also not been identified in fire safety audits most recently in January 2026. As such there had been no formal identification of a number of bedroom, kitchen and communal spaces in which the fire containment doors did not close.

Separately, the inspector observed doors being propped open with a rubber wedge or by furniture. When pointed out to staff these were removed but were observed back in place again later through the day. Staff members verbally commented that sometimes the electronic hold-open devices didn't work or that residents prop the doors, however staff were not observed removing these obstructions until prompted, and there had been no risk assessment to support or set risk controls for what the staff were telling the inspector. A report dated December 2025 had identified that a damaged fire door to one resident bedroom had been replaced four months prior with a regular timber door which was not rated to contain fire and smoke.

Fire safety matters were discussed between the inspector and person in charge, and the inspector requested information to be submitted confirming that the premises had been subject to a full fire safety review to identify and address fire safety concerns.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three residents' personal goals and objectives related to social, recreational and personal development opportunities with the two staff members on duty. The personal plans were person-centred and developed in

collaboration between the keyworker and the respective resident. Objectives were meaningful and varied, and supported residents' wishes for travel, adventure and friendships. These plans included trips abroad, to amusement parks, festivals and concerts, and for these it was important that they were planned well in advance to secure tickets and make arrangements for travel and accommodation. Steps were set out by the keyworker and resident which were realistic and timely.

Where personal goals required day-to-day planning, such as exercise and healthy eating, this was done with the resident. One resident had made simple swaps to their diet such as using low-fat dairy products or brown pasta and rice, and had retained their favourite meals with these adjustments to good success. For events and shows which occurred at specific times, staff were reminded to build these into shift planning to ensure the residents got to these events. Residents were happy to show the inspector pictures of them at museums, sun holidays, historical sites, black tie events, sports, cinemas and concerts and other engaging and fun events. The staff demonstrated good examples of where activities such as going to the cinema had started as that year's social goal but then became part of that resident's normal routine, and thus were replaced with new opportunities to explore rather than repeating objectives already normalised.

Residents were knowledgeable and kept informed on their support needs regarding healthcare matters. Residents were supported to maintain good oral and dental care, and two residents were supported and facilitated to manage their own personal medical devices. One resident had consented to paying for private healthcare consultation where necessary, and a resident was supported to seek a second opinion on their medical care options. Residents were informed and aware of their needs regarding issues with joint pain.

Judgment: Compliant

Regulation 7: Positive behavioural support

The assessed support needs of the current residents did not necessitate multidisciplinary planning for positive behaviour support. Risk assessments were kept up to date to catalogue any information which would necessitate this to change. Residents were supported to maintain a stress-free home in which they were kept updated on changes or health updates which may cause anxiety. The provider did not utilise environmental, physical or rights-based restrictive practices for the current residents. Some personal cash was secured in the office, however this was not observed to extend to residents' on-hand money and debit cards, and residents were not expected to hand wallets or personal property into staff when they got home.

Judgment: Compliant

Regulation 8: Protection

The provider had a safeguarding policy in place (dated April 2024) which had been signed as read by the front-line team in March 2025.

During the previous inspection, the inspector found concerns related to access and protection of residents' finances. Following this the provider had committed to corporate and local level risk controls to ensure all residents had sufficient access to their personal finances and that financial oversights were effective and identified any concerns. The inspector observed that the provider had implemented recommendations and actions arising from the report. The provider held safeguarding matters as a standing item on the agendas of team and governance meetings, and an annual safeguarding audit tool developed by the Health Service Executive had been utilised in this designated centre. Actions from this included upskilling residents in money management and decision making and ensuring that staff were familiar with the procedures for whistle-blowing and protected disclosures. The inspector observed evidence that all residents were receiving their personal income into an account in their name to which they had exclusive access with staff support, and for which the provider could conduct safety checks to account for income and expenditure.

Residents told the inspector they felt safe in this centre and what they would do if that were to change. Residents were supported with staying safe while home alone, while out in the community on their own, and how to stay safe in personal relationships. There had been one incident in the past year in which poor practice had amounted to residents receiving substandard support. In this instance the residents were the ones to report this to management and the matter was addressed, with actions and learning taken to assure the residents against similar incidents occurring again.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed this to be a home in which the residents felt respected and listened to, and were facilitated to take the lead in their care planning, decision making, communication channels and social outlets. Residents were supported to engage in meaningful education and recreational opportunities which were in line with their separate and distinct interests. Residents were supported to attend events and trips as a group, mixed with opportunities to do so alone or with a different group as they wished. Where residents opted not to travel with their housemates or had no interest, they were not required to 'come along anyway'. Two of the residents were facilitated to stay home alone for periods of time or to leave the house without staff support.

Residents' privacy and dignity was overall observed to be respected in the centre. Residents' post was not opened by staff unless the resident was present. Residents who required some prompting to carry out effective personal hygiene were supported to a limited extent which respected their dignity and autonomy. All five current residents were registered to vote, with their polling cards arriving at their address in the centre. During the premises walk, the inspector observed a large quantity of residents' personal documents in boxes with their details on them, on the floor and in an unlocked cabinet in a relaxation living room, that were due for archiving off-site.

The inspector spoke with a front-line staff member regarding how they were implementing their training and guidance in the human rights of people with disabilities. The staff member explained what that meant to them, including the importance of the staff team being flexible to support residents to do separate things, especially at weekends or when day programmes were on break. They told the inspector that while planned routines were important, they would check if residents wanted to change their minds on what was for dinner or what they were doing with their time. The staff member commented on the importance of ensuring that residents were included in conversations and that personal choices continued regardless of whether they were being supported by their core team or other personnel.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for DC15 OSV-0005316

Inspection ID: MON-0046481

Date of inspection: 09/04/2026

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• Person in charge will ensure that daily notes are fully reflective of activates completed during the day, including specifics around services attended. This will be a standing item on the staff meeting agenda for 3 months. Person in charge will monitor same for quality and accuracy.

• Residents' personal money and accounts books will be checked at the start of each shift to ensure accuracy or identify any inaccuracies. PIC has discussed same at staff meetings, and this will be a standing item on the agenda for the staff meetings going forward. PIC will review LOP and circulate to all staff.

• PIC has updated training matrix to reflect recent training attendance in March 2026.
• The PIC has reviewed and updated the daily fire safety checklist to ensure that all internal fire doors are visually checked during inspections to confirm that they are closing fully. The PIC has discussed this requirement at staff team meetings, and it will remain a standing agenda item for the next three months. In addition, the PIC will conduct a weekly review of the completed checklists to monitor compliance and ensure the accuracy of recorded findings.
• All remedial works required for internal doors including bedrooms, the living room and the kitchen, which were getting stuck on the floor or did not close properly when the hold-open device was released, has now been completed.
• PIC has completed a risk assessment in relation to internal fire door malfunction.
• Programme manager has escalated the absence of indicated timeframes for completion of maintenance and repair works required within the designated centre to the service support manager. Programme manager has submitted all job work reference numbers to Service support manager, all works will be completed by end of Q3 2026.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Programme manager has escalated the absence of indicated timeframes for completion of maintenance and repair works required within the designated centre to the service support manager. Programme manager has submitted all job work reference numbers to Service support manager, all works will be completed by end of Q3 2026.
• Bathroom Radiator, rust – end of Q2
• Bathroom Radiator, Rust – end of Q2
• Painting of all communal areas due to water damage, paint peeling – end of Q3
• Wooden Fascia on outside of house – end of Q3
• Wardrobe in staff room to be replaced – end of Q2
• Gaps in internal fire doors – end of Q2
• Upstairs main bathroom to be re-grouted and sealed around bath. – end of Q3
• Floor in staff office to be replaced, IPC. – end Q3
• New blinds – end of Q2

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
All remedial works required for internal fire doors including bedrooms, the living room and the kitchen, which were getting stuck on the floor or did not close properly when the hold-open device was released, has now been completed.
• PIC has completed a risk assessment in relation to internal fire door malfunction.
• The person in charge has consulted with the SJOG Health & Safety Officer who will complete a Fire Safety Review within the DC and any identified issues will be addressed. Review on 10/06/2026.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

• PIC will review residents' personal documentation to ensure all information is stored in line with Data retention policy. Any actions identified will be completed by 22.06.2026.

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	30/09/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2026
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Not Compliant	Orange	10/06/2026

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	22/06/2026