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:	47/48 Towerview
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	30 April 2026
Centre ID:	OSV-0005397
Fieldwork ID:	MON-0041767

About the designated centre

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

Towerview offers full-time residential care for up to seven female residents with an intellectual disabilities. The residents are supported twenty-four hours by a team of staff nurses and care assistants. The centre comprises two adjoined two-storey semi-detached houses and an attached one-storey, two-bedroom apartment. Both houses have three bedrooms, one kitchen/dining room, one sitting room and one small office and bathroom. The apartment contains two bedrooms, one sitting room/kitchen, one utility room and one bathroom. The houses are situated in a quiet residential centre close to the local town. Residents have access to local restaurants, cafes and shopping centres.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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 30 April 2026	09:30hrs to 18:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed and the individuals spoken with said, there was evidence that the six residents living in this centre received quality and person centred care. Appropriate governance and management systems were in place which ensured appropriate monitoring of the services provided. Areas for improvement were identified in relation to maintenance of the premises and the identification and monitoring of restrictions to ensure that the least possible restrictions were in place for the residents living in the centre.

This centre comprises of two adjoined two-storey semi-detached houses and an attached one-storey, two-bedroom apartment. Both houses have three bedrooms, one kitchen/dining room, one sitting room and one small office and bathroom. The apartment contains two bedrooms, one sitting room/kitchen, one utility room and one bathroom. The houses are situated in a quiet residential centre close to the local town. The centre is registered for up to seven adult residents and there was one vacancy at the time of inspection. Five of the six residents had been living in the centre for an extended period and it was evident that the residents were compatible and knew each other well. The sixth resident had been admitted in February 2026 but had transitioned well in their new home and were considered to be compatible and get along well with the other two residents living in their house. This resident told the inspector that they had visited the centre on different occasions before moving in. This is a staff nurse led service with a registered staff nurse on duty 24/7. A number of the residents had complex medical needs and required support with activities of daily living while other residents were more independent in many aspects of their lives.

The centre was observed to be homely and overall well maintained. However, worn and chipped paint was observed on wood work and walls in some areas. The provider had also identified that painting on the exterior of the house required attention and that new windows for both houses would be required. The interior and exterior of some of the presses in both kitchens had worn and broken surfaces in areas. The kitchen hob in one of the kitchen had worn surfaces. This meant that these areas were more difficult to effectively clean from an infection control perspective. The kitchen in the apartment area was noted to have limited cooking facilities as there was no cooker or hob available. Hot meals for residents living in the apartment were prepared in the kitchen of the adjoining house. This meant that residents living in this area had limited involvement in buying, preparing and cooking their own meals. Each of the residents had their own bed room which they had personalised according to their own preferences and their own unique personalities. There was a good sized enclosed shared garden to the rear of the centre. This included seating for outdoor dining. Colourful flower pots adorned the front and back of the centre. A number of the residents told the inspector that they

enjoyed gardening and planting items in their garden. Art work and decorative art pieces were noted to be displayed in both houses.

The inspector met with each of the residents living in the centre on the day of inspection. One of the residents was unable to verbally tell the inspector their views of the service but they appeared in good form and content in the company of staff and their peers. The other residents individually told the inspector that they were happy living in the centre, that staff were kind to them and that they felt their voices were respected. They also indicated that they enjoyed the food in the centre and felt that they made choices about their lives, how they spent their day and what they ate. When asked none of the residents could think of anything that could be improved in the service. It was evident that each of the residents were very proud of their home. The residents told the inspector that they felt safe living in the centre and that if they had any concerns that they would speak to a staff member or the person in charge.

Over the course of the inspection day, one of the residents attended their part time job locally, another resident went out for a hair cut and meal out. Two of the residents attended a flower arranging course on the afternoon of the inspection which was organised by the provider's activity coordinator. A number of residents told the inspector that they were looking forward to attending the local weekly social club later that evening. One of the residents spoke at length with the inspector about their love of gaelic hurling and football. It was evident that the residents were very much part of their local community. One of the residents was a Eucharistic minister in the local church. A number of the residents advised the inspector of their personal recommendations for food and cloths shopping, and for hairdressers and beauticians in the local town. A healthy diet was supported and promoted in the centre with one of the residents attending a local weight management support group within the community.

There was an atmosphere of friendliness in the centre. Each of the residents appeared in good form and were observed smiling and chatting to each other and staff. Staff were observed to treat residents with kindness and respect. This included observations of a staff member knocking and seeking permission before entering a resident's bedroom and advising the inspector of one of the resident's preferences not to have any visitors in their bedroom. This preference was respected by the inspector. One of the residents had personally handwritten the majority of the sections in their personal support plan which clearly detailed their preferences and choices for all aspects of their life.

A number of the residents enjoyed a consistent routine and engaged in numerous meaningful activities in their local communities. One of the residents was engaged in a day service programme for three days per week. The other residents were not engaged in a formal day service programme but had an individualised service provided from the centre. The provider had an activity coordinator who coordinated activities for residents across the service and a number of the residents engaged in activities such as Bocce, flower arranging, art classes, bowling, and cinema outings with the activity coordinator. One of the residents had membership in a local leisure facility and gym which they attended weekly. A resident was engaged in a share a

break scheme with an identified individual on generally a weekly basis and engaged in many common interests with the individual, such as art, wood work and gardening. A number of the residents were engaged in the special Olympics.

Other activities that one or more of the residents engaged in included, visits to family, reflexology treatments, shopping trips and charity shop visits, beauty treatments, walks in parks and sensory gardens, beach visits, cooking and baking, coffee and meals out, arts and crafts, social clubs and trips to shows and the cinema. In the previous period, a number of the residents had individually with staff support, engaged in overnight hotel stays, attended spa days, concerts, football matches and boat trips. One of the residents volunteered in a local agricultural show each year which they told the inspector that they really enjoyed having come from a farming background.

Religious beliefs were important for a number of residents which was respected with staff supporting individual residents to attend mass and religious relics. One of the residents had personal plans with staff support, to attend a well known religious shrine and pilgrimage centre to celebrate their birthday. Some of the residents enjoyed writing letters to family and friends which was supported and encouraged by staff. One of the residents had their hair professionally washed and styled by a local hairdresser once a week which they told the inspector was their treat for them selves which they really enjoyed. The centre had a dedicated vehicle for the use of staff supporting the residents to attend various activities and outings within the community. A good percentage of the staff team were named drivers which meant that there was always a driver on shift to support residents.

It was found that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents. However, staff met with, and the person in charge told the inspector that the residents' families were happy with the care and support being provided for their loved ones. The residents were supported to maintain relations with their respective families with visits in the centre and to their respective family homes. The provider had completed a survey with the residents and their relatives as part of their annual review of the quality and safety of care. This indicated that families were happy with the care and support being provided for their loved ones.

In summary, this was a well run service which provided quality care for the four residents living in the centre. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. The provider had ensured that the centre was resourced with sufficient facilities and available supports to meet the needs of the residents. There was one whole time equivalent staff nurse and two care staff vacancies. Recruitment for this position was underway and the vacancies were generally being covered by regular relief staff members.

The centre was managed by a suitably qualified and experienced Interim person in charge. The interim person in charge held the role of assistant director of nursing across the wider service. They were being supported by a deputy manager who had full protected time for their role and was not responsible for any other centre. The interim person in charge reported that they felt supported in their role and had regular formal and informal contact with their manager. The actual person in charge was on extended leave but it was reported on the day of inspection that they would not be returning to their role. A new clinical nurse manager grade 2 had recently been appointed and it was proposed that they would be taking up the full time position of the person in charge for the centre. This had not yet been notified to the chief inspector but the new proposed person in charge was found to be suitably qualified and experienced, and to have a good knowledge of the requirements of the regulations.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The interim person in charge reported to the director of nursing who in turn reported to the general manager.

Registration Regulation 5: Application for registration or renewal of registration

The purpose of the inspection was to assess the provider's application to renew the registration of the designated centre. The inspector reviewed the documentation submitted as part of the renewal application, including the statement of purpose and supporting information required under Schedule 1 of the Regulations. The inspector found that the provider had submitted a complete and accurate application for renewal of registration.

Judgment: Compliant

Regulation 14: Persons in charge

The interim person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The inspector reviewed the Schedule 2 information, as required by the Regulations, which the provider had submitted for

the interim person in charge. These documents demonstrated that the interim person in charge had the required experience and qualifications for their role. The interim person in charge held the position of assistant director of nursing across the wider service but in interview with the inspector, demonstrated a good knowledge of the six residents' care and support needs and oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills and experience to meet the assessed needs of the residents. However, at the time of inspection, there was three whole time equivalent staff vacancies. This vacancies were generally being covered by regular relief staff. Recruitment for the positions was reportedly underway. A significant number of the staff team had been working in the centre for an extended period. The inspector reviewed the actual and planned duty rosters which demonstrated that there were an adequate number of staff with the required skills to meet residents' assessed needs. The inspector noted that the individual residents' needs and preferences were well known to the interim person in charge, deputy manager and the staff met with on the day of this inspection. The staff team comprised of staff nurses, care assistants, deputy manager and the interim person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents.

Training records reviewed by the inspector showed that staff had attended all mandatory and refresher training. There was a staff training and development policy. A training programme was in place and coordinated centrally. A training needs analysis had been completed.

Staff supervision arrangements were in place. Team meetings were undertaken on a regular basis. The inspector reviewed the minutes of staff meetings. These were chaired by the person in charge and noted to provide an opportunity for staff to discuss residents' needs and any emerging issues. The meetings were considered to be supportive of staff member roles and promoted consistency in the operation of the centre.

There were no volunteers working in the centre at the time of inspection.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The inspector reviewed a defined management structure document, with clear lines of authority and accountability. Staff spoken with were clear on the management structures and supports in place.

The provider had completed an annual review of the quality and safety of the service and unannounced visits on a six-monthly basis as required by the Regulations. A number of audits and checks were completed in the centre in line with an audit schedule in place.

These included health and safety, finance, infection prevention and control audits, medicines management, finance audit and fire safety checks. There was evidence that actions were taken to address issues identified in these audits and checks.

Management were actively involved in overseeing the service and were visible within the centre, ensuring they were known to residents. Feedback mechanisms were in place. This allowed residents, staff, and family members to share their views, which informed ongoing improvements in the service.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose clearly described the centre's aims and objectives, the services provided, the governance and management arrangements in place, and the staffing complement required to operate the centre. It accurately reflected the current designation of the centre, the number of residents accommodated, and the physical layout of the premises. An amendment required to the admission criteria of the centre to align with provider policy and made and submitted post inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a suite of policies and procedures in place pertaining to the matters set out in schedule 5 of the Regulations. These were readily available for

use by staff in the centre. Each of the policies had been reviewed in the preceding 3 year period in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights. Some areas for improvement were identified in relation to the maintenance of the premises, provision of cooking facilities in the apartment and use of restrictive measures.

The residents' well being, protection and welfare was maintained by a good standard of evidence-based care and support. A personal support and care plan document reflected the assessed health, personal and social care needs of each resident and outlined the support required to maximise their personal development in accordance with their individual needs and choices. An annual review of the personal plan in line with the requirements of the regulations had not been undertaken for each of the residents in the preceding 12 month period. The residents individually and collectively presented with minimal behaviours of concern.

The health and safety of residents, visitors and staff were promoted and protected. The provider was found to have good systems in place to ensure that health and safety risks, including fire precautions were mitigated against in the centre. Adverse events were reported and actions were put in place where required, which were then shared with the staff team to ensure that they were implemented. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control arrangements had been provided for staff.

Regulation 17: Premises

The inspector observed that all of the matters set out in schedule 6 of the Regulations were in place. However, worn and chipped paint was observed on a number of walls and woodwork throughout the house. In addition painting to the exterior of the house was also required and that new windows for both houses would be required.

The provider had identified these issues through their own audit processes. The interior and exterior of some of the presses in both kitchens had worn and broken surfaces in areas. The kitchen hob in one of the kitchen had worn surfaces. This

meant that these areas were more difficult to effectively clean from an infection control perspective. The kitchen in the apartment area was noted to have limited cooking facilities as there was no cooker or hob available. Hot meals for residents living in the apartment were prepared in the kitchen of the adjoining house.

This meant that residents living in this area had limited involvement in buying, preparing and cooking their own meals. It was noted and reported by staff that the current resident living in the apartment had limited interest in being involved in food preparation or cooking.

Each of the residents had their own bedrooms which they had personalised according to their individual taste unique personality and preference. Pictures of loved ones and other memorabilia were on display in each of the residents bedroom and some communal areas. It was evident from speaking with a number of the residents that they were proud of their home.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected.

The inspector reviewed environmental and individual risk assessments and safety assessments, which had recently been reviewed. The inspector also reviewed a schedule of checklists relating to health and safety, fire safety and risk, which were completed at regular intervals. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences. The inspector reviewed records of incidents.

Overall, there was a low number of incidents and evidence that all incidents were reviewed by the person in charge, and where required, learning was shared with the staff team and risk assessments were updated to mitigate their re-occurrence.

The provider had a risk officer in place who could support the centre management with risk register monitoring, reviews of incident trends and or in conducting serious incident reviews where required.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. A personal emergency evacuation plan was in place for each resident and accounted for the mobility and cognitive understanding of the respective resident. Risk assessments for fire had been completed and were subject to regular review.

The inspector observed that there were adequate means of escape. A fire assembly point was identified in an area to the front of the house. Records reviewed by the inspector showed that fire drills involving the residents had been undertaken on a regular basis. It was noted that residents evacuated in a timely manner.

The inspector reviewed documentary evidence that the fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. Records reviewed showed that all fire fighting arrangements were checked regularly as part of internal checks in the centre.

The inspector tested the release mechanism on a sample of doors and found that they were successfully released and observed to close fully. There was an up-to-date fire safety policy in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal support and care plans for a sample of the residents. The inspector found that the plans reflected the assessed needs of the residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices.

Meaningful and measurable goals had been identified for each of the residents and there was evidence that progress in meeting those goals were being monitored. An activity schedule for each resident was maintained. Communication passports were in place for residents identified to require same and there had been a recent speech and language communication assessment for one of the residents.

The provider had an advanced nurse practitioner in place who supported staff in the centre, specifically in relation to completing any required referrals for residents. An annual review of each resident's personal plan had been completed in the preceding 12 month period, in line with the requirements of the regulations. Each of the residents had an end-of -life care plan in place.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the residents' healthcare needs appeared to be met by the care provided in the centre. The residents had their own General Practitioner (GP) who they visited as required. This is a staff nurse led service with a staff nurse on duty 24/7. The provider had an advanced nurse practitioner for chronic diseases who was available to support staff where required. A healthy diet and lifestyle was being promoted for each resident with weekly menu planning. One of the residents attended a weekly weight management support group within the community. An emergency transfer sheet was available with pertinent information for each resident should they require emergency transfer to hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were suitable arrangements in place to ensure that staff had up to date knowledge and skills to support residents to manage behaviours. It was noted that on infrequent occasions the behaviour of a small number of residents could be difficult for staff to manage in a group living environment. However, incidents were considered to be well managed with residents suitably supported.

It was identified on the day of inspection that a restriction was in place in one of the resident's bedrooms which had not been identified as a restriction, the resident's bed frame had been securely screwed to the flooring in the room. The inspector identified that this could limit the resident's freedom of movement and that they could not easily reposition their furniture or adapt the space if they so wished. This meant that their personal autonomy in their room was impacted.

There was limited evidence to show that this restriction had been applied in accordance with national policy or evidence based practice or that it was subject to regular review with a goal to reduce or remove. The provider had not identified, assessed or reviewed it as a restriction and consequently the provider could not be assured that it was necessary, the least restrictive or any alternative measures could be used.

In addition, the door for the hot press on the first floor of one of the houses was locked. This limited the residents access to this area. However, the rationale for this was not clear and there no evidence of review or attempts to reduce or remove the restrictions.

Judgment: Not compliant

Regulation 8: Protection

There were measures in place to protect the residents from being harmed or suffering from abuse. There had been no safeguarding concerns reported in the centre in the preceding 12 month period. The residents individually and collectively presented with minimal behaviours of concern. The provider had a clinical nurse specialist in behaviour support to provide guidance and support for staff were required.

There were no safeguarding plans in place at the time of inspection. Suitable safeguarding procedures and reporting arrangements were in place. The provider had a safeguarding policy in place. The person in charge and staff members met with on the day of inspection had a good knowledge of safeguarding procedures.

Intimate care plans were in place for each of the residents which provided good detail so as to guide staff on how best to support residents with their intimate care needs.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted by the care and support provided in the centre. The residents had access to the national advocacy service if they so chose. The inspector observed that information on residents' rights, complaints process, decision making capacity and the national advocacy service were available in the centre.

There was evidence in daily notes reviewed by the inspector of active consultations with residents and their families regarding the resident's care and the running of the centre. There was a complaints procedure in place. There had been no complaints or safeguarding incidents in the preceding 12 month period.

The provider had an advocacy group in place, two of the residents were members and attended monthly meetings. A number of the residents the inspector met with spoke about their rights and told the inspector that they choose ' where they go and what they want to eat'. One resident told the inspector that they felt their rights were important 'to keep yourself happy'.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for 47/48 Towerview OSV-0005397

Inspection ID: MON-0041767

Date of inspection: 30/04/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: An extensive review of maintenance requirements for the designated center was undertaken. The HSE maintenance department completed a review of painting and external works. The required external painting requirements will go out to tender in July 2026 and will be completed, weather permitting in a timely manner. The identified internal painting has been included on the priority painting schedule and is due for completion by Quarter 4 of 2026.The worn presses in both kitchens have been assessed by maintenance, and the necessary repairs will be carried out. Replacement of windows is currently being explored in conjunction with maintenance and will be completed as priority. The kitchen hob has been replaced, and all necessary appliances have been installed into the apartment area and residents can now have a choice of been involved in their own food preparation.	
Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: A Multidisciplinary team meeting including the resident was held on the 03/06/2026 to review current the restriction in place. The resident specifically requested that the bed and Bedside Locker are to remain secured due to concerns regarding to her safety and comfort as the resident has a compulsive history of consistently moving furniture. The resident has capacity to make this decision and provided informed consent, and a bedroom safety strategy is in place. This is consistent with the residents will and preference	

The measures have been discussed with the multidisciplinary team and documented in accordance with restrictive practice national and local policy. This restrictive practice will be reviewed periodically by the restrictive practice committee comprising of a multi-disciplinary team to include the psychologist, CNS in positive behavior support and the PIC

A review of the locked hot press door on the first floor was carried out by the Fire officer. The rationale which is consistent with normal fire safety practice is that the door of the hot-press is locked as it would be common practice to have this indicated as the fire door has no self-closing device attached, but with the signage to indicate it will remain locked. This is because the room is not a habitable space and remains a secured room. The Fire officer has indicated the door should continue to operate as a locked secured fire door, which is consistent with normal fire safety practice and the room remains appropriately controlled. Risk assessment completed and in place. All residents have adequate storage space for their belongings and no individual items belonging to residents are stored in the hot press.

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	01/12/2026
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and	Substantially Compliant	Yellow	12/06/2026

	inconvenience to residents.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	03/06/2026
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	03/06/2026
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Not Compliant	Yellow	03/06/2026