



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	The Abbey
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	31 March 2025
Centre ID:	OSV-0005444
Fieldwork ID:	MON-0037884

About the designated centre

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

The Abbey consists of a two-storey dormer style house located in a rural area but within a short driving distance to some nearby towns. The centre can provide full-time residential support for up to four residents of both genders, over the age of 18 diagnosed with intellectual disabilities and autism. The centre is divided up into a main house (which has two bedrooms for residents, a living room, a sun room, a kitchen-dining room and a sitting-staff sleepover room) and two apartments areas for one resident each. In total the centre can accommodate four residents, each of whom has their own bedroom. The centre is staffed by a person in charge, a deputy person in charge, a shift lead manager, a social care worker and assistant support workers with maintenance and administration support also provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 31 March 2025	10:10hrs to 18:45hrs	Conor Dennehy	Lead
Monday 31 March 2025	10:10hrs to 18:45hrs	Deirdre Duggan	Support

What residents told us and what inspectors observed

Four residents were living in this centre at the time of inspection. During the course of the inspection all residents were met but some residents did not interact with inspectors. Surveys completed for all four residents contain positive responses.

This designated centre was divided up into a main house, with communal rooms and two individual resident bedrooms, and two apartments that both provided a living area for one resident each. As such, the centre had a maximum capacity for four residents. When inspectors arrived at the centre to start the inspection, all four residents were present in the centre but none were initially present in communal areas of the main house on the ground floor. It was observed that such areas of the main house were clean, well-furnished and well-maintained. For example, the entrance hall of the centre had art drawings of each resident hung on the wall.

When the inspection commenced, all residents were either in their individual bedrooms or in their apartments. Over one hour after the inspection commenced, one resident came down from their bedroom on the first floor and went into the kitchen-dining area. Staff and management present warmly greeted the resident who was offered a pancake. The resident initially declined this offer but later accepted a second offer of one. After having their breakfast, the resident returned to the first floor on the main house where they spent time in a sitting room that also doubled as a staff sleepover room at night. Because of this, the resident was restricted in accessing this room at certain night-time hours. This had been identified as being a restriction on the resident but it was noted that there were other communal areas available for the resident to avail of at these times.

An inspector later spoke with this resident, in the presence of staff members, as they were relaxing in the sitting-sleepover room. This resident indicated that they had lived in this centre for years and liked living there. The resident told the inspector where they were from and talked about a particular car they wanted to get. It was also mentioned by the resident that they were doing their driving licence test soon. A staff member later told the inspector that the resident was being supported to learn the rules of the road but did not have a driving theory test or driving license test booked at the time of inspection.

Staff also informed the inspector that the resident liked to make lists and was making one to prepare for a planned trip to Limerick later in the year to celebrate the resident's upcoming birthday. The resident told the inspector that later in the day they would be going to a nearby town to do some shopping and to get a haircut. In the afternoon of the inspection, this resident left the centre with a staff member to drive to a local village using one of the vehicles provided for the centre. From the village the resident and staff took a public transport bus to the town before returning to the centre near the end of the inspection. Inspectors were informed that this mode of transport was chosen as the resident had an interest in

buses.

Aside from this resident, an inspector also visited the two apartments in the company of staff and met both residents living there. One of these residents did not significantly interact with the inspector during this time and indicated that they wanted staff and the inspector to leave shortly after they entered. The other resident did briefly take the hand of the inspector but otherwise did not engage with him. It was observed that both apartments were bare in their general appearance while certain furniture were also used. For example, in one apartment some furniture was securely fastened while in the other a soft bed was used. It was indicated that the apartments were set up as such due to assessed needs of both residents.

While the two residents in the apartments did not communicate verbally with inspectors, an inspector did read surveys that had been completed for both. As this inspection had been announced, surveys had been issued to the centre before the inspection with surveys having been completed for all four residents with the support of staff members. These surveys asked questions on various areas about what life was like for residents in the centre. Respondents were given an opportunity to indicate answers of 'yes', 'no' or 'it could be better'. Overall, the four surveys indicated 'yes' answers for the vast majority of questions. This indicated positive responses in all areas queried including rights, visitors, activities, staff support and the residents 'home.

The centre where residents lived was surrounded by a garden area which had garden benches present. It was noted though that in the driveway up to the centre, some of the ground present was of a rougher appearance with limited grass present. The centre's septic tank was located in this area with inspectors observing a noticeably wet patch located close by it. When queried management of the centre insisted that there were no issues with the centre's septic tank nor the water supply for the centre. However, it was indicated that the septic tank was due to receive a maintenance and repair visit shortly after this inspection while records provided confirmed that the septic tanks had been twice emptied since September 2024. This was despite a safety statement provided indicating that this septic tank was to be serviced or emptied every one to two years.

Before the inspection concluded, inspectors also met the fourth resident who lived in this centre. After coming down from their bedroom in the inspection's afternoon, this resident greeted inspectors and, in keeping with the resident's needs, spent much of their time for the remainder of the inspection in the main house's kitchen-dining area. During this time, the resident spoke briefly with both inspectors and indicated to inspectors that they were having a good day but otherwise did not significantly interact with inspectors. This resident was heard to interact frequently with staff and management and discussed plans for their next birthday. Near the end of the inspection, the resident was seen to be using a laptop to watch some videos in kitchen-dining area. No other resident was present in this area at the time and inspectors were informed that the residents living in this centre did not interact with one another.

In summary, the main house of the centre was seen to be well-presented on the day of inspection. Both apartments that also formed part of the centre were seen to be more bare in their appearance with this linked to needs of residents living there. Positive responses were indicated in the surveys completed for all four residents. One of these residents told an inspector that they liked living in the centre.

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

Capacity and capability

An overall good level of compliance was found during this inspection. This included areas related to staffing and the centre's insurance. An action though was identified relating to a required notification.

This designated centre was registered until September 2025 with no restrictive conditions. The centre had been previously inspected on behalf of the Chief Inspector of Social Services in September 2023 where an overall good level of compliance was found with the regulations. Since that inspection, the provider had submitted an application to renew the registration of the centre for a further three years beyond September 2025. As such the purpose of the current inspection was to inform a decision on this application and to assess the provider's compliance with regulations for this centre I more recent times. Overall, this inspection continued to find a good level of compliance with the regulations. This indicated that the centre was being appropriately managed, monitored and resourced. Required documentation was also found in order including, staff files, the centre's insurance arrangements, and policies for the centre. It was identified though that a required notification relating to the person in charge had not been submitted in a timely manner.

Regulation 15: Staffing

In accordance with this regulation's requirements, specific documentation relating to all staff working in a centre must be obtained. This documentation includes written references, full employment histories and evidence of Garda Síochána (police) vetting. Documentation for two staff members were reviewed by an inspector with all of the required documentation found to be in place.

Aside from such matters, this regulation also requires staffing arrangements in a centre to be in accordance with the centre's statement of purpose and the needs of residents. Taking into account staff rotas reviewed for 2025, discussions with staff

and observations on the day of inspection, the centre's staffing arrangements were meeting the requirements of this regulation in this regard. It was noted though that additional documentation had to be provided by management of the centre to confirm that night-time staffing levels were in place after the rotas provided initially indicated that night-time staffing levels had been lower on a recent night.

Judgment: Compliant

Regulation 16: Training and staff development

During the course of this inspection, an inspector was provided with a training matrix that contained details of the training completed by staff working in the centre. This matrix listed 27 different staff members and indicated that all of these staff had completed various training to support the needs of residents. This included training in areas such as manual handling, first aid and providing intimate care. The matrix indicated that all of these trainings were in date and no staff member was overdue any refresher training at the time of this inspection.

Judgment: Compliant

Regulation 22: Insurance

As part of the registration renewal application sent to the Chief Inspector, the provider had submitted documentary evidence which indicated that appropriate insurance arrangements were in place for this centre.

Judgment: Compliant

Regulation 23: Governance and management

Key requirements under this regulation were being met. These included:

- Three unannounced visits to this centre had been conducted by representatives of the provider since the September 2023 inspection. These had occurred at least once every six months, mostly recently in January 2025.
- These three unannounced visits were reflected in written reports which were available to inspectors to review. When reading these reports it was observed that they considered regulations relevant to the quality and safety of care and support provided in the centre such as Regulation 7 Positive behavioural support and Regulation 8 Protection

- All of the three provider unannounced visit reports included a plan to address any areas for improvement identified with time frames and responsibilities assigned for addressing these.
- An annual review for the centre had been completed in September 2024 and updated in January 2025. A report of this annual review was provided to an inspector. When reading this it was noted that it assessed the quality and safety of care and support provided in the centre while taking into account relevant national standards. An easy-to-read version of this annual review was also available to provide to residents.

However, it was noted that, while the annual review contained the outcome of consultation from residents' relatives, it was not clear what the outcome of consultation with residents' actually was.

Overall though, the current inspection found a good level of compliance across the regulations reviewed. This indicated that the management and monitoring systems in place were operating effectively to ensure that residents were safety, had their needs met and received a consistent service. Taking into account the judgement under Regulation 15 Staffing and the availability of multiple vehicles for the centre, no concerns around the resourcing of the centre were identified.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose is an important governance document that describes the services and supports to be provided to residents. Under this regulation, a statement of purpose is required to be in place for a centre and must also contain specific information such as the information set out in the centre's certificate of registration, the criteria used for admission and the fire precautions for the centre. The statement of purpose present on the inspection was found to contain required information however it was noted that it did not outline the size of one room in the centre. This was highlighted during the inspection. Following the inspection a revised statement of purpose was submitted but it continued not to include the size of the same room.

Judgment: Substantially compliant

Regulation 32: Notification of periods when the person in charge is absent

Under this regulation, an absence of the person in charge for a continuous period of 28 days or more, which is not due to an emergency, must be notified to the Chief Inspector no later than one month before the absence is to start. On 23 January

2025, the provider had submitted a notification indicating that the person in charge was to commence a planned absence on 5 February 2025. As this notification was only submitted 13 days in advance of the start date of the person in charge's absence, it had not been submitted in a timely manner.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Under this regulation, the provider must ensure that specific policies, in areas such as safeguarding, visitors and communication with residents, are in place. Having such policies is important to offer guidance on practices in designated centres such as The Abbey. During this inspection, the centre's policies were reviewed and it was found that all of the required policies were present. These policies had been reviewed within the previous three years as required.

Judgment: Compliant

Quality and safety

Evidence of good supports during this inspection was found in areas such as safeguarding, residents' personal plans and residents' nutrition. Such findings contributed to an overall good level of compliance. Some actions were identified related to a resident's choice and the absence of hand sanitiser in the centre.

No immediate safeguarding concerns were identified during this inspection and it was noted that negative interactions between residents had decreased in the time leading up to this inspection. Documentation provided indicated that any safeguarding matters had been appropriately screened. Other documentation reviewed during this inspection included residents' personal plans. These contained guidance on supporting the assessed needs of residents in areas such as nutrition and health needs. It was noted though that one resident's personal plans did not set out the resident's choice related to potential medical interventions. Aside from this, on the day of inspection, inspectors were informed that no hand sanitiser was present in the centre despite this being an identified control measure for managing risks related to infection prevention and control. Risks related to fire safety systems were found to be appropriately mitigated by the presence of fire safety systems and regular fire drills that were being conducted in the centre.

Regulation 10: Communication

Media was provided within the centre including radio and television while one resident was seen to use a laptop to watch videos. Staff members were observed to be aware of the particular communications needs and preferences of residents. For example, one staff member was aware of what a particular hand gesture made by a resident meant. On another occasion when an inspector was speaking with a different resident, he had some difficulty in understanding what the resident was saying but staff present had a better understanding of this.

A number of visual communication aids such as planners and routine prompts were observed displayed in the centre. Aside from what was observed, communication documented guidance was available for residents which provided a good overview of the communication needs of residents. Residents had access to speech and language supports if required.

Judgment: Compliant

Regulation 11: Visits

Given the layout of the centre and the space provided within it, as observed by inspectors, suitable facilities were available for residents to receive visitors in private if they wished to do. Staff members spoken during this inspection indicated that the residents received visitors in the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were being supported with their day-to-day finances. As part of this logs were kept of purchases made by residents with corresponding receipts maintained and signed for. An inspector reviewed a sample of resident finance logs and found that the balances recorded were accurate. Some residents had storage facilities provided for their bedrooms. Other residents, given their assessed needs, did not have such storage provided within their bedrooms but other storage rooms were present in the centre for these residents. Suitable laundry facilities were present in the centre. One resident was observed being involved in their laundry by bringing down their laundry basket from their bedroom.

Judgment: Compliant

Regulation 17: Premises

The internal of the premises provided was seen to be clean, well-presented, well-maintained and well-furnished on the day of inspection. While the premises did have two individual apartments for one resident each, communal areas provided in the main area of the centre included a living room and a sun room. Appropriate bathroom facilities were also seen to be present.

Judgment: Compliant

Regulation 18: Food and nutrition

Staff working in the centre had completed training in food hygiene based on a training matrix provided. It was observed that appropriate facilities were provided for food to be stored hygienically in. Guidance was present within residents' personal plans around the food that residents were to have to support their needs. It was seen that where a resident had restrictions in place around their diet, these had been carefully considered and managed so that the resident continued to be provided with choices and retain some autonomy over their diet. Staffing levels in the centre meant that residents could access food at all times despite some restrictions that were in place to support this resident. Records reviewed indicated that residents were offered a variety of food with various different food types seen to be present in the centre such as fruit, vegetables, meat and fish. Residents were seen to prepare their own meals and snacks if desired and were observed to be offered choices in relation to their food and drink throughout the inspection.

Judgment: Compliant

Regulation 20: Information for residents

This centre had a residents guide that had been reviewed in February 2025. An inspector reviewed this and found that it contained all of the required information including details of the arrangements for resident involvement in the running of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

A system was in place for any accidents and incidents occurring to be recorded and reviewed. This is an important aspect of a risk management process. A risk

management policy was also in place. In keeping with this policy, a risk register for the centre was in place that had been recently reviewed. This risk register contained various risk assessments for identified risks and outlined control measures to mitigate the potential for these risk to occur or adversely impact residents. Each resident also had an individual risk management plan in place that was specific to them. These had also been reviewed in recently in advance of this inspection. When reviewing one these individual risk management plan, it was noted that the individual risk management plan did not accurately reflect the guidance in place around the particular health needs of the resident although it was acknowledged that guidance in this area was contained within the resident's personal plan.

Judgment: Substantially compliant

Regulation 27: Protection against infection

A training matrix provided indicated that all staff had completed relevant training related to infection prevention and control including hand hygiene. Having hand sanitiser plays an important role in hand hygiene and inspectors observed the presence of wall mounted hand sanitiser dispensers in the centre. However, when inspectors tested two of these shortly into the inspection, it appeared that they were not working or were empty. It was subsequently confirmed that there was no hand sanitiser present in the centre on the day of inspection. While it was acknowledged that the centre did have hand washing facilities, the presence of hand sanitiser in the centre was listed as an existing control measure to mitigate risks related to infection prevention and control in a relevant risk assessment reviewed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Appropriate fire safety systems including a fire alarm, fire extinguishers, a fire blanket and emergency lighting were seen to be present in the centre. Records were seen which indicated that such systems were receiving maintenance checks by external contractors were to ensure that they were working effectively. Multiple fire drills had been conducted in the centre since the previous inspection in September 2023. These drills had been done at varying times, including to reflect a night-time situation when staffing levels would be at their lowest, with low evacuation times recorded. Residents had personal emergency evacuation plans which outlined the supports they needed to evacuate the centre. The training matrix provided indicated that all staff had completed training in fire safety.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Secure facilities were present in the centre for medicines to be stored in including for control medicines (these are medicines which by the nature require stricter controls). An inspector viewed the medicines storage provided and found it to be appropriately organised. Each resident's medication was stored separately in a locked press and there was a separate storage area for medicines that were for return to the pharmacy. It was also seen that a sample of medicines reviewed were appropriately labelled and in date. A sample of medicines documentation was also reviewed for residents and found to be in order while a controlled medicines register was in place and seen to be completed in line with best practice. Staff had completed training for the administration of medicines based on a training matrix seen. A system was also in operation for any medicine errors that occurred to be logged and reviewed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Under this regulation, each resident must have an individualised personal plan in place. Such plans are intended to set out the health, personal and social needs of residents while also providing guidance on how these needs are to be met. During the inspection, the personal plans of three residents were reviewed by inspectors along with selected parts of the fourth resident's personal plan. From the documentation reviewed, recently reviewed guidance on supporting the needs of the residents was in place. It was also noted the contents of these personal plans had been informed by recently reviewed comprehensive assessments of needs. The personal plans reviewed, along with discussions with staff and management, indicated that residents' current home was suited to their assessed needs.

Judgment: Compliant

Regulation 6: Health care

Records reviewed during this inspection indicated that residents were supported to attend or avail of appointments or reviews with various health and social care professionals such as a general practitioners and an endocrinologist. Guidance on supporting residents with their assessed health needs was contained within their personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some restrictive practices were in use in this centre with documentation provided indicating these restrictive practices were subject to review. Given the needs of residents, guidance on how to support these residents to engage in positive behaviour support was provided within their personal plans. Incident reports reviewed suggested that such guidance was being followed in practice while staff members spoken with demonstrated a good knowledge of this. All staff had completed training de-escalation and intervention based on a training matrix reviewed.

Judgment: Compliant

Regulation 8: Protection

Since the previous inspection in September 2023, some notifications of a safeguarding nature had been submitted to the Chief Inspector from this centre. Document provided during this inspection indicated that such matters had been appropriately screened and reported to a relevant statutory body. Some of the safeguarding incidents notified involved negative interactions between residents but it was noted that no such incident had occurred since July 2024 based on documentation reviewed and discussions with staff members. As such, while the centre did have a general safeguarding plan in place that had been recently reviewed, no immediate safeguarding concerns were identified during this inspection. When reviewing a training matrix provided, it was seen that all staff working in the centre had completed safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were seen to be treated respectfully by staff throughout the inspection. For example, staff were overheard to knock on the apartment doors before entering these to see the residents living in them. However, when reviewing records related to one resident, it was noted that the resident's choice related to potential medical interventions in certain situations were not clearly set out. While specific details were viewed in respect of the wishes of the residents' representative in relation to restricting particular medical interventions, it was not clear what efforts, if any, had

been made to consult with or determine the resident's wishes in this respect.
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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 32: Notification of periods when the person in charge is absent	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Abbey OSV-0005444

Inspection ID: MON-0037884

Date of inspection: 31/03/2025

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:	
1. The Person in Charge will ensure that the annual review for the Centre reflects commentary, feedback, achievements and the experience of the Individuals supported and their relevant stakeholders. Key working sessions will be completed for October 2024 annual review and the annual review will be updated.	
Due Date: 31 May 2025	
2. This annual review will be reviewed by the Director of Operations in October 2025 to ensure that it captures all information and that the results are shared with the Individuals within the Centre and their relevant stakeholders.	
Due Date: 31 October 2025	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose:	
1. The floor plans have been reviewed, updated and dimensions in the room have been marked clearly on the plans and will be submitted to the Authority.	
Due Date: 30 May 2025	
Regulation 32: Notification of periods when the person in charge is absent	Not Compliant
Outline how you are going to come into compliance with Regulation 32: Notification of	

<p>periods when the person in charge is absent:</p> <p>1. All notifications to be submitted in line with regulations when a Person in Charge will be absent from the designated Centre for a continuous period of 28 days or more, as per regulations.</p> <p>Due Date: 31 May 2025</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>1. A full review of all Individual Risk Management Plans will be undertaken by the Person in Charge and the Director of Operations to ensure there is clear guidance for the staff team. The PIC will also ensure that they have appropriate systems in place for the ongoing monitoring and reviewing of IRMP's.</p> <p>Due Date: 27 May 2025</p> <p>2. The Person in Charge and Centre Management will raise all Individual Risk Management plans at the next team meeting to discuss the contents with the Team.</p> <p>Due Date: 27 May 2025</p> <p>3. A test of knowledge will be completed by all Team Members on all Individual Risk Management Plans to ensure they are understood, and assurances received to ensure that they know the Individual's health assessed needs and the controls in place for same.</p> <p>Due Date: 31 May 2025</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>1. The Person in Charge will review all risk assessments in relation to Regulation 27 and update them with the relevant control measures in place.</p> <p>Due Date: 27 May 2025</p> <p>2. All prefixed to the wall hand sanitizers are to be removed from the Centre and the control measures in the associated risk assessment to be updated with the use of freestanding sanitizers.</p> <p>Due Date: 27 May 2025</p>	

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights:	
1. The Person in Charge will make an application for the Individual to the National Advocacy Service for appointment of an independent advocate.	
Due Date: 31 May 2025	
2. The Persin in Charge and allocated Key Worker will undertake Key Working sessions in a format appropriate to the needs of the Individual in respect of their will and preference in the context of their religion to ensure that their wishes are documented and respected.	
Due Date: 31 May 2025	
3. The Person in Charge with the Director of Operations will work with the independent advocate/s to ensure that all support provided is in line with Individual's assessed needs and their will and preference.	
Due Date: 31 May 2025	
4. The Person in Charge will discuss with the Health Service Executive to consider if they will make an application under the Assisted Decision-Making Capacity Act for an appropriate level of support to be appointed.	
Due Date: 31 May 2025	

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 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/10/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/05/2025
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Substantially Compliant	Yellow	27/05/2025

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/05/2025
Regulation 32(2)(a)	Except in the case of an emergency, the notice referred to in paragraph (1) shall be given no later than one month before the proposed absence commences or within such shorter period as may be agreed with the chief inspector and the notice shall specify the length or expected length of the absence.	Not Compliant	Orange	31/05/2025
Regulation 32(2)(b)	Except in the case of an emergency, the notice referred to in paragraph (1) shall be given no later than one month before the proposed absence commences or within such shorter period as may be agreed with the chief inspector and	Not Compliant	Orange	31/05/2025

	the notice shall specify the expected dates of departure and return.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	31/05/2025