Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

# Report of an inspection of a Designated Centre for Older People.

# Issued by the Chief Inspector

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| Name of designated centre: | CareBright Community |
| Name of provider: | CareBright Company Limited by Guarantee |
| Address of centre: | Ardykeohane, Bruff, Limerick |
| Type of inspection: | Unannounced |
| Date of inspection: | 21 May 2026 |
| Centre ID: | OSV-0005636 |
| Fieldwork ID: | MON-0050601 |

## About the designated centre

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

Care Bright Community Residential care facility was located near the town of Bruff. It was set in lovely spacious gardens which were tended by the gardener, the horticulturalist and any residents who wish to be involved. The centre consisted of three bungalows, each of which was designed to accommodate six residents. The community was designed to recognise people's ongoing right to home and connectedness to their family and community. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential dementia care and palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. There is a gym, hairdressers and Yarn-Cafe in the on-site "HUB". Care Bright employs a professional staff consisting of registered nurses, care assistants, maintenance, housekeeping and administrative staff. There is 24-hour nursing care provided.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 18 |

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (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 21 May 2026 | 09:45hrs to 17:45hrs | Sean Ryan | Lead |

## What residents told us and what inspectors observed

Residents living in CareBright Community reported feeling safe, supported, and respected in their daily lives. Residents spoke positively about the care and support they received and described the staff as kind, caring, and responsive to their needs. Residents were observed exercising choice and control over their daily routines and were supported to participate in activities and community life in accordance with their wishes and preferences. Discussions with residents indicated that they felt listened to and involved in decisions affecting their care and support, and that staff promoted their independence, dignity, and autonomy.

The inspector arrived unannounced at the centre to carry out a regulatory inspection focused on safeguarding and the protection of residents from the risk of abuse, while also examining how residents' rights were promoted and upheld in practice. As part of the inspection, the inspector followed up on information received by the Chief Inspector in relation to the centre, including notifications of allegations of abuse, and reviewed how safeguarding concerns had been managed, investigated, and used to inform learning and practice. On arrival, the inspector met with the person in charge who facilitated the inspection process and provided information regarding the governance and operation of the service.

The centre operated a household model of care and was described as the first service of its kind in Ireland to adopt this approach. The model was designed to support residents to retain as much autonomy and control over their lives as possible through a person-centred approach to care and support. The centre was structured as a village community where residents were supported to feel at home, maintain meaningful relationships, and exercise choice in their daily lives. Accommodation was provided across three individual houses, each accommodating six residents and supported by a dedicated staff team, with clinical oversight provided by nursing staff. Throughout the inspection, the environment was observed to support residents' privacy, dignity, independence, and opportunities for social engagement.

The premises were found to be well-maintained and designed to promote residents' well-being and quality of life. Residents had access to private outdoor spaces directly from their bedrooms, including patio areas with seating, planting, and mature hedging that supported privacy while allowing residents to enjoy the outdoors independently. These areas overlooked larger landscaped green spaces, including an area where goats were kept, which contributed to the homely and community-focused atmosphere of the centre. Plans were in place for further development of the outdoor environment, including raised planting beds and additional landscaping. Residents also had access to community amenities, including the Yarn Café and a social club attended by residents and members of the wider

community. These facilities provided opportunities for social inclusion, community participation, and the development of meaningful relationships beyond the centre.

The inspector spent time in each of the three houses and had opportunities to meet with residents and staff throughout the inspection. The atmosphere within the houses was observed to be calm, relaxed, and unhurried. Some residents had chosen to get up and begin their day early, while others remained in bed in accordance with their wishes and individual routines. Staff described how residents were supported to get up at times that suited their preferences and needs, with these preferences were reflected in their care plans. Meals were prepared within each house, and residents were supported to have breakfast and other meals at times that suited them. Residents were observed moving freely throughout their homes and accessing communal areas as they wished. Staff supervision was provided in a respectful and unobtrusive manner and was tailored to residents' individual assessed needs. Residents were supported to personalise and maintain their bedrooms, and the houses were found to be clean, comfortable, and homely, with colourful décor and furnishings contributing to a welcoming environment.

Staff spoken with demonstrated a good understanding of residents' individual needs, preferences, and support requirements. They were knowledgeable about residents' personalities, routines, and the factors that could impact on their well-being. Staff recognised that, as in any shared living environment, residents may not always get along with one another and described how their familiarity with residents' preferences, communication styles, and potential triggers helped them to anticipate and respond to situations before they escalated. This approach contributed to a calm and supportive environment where residents felt safe and secure.

Staff demonstrated a clear understanding of safeguarding and were able to describe the actions they would take if they had concerns regarding abuse or neglect. Discussions with staff also reflected a broader understanding of safeguarding as encompassing the promotion of residents' rights and well-being. Staff spoke about their role in supporting residents to exercise choice and control in their daily lives, maintain independence, and participate in meaningful activities, while ensuring that appropriate supports were in place to protect them from harm. Throughout the inspection, staff interactions with residents were observed to be respectful, person-centred, and consistent with the centre's philosophy of promoting autonomy, dignity, and freedom of choice.

The inspector observed that records relating to residents' care and support were maintained within each house, including care plans and records used to monitor residents' day-to-day needs. While care plans were securely stored, they were not readily accessible to care staff without support from nursing staff. In addition, some records containing residents' personal information were observed to be stored in communal areas and were not always maintained in a manner that fully protected residents' privacy and confidentiality.

The inspector spoke with a number of residents living in the centre and met with others who were attending activities within the wider village community. Residents spoke positively about life in the centre and described feeling happy, supported, and

respected. Residents who were able to express their views described having opportunities to make choices about their daily lives and participate in activities that were meaningful to them. Residents were supported to maintain links with their families and local community, with some attending swimming activities on a weekly basis and others regularly spending time with family members outside the centre.

Visitors were observed coming and going throughout the day, and residents were supported to maintain relationships that were important to them. For residents who could not readily communicate their views, the inspector observed warm and respectful interactions with staff, which indicated that staff were familiar with residents' preferences, routines, and support needs.

Residents expressed satisfaction with the care they received. They described their bedrooms as their own personal space, which they were encouraged to personalise. Each room had adequate storage for personal belongings, television and call bell facilities. Some residents had personalised their bedrooms with items to create a more homely and comfortable environment.

There were a variety of formal and informal methods of communication between the management team. It was clearly evident that the management team knew residents and their relatives well. Residents were consulted through opportunistic chats and formal residents' meetings. It was evident that residents were consulted about their care, such as where they would like to spend their time, the quality of food and activities. This ensured that residents' rights were upheld, such as having the right to freedom of expression, the right to complain, to hold opinions and to receive and impart information and ideas, particularly regarding the organisation of the service.

Residents were supported to participate in a range of meaningful social and recreational activities both within the centre and the wider village community. A number of residents spoke positively about the social opportunities available to them, particularly their attendance and the social club. Residents described this as an enjoyable part of their day and valued the opportunity to meet with friends, engage in activities, and maintain social connections within the community.

Overall, the inspector found that residents in CareBright Community received good quality health and social care from a team of staff that were committed to supporting residents to have a good quality of life, uphold their rights, and safeguard and protect them from the risk of abuse.

The following sections of this report detail the findings with regard to the capacity and capability of the provider, and how this supports the quality and safety of the service provided to residents.

## Capacity and capability

This inspection found that the service placed a strong emphasis on safeguarding residents and protecting them from the risk of abuse, while actively promoting and upholding their human rights. Residents were supported to live full and meaningful lives in an environment that was responsive to their individual needs and where overall systems, governance arrangements, and management practices worked effectively to protect them from harm. However, this inspection found that information received through some complaints in relation to the quality of care was not always appropriately considered for potential safeguarding implications, and issues of non-compliance were also identified in the systems of records management regarding the storage and accessibility of information.

CareBright Company Limited by Guarantee is the registered provider for CareBright Community centre. There was a clearly defined management structure in place that identified the lines of authority and accountability. The centre is governed by a board of directors, one of whom represented the provider, and a person in charge was employed full-time and reported to the company's chief executive offiver. The management structure was found to support effective governance and oversight of the service, including clear accountability for safeguarding practices and the promotion of residents' safety, rights, and well-being. Lines of authority were clearly defined, which supported effective decision-making, appropriate resource allocations, and oversight of the quality and safety of care provided to residents.

Established management systems were in place to support the monitoring, oversight, and implementation of safeguarding practices within the centre. A risk register was maintained to identify, monitor and manage risks, with controls in place to manage risks such as the potential risk of abuse of residents, the use of restraint, and managing responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Control measures were in place to reduce identified risks and support residents to live safely, while promoting their rights, dignity, and autonomy. However, the arrangements in place to support the evacuation of residents with higher support needs at night time had not been fully assessed from a risk management perspective. The potential impact of staffing arrangements on the timely evacuation of residents had not been identified as a risk, and consequently appropriate control measures had not been developed to address this scenario.

The provider had systems in place to assess safeguarding practices and compliance with safeguarding policies and procedures within the centre. Safeguarding audits reviewed areas including staff training, staff knowledge and awareness of safeguarding responsibilities, the documentation and management of safeguarding incidents, and the actions taken in response to safeguarding concerns. Audit criteria also considered residents' access to advocacy and safeguarding supports to promote and protect their rights and well-being.

An incident management system was in place to support the recording, review, and management of incidents within the centre. This facilitated documentation, investigation, and review of incidents, including the identification of outcomes,

learning, and any safeguarding implications arising from incidents reported. The provider maintained oversight of this process, and safeguarding incidents were appropriately documented and escalated to the provider. Where required, the service sought guidance and support from safeguarding professionals to inform safeguarding plans and ensure the measures implemented were effective in protecting residents from the risk of harm. However, a review of the records of two complaints found that a potential safeguarding incident had not been appropriately identified, documented or managed in accordance with the safeguarding policy and procedures. This resulted in missed opportunities for learning, improvement, and the implementation of safeguards to prevent the risk of recurrence and potential negative impact on residents. A subsequent safeguarding incident was found to receive appropriate action and was managed in accordance with safeguarding requirements.

Communication systems were in place to promote residents' safety and the quality of care provided. Staff meetings were held to discuss operational matters relating to the care of residents, as well as health and safety issues. Clinical governance meetings also took place. However, a review of the meeting records did not evidence that safeguarding was a standing agenda item or routinely discussed with staff. While staff referred to structured handovers and documents outlining resident's individual needs, they confirmed that safeguarding was generally only discussed in response to specific incidents, rather than as part of ongoing practice development.

Staff were supported and facilitated to attend training relevant to their role such as safeguarding vulnerable people, restrictive practices, and supporting residents with complex behaviours including positive behavioural support. Staff were generally knowledgeable regarding their safeguarding responsibilities, restrictive practices, and the actions required in response to safeguarding concerns. While staff did not always demonstrate a strong awareness of the formal human rights principles underpinning their training, discussions with the inspector indicated that the promotion of residents' rights, dignity, choice, and autonomy was embedded in their day-to-day practice and understating of their role in supporting and protecting residents.

The provider had policies and procedures in place governing the recruitment of staff to support the safeguarding and protection of residents from potential abuse. The inspector reviewed a sample of staff personnel and found that records contained the information required under Schedule 2 of the regulations, including Garda Síochána (police) vetting disclosures, documentary evidence of relevant qualifications, required references and current professional registration details.

## Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the identified needs of residents while maintaining their safety and promoting their rights. Residents were

appropriately supervised at all times and support to exercise choice in how they spend their day. Residents were provided with kind, considerate, and timely assistance in a respectful and unhurried manner.

The provider had ensured that staff personnel files contained all the requirements of Schedule 2 of the regulations.

Judgment: Compliant

## Regulation 16: Training and staff development

Not all staff demonstrate an appropriate awareness of their training in relation to a human rights-based approach to care, particularly regarding the principles of fairness, respect, equality, dignity, and autonomy and how these could be implemented in daily practice.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The provider's oversight and management systems to identify, manage and respond to risk and ensure residents' safety were not fully effective. For example;

- Not all potential safeguarding incidents were recognised, documented, investigated or notified to the Chief Inspector, in line the centre's policies and procedure. This impacted on the timely implementation of effective safeguards to protect residents.
- The system in place to communicate information relating to residents' individual care and safeguarding needs were not fully effective. Records, including residents' care plans and safeguarding plans, were not always readily accessible to staff, and as a result some staff were not fully aware of changes or updates made to residents' individual safeguarding plans.
- Systems in place for the management and storage of residents' personal information and records relating to their care were not consistently implemented in line with the centre's records management arrangements. This did not fully support the secure maintenance and protection of residents' confidential information.

Judgment: Substantially compliant

## **Quality and safety**

Overall, residents received care and support that promoted their safety, well-being, and quality of life. Systems and practices were in place to support the delivery of person-centred care, safeguard residents from the risk of harm, and uphold their rights. While this inspection identified a strong commitment to safeguarding and the promotion of residents' rights, not all information received through complaints about the quality and safety of the service was consistently considered from a safeguarding perspective.

The provider had adequate arrangements in place to meet the safeguarding needs of residents, as identified through their assessments and care plans. These arrangements were reviewed at regular intervals to ensure their continued relevance and effectiveness in meeting residents' changing needs. Residents had safeguarding care plans in place in relation to specific safeguarding incidents, as well as potential safeguarding risks, and these clearly outlined the measures required to manage and mitigate identified risks. The service had processes in place for assessing safeguarding needs, while also ensuring that residents were supported and empowered to pursue their interests and make choices involving positive risk-taking. Residents were actively encouraged to participate in activities they enjoyed within the community, and these activities were appropriately assessed and documented within their care plans. A rights-based approach to care planning was evident throughout the centre, and care plans demonstrated that residents were consulted and involved in the development and review of their plans.

Responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were appropriately managed in a manner that promoted the safety and well-being of residents and minimised the impact on others living in the centre. Staff demonstrated a satisfactory awareness and understanding of residents' individual support needs, including potential triggers that may result in episodes of responsive behaviour. As staff were familiar with these triggers, and the strategies required to support residents effectively, they were able to prevent incidents from occurring or escalating. Positive behaviour support strategies and positive risk-taking approaches were implemented to support residents in the least restrictive manner possible.

There were systems and measures in place to protect residents from abuse, including safeguarding training for staff and oversight arrangements by the person in charge to review and investigate safeguarding concerns and risks as they arose. All staff had An Garda Síochána (police) vetting disclosures on file. Staff had completed safeguarding training. Staff spoken with during the inspection demonstrated their knowledge of how to identify, respond to, and report safeguarding concerns. However, the inspector found that, where two complaints had been made in relation to the quality of care provided, these had not been consistently managed as potential safeguarding incidents, in line with the provider's safeguarding policy.

The registered provider had arrangements in place to ensure residents who experienced communications difficulties were appropriately assessed, and their communication needs were outlined in their individual care plans. Where safeguarding concerns arose, residents were informed of matters affecting them and the supports available to them in a manner that was appropriate to their communication abilities.

The provider fostered a culture in which a human rights-based approach to care was central to how residents were supported. Residents' care was underpinned by the principles of fairness, respect, equality, dignity, and autonomy, which were evident in day-to-day practice. Residents were supported to exercise their rights and make choices about their lives, including the right to take reasonable risks. For example, some residents chose to access community amenities, such as attending swimming activities on a regular basis. Residents were supported to understand and assess any associated risks, and safeguarding measures were implemented in a manner that was proportionate, least restrictive, and respectful of their rights and preferences. Safeguarding plans were kept under regular review to ensure they remained appropriate and effective, and residents' consent was sought and respected in decisions affecting their care and support.

## Regulation 10: Communication difficulties

Residents were supported to communicate freely and to express their views in accordance with their individual communication needs and preferences.

Records reviewed demonstrated that residents were consulted regarding safeguarding arrangements and that their views were taken into consideration when safeguarding plans were developed and reviewed. There was evidence that safeguarding measures implemented in response to identified risks were regularly reviewed and amended over time, where appropriate, to reduce restrictions and promote residents' independence while maintaining their safety.

Care plans clearly outlined residents' communication needs, including the use of assistive devices such as glasses and hearing aids, and staff spoken with demonstrated a good awareness of the supports required to facilitate effective communication and participation in decision-making.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Care plans were comprehensive, up to date, and person-centred, reflecting residents' assessed needs, goals, wishes, and preferences. Potential safeguarding risks to residents had been identified and clearly outlined, with guidance in place to

support staff in safeguarding residents while promoting their rights, independence, and autonomy.

Care plans provided clear direction to staff on the supports required and reflected decision-making processes that involved residents and, where appropriate, their families. Records also demonstrated a positive approach to risk-taking, supporting residents to make informed choices and pursue opportunities that enhanced their quality of life while maintaining appropriate safeguards.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Staff demonstrated up-to-date knowledge in relation to recognising and supporting residents to manage behaviours that may be challenging. Staff supported residents in ways that upheld their individuality, promoted choice, and ensured that support and engagement with residents were respectful.

Records reviewed showed evidence of positive risk-taking within the centre. For example, residents were actively consulted about decisions relating to their mobility and safety needs, particularly in relation to interventions designed to reduce falls or injury. Residents agreed to measures that they felt were reasonable, while emphasising that their independence remained central and was not diminished by supports put in place.

While a number of restrictive practices were in use in the centre, they were applied only when necessary, in line with policies and procedures, and informed by comprehensive risk assessments. Their application was subject to ongoing oversight by the management team to confirm that any use remained appropriate, proportionate to the risk, and protected residents well-being.

Judgment: Compliant

## Regulation 8: Protection

The provider had arrangements in place to safeguard residents and protect them from the risk of abuse. These arrangements were supported by policies and procedures that guided staff practices and outlined the organisations response to safeguarding concerns.

Staff had completed safeguarding training and demonstrated an awareness of their role in protecting residents from the risk of abuse. Residents reported that they felt

safe living in the centre, highlighting the supportive and respectful manager in which staff engaged with them.

The provider had systems in place to respond to and review incidents, complaints and concerns relating to residents' safety and well-being, and there was evidence that concerns raised were generally investigated and action taken to address identified issues and reduce the risk of recurrence. A culture of learning was evident, with information arising from incidents and reviews used to inform practice and service development. However, while appropriate action was taken in relation to two instances where concerns relating to the quality of care were raised, the concerns had not been fully considered in the context of the provider's safeguarding policy to determine whether that may have constituted potential safeguarding concerns.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Residents were supported to exercise choice and control in their daily lives and were actively involved in decisions about their care and support. Care practices observed and records reviewed demonstrated that residents' wishes, preferences, and individual goals informed the supports provided.

Residents were safeguarded not only from the risk of abuse, but also through the active protection of their rights. Where individual vulnerabilities or risks were identified, these were recognised and appropriate safeguards were implemented to protect residents from harm. In the majority of cases, this process was undertaken in consultation with residents themselves, with agreed plans of care developed to support their safety and wellbeing.

There were facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents were encouraged and supported to maintain independence, participate in their local community, and engage in activities of their choosing. Where risks associated with residents' choices had been identified, measures were implemented to support informed decision-making and safeguard residents from harm while respecting their rights, autonomy, and dignity.

Safeguarding arrangements reviewed by the inspector were individualised and proportionate to the assessed risks and were regularly reviewed to ensure they remained the least restrictive approach necessary to support residents' safety and wellbeing.

Residents has the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents meetings and taking part in resident surveys.

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| 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (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 | Substantially compliant |
| Regulation 23: Governance and management | Substantially compliant |
| **Quality and safety** | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Substantially compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for CareBright Community OSV-0005636

## Inspection ID: MON-0050601

## Date of inspection: 21/05/2026

**Introduction and instruction**
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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 16: Training and staff development | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br>We have developed a Power Point Presentation on Human Rights and the FREDA principles. This training will be developed on Friday August 7th and Friday September 11th to our staff to ensure that everyone is knowledgeable and informed regarding a human rights based approach to care for all our residents. This training will become part of our ongoing training programme delivered to all staff onsite. | |
| Regulation 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>All complaints when received will be thoroughly reviewed and investigated by senior management and notified to HIQA and all other relevant authorities where required.<br>All careplans are now accessible to staff in a magnetised cupboard situated in the hallways of each house. Staff have direct access to the magnetic cupboard without the need to request access from the nurse on duty.<br>All records relating to personal care of residents are removed from open areas in order to respect the confidentiality of all residents information. | |

| Regulation 8: Protection | Substantially Compliant |
| --- | --- |
| Outline how you are going to come into compliance with Regulation 8: Protection:<br>Where there are any concerns raised or complaints received in relation to resident care, will fully investigate PIC and Provider will investigate and review for potential Safeguarding concerns. Where a safeguarding concern has been identified the relevant notifications will be made in a timely manner to all relevant authorities. | |

## 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 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Substantially Compliant | | 13/07/2026 |
| Regulation 23(1)(d) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | Substantially Compliant | Yellow | 13/07/2026 |
| Regulation 8(1) | The registered provider shall take all reasonable measures to protect residents from abuse. | Substantially Compliant | Yellow | 13/07/2026 |