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:	Cois Farraige
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	08 July 2026
Centre ID:	OSV-0005649
Fieldwork ID:	MON-0047998

About the designated centre

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

This centre is a large detached, four bedroom dormer bungalow in Co. Louth. The centre provides residential care to four male and female adults some of whom require support around their emotional and health care needs. It is in close proximity to a number of villages and towns where residents have access to a range of community based facilities such as shops, restaurants, hotels, pubs and parks. Accommodation comprises of four large single bedrooms, two bathrooms, one on the first floor and one on the ground floor. There is a separate utility room, a spacious well equipped kitchen inclusive of a small dining area, a separate dining room and a large sitting room. The house also has gardens to the back and front of the property. The staff compliment comprises of nurses and healthcare assistants. There is one waking night staff on duty and two staff on duty during the day. The person in charge is responsible for one other designated centre under this provider.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 8 July 2026	11:00hrs to 18:30hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, this centre was managed by a competent person in charge and staff team who were promoting person-centred care to the residents living here. The residents were observed to have a good quality of life and got to enjoy their interests and hobbies. Some improvements were required under two regulations to include, personal plans and premises.

This inspection was unannounced and was conducted to assure ongoing compliance with the regulations. The last inspection of this centre had occurred in December 2023 where all regulations inspected had been found compliant.

The centre is registered to support four residents. Over the course of the inspection, the inspector met the four residents, two staff on duty and the person in charge. The inspector also reviewed records specific to the residents' care and the governance and management arrangements in this centre, and observed some practices.

On arrival to the centre, three of the residents had left to attend day services and one resident was enjoying a day off. All the residents attended a day service. Two of them attended on a full-time basis Monday to Friday and the other two residents attended on a part-time basis. Attending day services on a part-time basis was in line with both residents' wishes. The resident who was on a day off was preparing to go for a walk on the beach which was located near to the property. The residents and staff team were looking forward to a football match that the whole county was celebrating the Saturday after the inspection. Some of the residents had purchased football shirts in preparation for watching the match and were really looking forward to this. Residents had joined the community celebrations and had the county flag in their garden as a sign of support for their county team.

The property was for the most part clean, however the air vent over the cooker needed to be cleaned. It was homely, and well-ventilated on the day of the inspection, which was important as it was a particularly warm day. Each resident had their own bedroom which was decorated and furnished with things that were important to the residents and reflected their interests and hobbies. The bedrooms were spacious, with adequate storage space to store residents' personal possessions. There was also a space in the bedrooms that residents could relax in, with some of them having large recliner chairs and televisions to spend time alone if they wished. One of the residents was observed in their bedroom, when the inspector went to say goodbye to them at the end of the inspection, sitting on their bed, with sensory lights on, watching their IPAD with their headphones looking very happy and relaxed.

The kitchen was spacious, well equipped and homely. Residents were observed over the course of the inspection spending time in the kitchen and getting drinks for

themselves when they wanted to. Two of the residents told the inspector that they liked the food prepared in the centre. The staff were aware of the specific needs of the residents in terms of the food they were recommended. Meal times were a social experience and staff sat with residents while having their meals. One of the residents and a staff member were observed having lunch together in the sitting room, watching the news about the 'World Cup' on the television. The resident spoke about some of the matches they had watched and was looking forward to the next match.

The inspector observed examples, of residents interests and hobbies being promoted in the centre. Residents met with their keyworkers to discuss some long term plans they had for the next month or year. The inspector observed that each resident had ' circle of support meetings' every year. These meetings were an opportunity for residents to invite people who were important to them to chat about their life over the last year and to make some plans for the coming year. These meetings were completed in an easy-to-read format so as that residents who needed this format could participate and understand what was being discussed. One resident for example, had this easy-to-read format in their bedroom which was titled ' me myself and I' to reflect everything the resident had done over the last year. The resident had varied interests, but was particularly interested in farming and farm equipment, therefore a lot of their plans for the year were around farming and tractor shows. The resident had pictures in their room of some of the events they had enjoyed over the last year.

Another resident, played the guitar, liked some arts and crafts and had a wooden ring board in their bedroom. The resident played a tune for the inspector and also challenged the inspector to a game of rings, which the resident was delighted to have won. The resident spoke about some of their plans for the week and was looking forward to meeting a friend on Saturday to watch the big football match. Later in the day the resident went with another resident and staff to play snooker in a local pub and to enjoy a drink. Both of these residents also enjoyed having a beer at home some nights, when watching football or just chilling out.

Residents also had access to telephones and other such media like the Internet, televisions, radios and some had personal computers. One resident was observed being supported by staff to ring a family member on the day of the inspection. This was very important to this resident.

The back garden was mature and spacious. One of the residents showed the inspector around the garden, and some of the things they had done in the garden to make it look nice. For example, the resident had painted some of the decorative features in the garden. They also liked to water the plants each evening. During the summer residents could enjoy barbeques or sit out at the table and chairs they had. The back door and front door also had ramps installed to support residents who had mobility issues. The inspector observed some minor improvements that were required to the premises which is discussed under Regulation 17: Premises of this report.

Easy-to-read documents and plans were in the designated centre in key areas for the residents to see. The menu plan for example, was done out in picture format in the kitchen.

The staff went through some of the needs of the residents and also the systems in place to assure a safe service to the residents. For example, they were aware of the fire evacuation procedure to be followed in the event of a fire, the different types of abuse and who to report them to, and the residents' interests, hobbies and healthcare needs.

The registered provider had also collected the views of family members and residents as part of their annual report of the centre. A review of the surveys showed that family members were very happy with the services provided. One family member stated that the centre provided 'excellent care, and it was a 'beautiful home', and another stated that the resident was 'getting all the support and care from excellent care workers'. While residents reported that they were very happy with the care and support they received and reported that they liked the staff and their home, some of them had stated that they would like some changes. For example, one resident said that they would like the patio area outside made bigger and the person in charge was addressing this at the time of the inspection. Another resident said that their bedroom was cold sometimes. However, there was no record to show how this was followed up with the resident. The inspector was assured from speaking to the resident that their room was not cold, however, the follow up to this concern should have been formally recorded by staff, to assure that the resident was satisfied at the time of raising this concern.

The inspector observed, a number of forums where residents could express their views or be informed about the management of the centre. Residents' meetings were held weekly to inform residents about things that were happening in the centre, to collect their views on aspects of the service and to provide some education to residents. For example; residents were informed that the weather was going to be very hot over the coming days and were advised to keep hydrated. Residents also met with their keyworkers to plan things they might like to do in the coming months. The inspector also observed in the residents' plans that staff informed them about some of the results of medical interventions they had, had recently. For example, a resident had recently had bloods taken and the staff had informed them about the results, and what this would mean for the resident going forward.

Overall, the inspector found that residents looked well care and were supported by a staff team who knew them well. While some minor improvements were required in a number of regulations on the day of the inspection, the residents enjoyed a good quality of life in this centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements affected the quality of care and support being provided to residents.

Capacity and capability

There were clear management structures outlining who was accountable for areas of care and the services provided in the centre.

The person in charge had very good oversight of the service and ensured that the staff team provided person-centred care to the residents living here.

The skill-mix of staff and the number of staff on duty each day was appropriate to meet the assessed needs of the residents. A consistent staff team was employed in the centre.

Training had been provided to staff to ensure they had the necessary skills to support the residents.

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis in the organisation. They had a management qualification and experience working in the disability sector. They were also responsible for another designated centre under this provider. The inspector found that this was not impacting on the quality of care provided in this centre at the time of this inspection.

The person in charge was found to be responsive to the inspection process and to meeting the requirements of the regulations. They demonstrated a commitment to providing person-centred care to the residents living here and implementing continued improvements to enhance the quality of life of the residents.

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

Judgment: Compliant

Regulation 15: Staffing

The centre was adequately resourced and included a staff team of nurses and healthcare assistants. Two staff were rostered to work each day and one staff worked at night-time. A planned and actual roster was maintained, showing the staff that worked each day in the centre. A review of a sample of rosters worked in January 2026, March 2026, May 2026 and July 2026 showed that the staffing

arrangements of two staff working days and one staff at night was maintained. This review also showed that a consistent staff team was employed in the centre and that where staff members were on planned or unplanned leave, either consistent relief staff were employed, or permanent staff filled these shifts to ensure consistency of care to the residents.

Nurses were employed in the centre to monitor residents' healthcare needs when this was required. The registered provider also had a number of nurse specialists employed in the wider organisation should their speciality be required.

Senior staff provided on-call services should staff need guidance or assistance during the day or night.

Staff files were not reviewed at this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with training to support the residents needs and ensure that a safe service was provided. Some of this training included:

- Antimicrobial Resistance and Infection Control (AMRIC)- Basics of Infection & Prevention Control
- AMRIC - Hand Hygiene
- AMRIC - Personal Protective Equipment
- AMRIC - Respiratory Hygiene and Cough Etiquette
- AMRIC - Standard and Transmission-Based Precautions
- AMRIC- Management of Blood and Body Fluid Spillages
- Children First
- Safeguarding of Vulnerable Persons
- Fire Safety
- Epilepsy
- Dementia
- Manual Handling
- Crisis Prevention Interventions
- Basic life support
- Safe administration of medicine
- Dysphagia
- Human Rights

The person in charge was also able to provide records of relief staff training to assure these staff had the necessary training to support the residents in the centre. While all of these records were not readily available in the centre on the day of the inspection, the person in charge informed the inspector about a service wide quality improvement plan that the registered provider had started to address this issue

going forward. This was in response to previous inspection findings from other designated centres under this provider. The inspector was satisfied that this would address this issue going forward.

The person in charge was also reviewing future training needs for staff to support residents safely. As an example, some staff had completed training on how to safely clamp a wheelchair on the bus, as this maybe a need going forward for some residents. The staff team had also recently been provided with practical training on how to use a medical device that a resident required due to their assessed needs.

Staff were also provided with formal supervision two times a year. This enabled staff to discuss their personal development and raise concerns about the quality of care if they had any. A sample of records reviewed by the inspector found that staff had not raised any concerns about the quality of care.

The inspector spoke to two staff who demonstrated a very good knowledge of the residents' healthcare and emotional needs and outlined some of the the residents' goals and aspirations for the year.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements in the centre were ensuring that the service was monitored, audited and reviewed on a regular basis. This meant that residents were provided with a safe quality service.

The person in charge reported to the director of care who was also appointed as a person participating in the management of the centre. The director of care was, also accountable for the care and support provided. The registered provider also had other directorates and committees within the organisation to oversee services like risk management, medicine management practices and restrictive practices.

The registered provider had a forum, where persons in charge of designated centres met to discuss operational issues, and to share learning from other regulatory improvements that occurred across the organisation so as that all staff were informed about the learning from these issues. This was a good example of shared learning in terms of managing potential risks in the organisation. The registered provider also had additional knowledge sharing forums for persons in charge regarding up to date guidance for example, in managing choking incidents, and safeguarding procedures. The person in charge was also sharing this knowledge with their staff team at team meetings.

The registered provider had personnel appointed to conduct a six monthly unannounced quality review, along with an annual review of the designated centre. The last unannounced quality and safety reviews were conducted in November 2025

and May 2026 where the levels of compliance were overall very high with some minor improvements identified in staff training and premises.

The person in charge had a schedule in place showing some of the other audits that were required to be conducted each year. For example, an audit of fire, restrictive practices, medicine management and residents finances was required to be completed twice a year. Any actions from the audits conducted were compiled onto a quality enhancement plan. This assured that the director of care and the person in charge had oversight of these actions to assure that they were addressed. The inspector followed up on some of the actions following these audits and found that they had been completed.

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

The staff spoken with were aware of the residents' needs and was observed over the course of the inspection to include the residents in all decisions being made.

Judgment: Compliant

Regulation 3: Statement of purpose

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

This document had also been reviewed in February 2026 and the person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required under the regulations.

Judgment: Compliant

Quality and safety

Overall, the quality and safety of care provided in this centre was based on a person-centred approach and residents were observed to have a good quality of life. They were supported to have a meaningful life, taking into account their preferences, interests and hobbies. The person in charge and the staff team were responding to potential risks in the centre and reviewed incidents to try and

minimise risks to the residents. Some improvements were required in two regulations, which included personal plans and the premises.

Regulation 13: General welfare and development

As outlined in the section ' What residents told us and what inspectors observed' of this report, the residents got to enjoy things that matched their wishes and interests. Residents were integrated in the local community and attended local pubs, shops and clubs. They had varied interests, which included, attending the theatre, going to see live bands, one had taken bodhrán lessons, some had been on holidays and one was a member of a local women's club. One resident was planning to go on a plane for the first time and staff were supporting the resident to get their passport with a view to eventually going to Paris, to visit a theme park.

Residents were supported to keep in touch with their family and friends, through visits and phone calls.

Judgment: Compliant

Regulation 18: Food and nutrition

There were adequate amounts of food, refreshments and beverages available to residents and residents were observed on the day of the inspection preparing drinks and getting snacks for themselves.

There were specific eating, drinking and swallow plans in place which outlined the specific food consistency that a resident may require due to known swallow difficulties and to prevent the risk of choking or aspiration. Staff had also been provided with training to assist residents with their feeding eating and drinking plans and to respond to an incident of choking.

Judgment: Compliant

Regulation 26: Risk management procedures

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

The systems included a process for reporting and reviewing incidents and the management and review of risk assessments. For example, any risk assessments

rated red were escalated to senior managers in the centre. Residents had individual risk assessments in place showing the measures that were in place to mitigate potential risks. Incidents that occurred in the centre, were reviewed at staff meetings which included a debrief and discussion to try and look at ways that could reduce these types of incidents. One of the residents, who had a number of falls, had been supported to attend their general practitioner on a number of occasions to try and establish the cause of these falls. As noted under Regulation 5: Personal plans however, the interventions and outcomes needed to be comprehensively recorded on one plan to ensure accuracy.

The inspector also found that the person in charge was responding to and acting on potential risks in the centre. For example, at staff meetings the team also reflected on practices, when a resident engaged in some behaviours of concern. The minutes of one meeting noted some improvements that could be made going forward to reduce the likelihood of this happening again. For example, it had been noted that the resident required a consistent routine and improvements could be implemented at staff handover times to assure that everyone maintained a consistent approach. This was a good example of the staff team being responsive to the needs of the residents and reducing potential risks to residents.

There were records to indicate that the transport provided in the centre was kept in a roadworthy condition and was insured. The registered provider also had systems in place to ensure that a competent person conducted a monthly check of this vehicle.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had systems in place to manage or prevent an outbreak of fire in the centre. Fire equipment such as emergency lighting, a fire alarm, a fire blanket, fire extinguishers and fire doors were installed. The fire alarm and emergency lighting was being serviced quarterly, and the fire extinguisher's had been checked each year.

Staff also conducted daily and weekly checks to ensure that effective fire safety systems were maintained. For example, the means of escape was checked each day and fire doors were visually checked each week to ensure that they were intact.

Residents had personal emergency evacuation plans in place outlining the supports they required. Fire drills had been conducted to assess whether residents could be evacuated from the centre in a timely manner. A review of a sample of those fire drill records indicated that these were taking place in a timely manner and no issues had been identified during these drills. The staff spoken to were aware of the procedures to be followed in the event of a fire. The inspector observed from one fire drill that, the time to evacuate at night had taken over 5 minutes which was

longer then other fire drill times. The inspector requested guidance regarding when fire drills were required to be escalated to senior personnel for review, and was informed that this was not a practice in the centre or the organisation. The person in charge agreed to bring this to the attention of the registered provider to ensure that this would be reviewed going forward so that staff knew when, or if to seek advise and support regarding fire drills, particularly based on the length of time it took to evacuate the centre.

Judgment: Compliant

Regulation 8: Protection

All staff had completed training in safeguarding vulnerable adults. Where incidents had been reported to the Chief Inspector of Social Services the provider had reported it to the relevant authorities and taken steps to safeguard residents.

Since January 2026, one incident had been reported to the Chief Inspector, which related to a negative interaction between two residents living together which staff felt was related to the changing needs of the residents. The person in charge and staff team had taken steps to address this by including some safeguards to keep the residents safe and happy. For example; all of the staff reported that it was important to maintain a consistent routine for both residents and that one resident needed to be informed about the seating arrangements on the bus prior to leaving the centre. This measure ensured that the resident was prepared and informed which staff said reduced their anxiety. At the time of the inspection, there had been no further negative interactions between the residents since January 2026.

Residents were provided with education around their right to feel safe. The residents were observed to be content living in the centre at the time of this inspection. The surveys conducted with family and residents at the time of the annual review the provider had prepared showed that family and residents reported that they were safe and that where they had concerns they would report them.

There were no complaints about the quality and safety of care reported this year or during 2025.

The staff who met with the inspector was aware of the different types of abuse and the reporting procedures in place should an incident occur. The staff spoken to and the person in charge informed the inspector that they had no concerns about the quality and safety of care provided at the time of the inspection, and if they did they would report those concerns immediately.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed that the residents' preferences were supported in this centre and they could make choices about how they wanted to live their lives.

Residents were provided with information on their rights in an easy-to read format at residents' meetings. Some of the topics discussed included the right to make a complaint, the right to feel safe and the right to make decisions.

All staff had received training on a human rights-based approach so that they knew and understood the rights of residents.

Residents were supported to make informed decisions about their lives in a way that maximised their autonomy. For example, residents had access to an assisted decision making coordinator employed in the organisation to support them with any additional supports they might need to make informed decisions.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had a personal plan that included details about their needs and outlined the supports required to maximise their personal development and health and well being. Some gaps were observed in some of the records, however the inspector found that this was not impacting on the safety of care provided. For example, the assessment of need had been completed in November 2025 and had not been updated to reflect some of the residents' changing needs.

The inspector also found that the falls management plan for a resident had not been comprehensively recorded to include all of the actions taken by staff to address the cause of these falls. As well as this, a resident had raised a concern that their room was cold and this had not been formally recorded in the residents plan, to show how this was addressed and who took responsibility for addressing this with the resident.

Residents had timely access to a range of health and social care professionals, nurses, clinical nurse specialists and doctors. Some of the health and social care professionals available by referral within the organisation included an occupational therapist, a physiotherapist and a speech and language therapist. Residents also had their own general practitioner, attended dental services and other community services.

The staff were knowledgeable around the residents' healthcare needs. For example; one resident had a respiratory condition that required monitoring. The staff were knowledgeable about what to do to support the resident should the residents' health

decline in this regard. Staff had also advocated and supported a resident to see a specific specialist around some of the resident's emotional needs.

An annual review had been conducted with each resident called 'a circle of support meeting'. These were an opportunity for residents to invite people who were important to them to chat about their life over the last year and to make some plans for the coming year. These meetings were completed in an easy-to- read format so as that residents who needed this format could participate and understand what was being discussed. One resident for example, had this easy-to read format in their bedroom which was titled ' me myself and I' to reflect everything the resident had done. The resident had varied interests, but was particularly interested in farming and farm equipment, therefore a lot of their future plans were around farming and tractor shows. The resident had pictures in their room of some of the events they had enjoyed over the last year.

Judgment: Substantially compliant

Regulation 17: Premises

The premises were homely, well ventilated and generally well maintained. Each residents' bedroom was decorated in line with their interests and preferences. However, some improvements were required to the premises which included the following:

- The air vent over the cooker needed to be cleaned.
- The outdoor garden furniture needed to be updated.
- One residents bedroom lay out needed to be reviewed with the resident to minimise the potential risk of trips and falls.
- The registered provider also had arrangements in place to ensure that equipment used in the centre was serviced and maintained and in good working order. However, some of those records were not easily available in the centre. This required review to ensure that the person in charge had oversight over these records to assure that the equipment was in good working order for residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 17: Premises	Substantially compliant

Compliance Plan for Cois Farraige OSV-0005649

Inspection ID: MON-0047998

Date of inspection: 08/07/2026

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 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All Individual Personal Plans will be audited by the Person in Charge by 28 August 2026. This will identify any missing, incomplete or outdated information. Action plans will be completed by key workers by 14 September 2026. The identified residents' assessment of need was updated on 10 July 2026. The identified residents' falls management documentation was reviewed and updated on 12 August 2026 to ensure all known preventative measures and actions taken by staff are comprehensively documented. The resident in question as noted on inspection report was reviewed by the physiotherapist on 31 July 2026. The concern regarding the resident's bedroom temperature was reviewed with the resident on 09 August 2026. The outcome of same was documented in the residents' relevant records.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The extractor over the cooker was thoroughly cleaned on 09 July 2026. The routine cleaning schedule was amended to clearly identify the frequency of cleaning of the cooker extractor; the person responsible and the date completed. Schedule was updated on 13 July 2026. The outdoor garden furniture has been reviewed by the Person in Charge with the	

Procurement officer on 04 August 2026 the furniture will be replaced by 30 September 2026.

The layout of the identified resident's bedroom has been reviewed in consultation with the resident on 11 August 2026. It has taken account of their preferences, independence and individual needs. Agreed changes will be documented in the residents' Personal Plan.

An equipment servicing and maintenance register for all relevant equipment used will be updated by the Person in Charge by 16 August 2026. This will clearly identify service intervals and schedules for each applicable asset.

The Services maintains an asset list for each Designated Centre and all maintenance and service records are held in accessible location on an identified electronic record system that is readily accessible to the Person in Charge. This is in place as of 26 May 2026 and is being updated as service schedules occur.

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)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	14/09/2026
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 inconvenience to residents.	Substantially Compliant	Yellow	30/09/2026
Regulation 05(1)(a)	The person in charge shall	Substantially Compliant	Yellow	31/07/2026

	ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.			
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	14/09/2026