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:	Station Road (1-4)
Name of provider:	Dundas Unlimited Company
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	30 April 2026
Centre ID:	OSV-0005732
Fieldwork ID:	MON-0049880

About the designated centre

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

Station Road (1-4) is a full-time residential service that provides a service to eight male and female adults. It is situated in a village in Co. Louth and is in walking distance to local amenities such as shops, hairdressers and local pubs. Transport is also provided to bring residents to appointments, day services or on chosen activities. The centre consists of four community houses located beside each other. Three of the houses have two bedrooms upstairs and a bathroom, and downstairs there is an open plan living/dining room, a small kitchen and a toilet. One those houses has an additional small room downstairs. The fourth house comprises of a single living unit for one resident downstairs and a staff office. To the back of each house there is a small private garden. Residents receive supports on a 24-hour basis with day and waking night staff supporting them each day. The person in charge is employed on a full time basis. The staff team consists of direct support workers and two team leaders. Residents have access to a number of health and social care professionals, community nurses and doctors where required, to support them with their assessed needs. Some residents attend day services, while others are supported during the day to have meaningful activities in line with their personal preferences.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 30 April 2026	11:55hrs to 19:20hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was conducted over one day. The last inspection of this centre was completed in January 2026, where a number of regulations were found not compliant. Following this the registered provider was invited to attend an escalation meeting with the Chief Inspector of Social Services to outline concerns following that inspection.

The purpose of this inspection was to specifically follow up on the compliance plan submitted by the registered provider to the Office of the Chief Inspector following the last inspection, to ensure that the actions submitted in this plan were completed, and to ensure ongoing compliance with the regulations. Following the last inspection the Office of the Chief Inspector of Social Services, also received information concerning residents' personal possessions and residents' rights. This information was also followed up as part of this inspection.

Overall, the inspector found that improvements had been made in a number of regulations since the last inspection. There was also evidence that the person in charge was implementing changes in the centre to improve the quality of life of the residents. Notwithstanding, improvements were still required in some regulations to include, governance and management, training, premises, personal possessions and residents' rights. The registered provider had also failed to submit an application to vary a condition of registration to amend the floor plans of the centre since the last inspection.

The centre is registered to support eight residents, however only six residents lived in the centre at the time of this inspection. At the time of the last inspection one resident had moved temporarily to another location, due to renovation works required in their living environment. These renovations had included converting, the downstairs area of what was a two bedroom house, into a single unit living space for the resident. However, the upstairs of this house was not completed at the time of this inspection as the provider was still considering whether the resident living downstairs would need more living space, due to the size and layout of the living unit space created.

The single unit space consisted of a small kitchen, a small sitting room, a bedroom and a shower room. The resident did not have access to the kitchen, however the inspector found that this was based on their assessed needs at the time of the inspection. The sitting room, however was very small and it was also being used as a dining area for the resident. The inspector observed that the table provided for the resident to have meals on was too low, which meant that the resident had to bend down all the time to eat their meals. While the person in charge showed the inspector another fold out table that the resident could use at meal times, this was not a solution long term and needed to be reviewed. The resident's bedroom had double doors opening out onto the back garden. To assure privacy for the resident,

a privacy plastic film had been put on the window, however the inspector found that other options could be explored to make it more homely and to review if the resident would like to be able to view their garden from their bedroom. For example, placing integrated blinds within the glazed doors, which would also allow the resident to see their back garden, for example.

The resident was also restricted access to some of their personal belongings such as, their clothes and bed linen because of some of their assessed needs. However, as the upstairs of the centre was still under renovations, there was no appropriate place for the resident to store their belongings at the time of this inspection. This required review.

The property comprised of four houses that were attached to each other. House 1 and 2 supported two residents, House 3 supported one resident and House 4 had been converted as stated, to a single unit living space for one resident. With the exception of House 4, each house had two bedrooms, a bathroom upstairs, a kitchen, living area, and toilet downstairs. In one of the houses there was an additional communal room downstairs.

To the back of each house there was a small, enclosed garden where storage sheds were provided for residents to store some of their items. At the time of the last inspection, there were a number of outstanding maintenance issues in the centre. The inspector found that significant improvements had been made to the premises since then. The interior and exterior of the houses had been painted and in some of the houses, new flooring had been laid in certain areas. At the time of the last inspection, a hand rail that had been recommended following an occupational therapy environmental review in one house had not been installed, the inspector found that these hand rails had now been installed.

The houses were generally clean, and as stated some renovations were still being completed and finishing touches to make each house more homely. For example, new pictures had been purchased for some of the houses and they still needed to be hung on the walls.

On arrival to the centre some of the residents were out on outings and some of them were at a day service they attended. Over the course of the inspection the inspector met five of the residents, two staff, a team leader, the person in charge and the assistant director of services.

Residents were observed on the day of the inspection, coming and going from their houses to go for walks to the local shops, or further afield to buy ice cream. Some of the residents were observed coming to the office at various times to talk to the person in charge. The inspector found that the person in charge was always very respectful to the residents, and it was clear that the residents knew the person in charge and the assistant director of services well.

Four of the residents spoke to the inspector for a short time, as none of the residents wished to talk to the inspector for very long, and also did not wish to show the inspector their bedrooms. However, some gave consent for the inspector to see their bedrooms. The four residents who met with the inspector said that they were

happy living in the centre. Those who shared their home with other residents, said they liked the people they shared their home with. The person in charge gave the inspector examples of how they were improving the quality of care provided to residents, for example one resident was being supported to get a job in line with their preferences.

Over the course of the inspection, residents were also observed to be content in the presence of staff. The staff were observed to treat residents with dignity and respect and were actively listening to what the residents wanted. For example, one resident had an appointment on the day of the inspection that they were anxious about. The staff were observed reassuring the resident, and when the resident chose not to attend this appointment, this decision was respected by the staff members. Some of the residents were non speaking and used alternative ways of communicating. One for example, used signs and gestures to communicate, the inspector observed the staff using these signs with the resident and from the staff and residents' reactions, the staff understood what the resident was communicating to them through these gestures.

At the time of the last inspection, some of the staff were not fully aware of the supports in place to meet one residents' needs. For example, how to respond to some of the residents' medical needs. As well as this an emergency pager in place for staff to call for assistance from other staff members in an emergency was not operational at the time of the last inspection, and some staff were not aware of this emergency response to assist a resident.

On this inspection the inspector found that a staff member was now assigned each day to carry the pager. The inspector checked whether this system was operating correctly by asking a staff member to demonstrate how they would call for assistance using the emergency pager, the inspector observed another staff member responded to this alert in a timely manner, showing the system now worked well and staff were responsive.

On the previous inspection, staff did not having the appropriate knowledge around emergency responses to one resident's healthcare needs which, if not managed appropriately, could pose a significant risk to the resident. The inspector found that additional training had been provided to staff since then, and the staff member supporting the resident was now clear about how to respond to the residents' needs, and the care plan clearly outlined the emergency response required to support the resident.

The staff were observed providing support to the residents around their food and drink in line with the residents' preferences. For example; one resident liked to eat their meals alone most of the time, however they also needed to be supervised by staff due to their assessed needs. This had been identified as an issue at the last inspection that required review. The inspector observed that following a review by a health and social care professional since the last inspection, the resident was now sitting at the table in a position that staff could observe the resident from, while also respecting the residents' right to eat alone. The staff spoken to was aware of the residents' likes and dislikes, as well as the recommendations in place by a health

and social care professional around this residents' needs to prevent any risks posed to the resident.

The inspector also found that since the last inspection, the registered provider had collected and reviewed feedback sought from residents' relatives about their views on the quality of care. Some of the feedback included some suggestions to improve the services provided. For example, some relatives felt that staff communications could be improved. The inspector found that the person in charge was addressing these concerns with the relatives concerned at the time of the inspection. This showed that the registered provider was taking concerns raised by family members seriously and acting on those concerns. However, the person in charge did not maintain concise records with the relatives concerned about how they intended to address those concerns. This required improvement going forward.

Notwithstanding that the residents reported that they liked their home, and enjoyed a good quality of life, the inspector found that improvements were still required in some regulations inspected.

The next two section 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

Overall, the inspector found that since the last inspection there had been improvements in the governance and management in this centre. However, some improvements were still required under this regulation, along with risk management, staff training, premises and residents' rights.

The governance and management arrangements in the centre had improved since the last inspection. However, the system in place for the delegation of day-to-day governance oversight, and the completion of actions from audits to assure the delivery of a safe quality service to the residents needed to be reviewed. This was to assure that actions from audits were being completed in a timely manner, and to assure that the person in charge had the supports in place to address these actions.

Staff had been provided with training to meet the needs of the residents, however, refresher training had not been completed for some staff in a timely manner.

Registration Regulation 8 (1)

At the time of the last inspection, structural changes were taking place in one of the houses, used in this designated centre. The registered provider had not submitted an application to vary the conditions of registration at the time of this inspection. However, the inspector acknowledges that this was not completed as the registered provided was conducting a further review of the lay out of this house to assure that it met the needs of the resident going forward.

Judgment: Substantially compliant

Regulation 14: Persons in charge

At the time of the last inspection, a new person in charge had been appointed. 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. The person in charge was found to be responsive to the inspection process and to meeting the requirements of the regulations.

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. The staff met told the inspector that the person in charge was very supportive and they felt comfortable raising concerns to them.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed a sample of training records maintained on the registered providers training database. This system allowed the person in charge to run a report to indicate what training was outstanding. The report generated a number of outstanding refresher training programmes that were due to be completed. At the last inspection this regulation was found to require improvements as not all staff had completed refresher training in a timely manner. On this inspection a number of staff were due to complete refresher training in infection prevention and control, professional management of challenging behaviour and medicine management.

While the inspector found that there was a plan in place to address this, it could not be verified if staff had completed other training in infection prevention and control, including hand hygiene. The inspector also found that a team leader who had only started in the centre, did not have their medicine management course completed as part of their induction, even though the team leader was responsible for overseeing all areas of care when the person in charge was not on duty including medicine management. The inspector was assured that this training was scheduled to take place the day after the inspection, however this should have been completed prior

to the team leader taking up their role, given that the team leader should have oversight of these practices on a day-to-day basis.

Since the last inspection eleven staff had completed training in a specific communication technique to support residents who used this communication style. The person in charge was arranging more dates to assure that all staff had this training completed.

Since the last inspection, the person in charge had completed supervision with all staff and had a schedule in place for the year to complete the required 4 supervision sessions with staff in line with the registered providers policy.

On the day of the inspection, a copy of the Health Act 2007 and any regulations made under it was not available in the centre. This is a requirement under the regulations to ensure that a copy of this legalisation is available for staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had outlined in their compliance plan response following the last inspection, that in order to strengthen the governance and management of the centre, mentoring would be provided to the person in charge to increase the oversight arrangements in the centre. The inspector found that while this had been completed, improvements were still required.

Since the last inspection a medicine management audit had taken place which showed significant improvements in medicine management practices. A sample of actions from this audit had been also been completed. For example, the audit showed that two prescriptions for residents needed to be updated and this was completed.

However, other audits in the centre were still showing that some of the regulations were not in compliance with the regulations and some of the actions from these audits had not been completed. For example, an audit conducted on residents' personal possessions showed that records about residents' finances should be checked off once a month to assure transparency and accuracy. This action was not completed at the time of the inspection.

The last unannounced provider-led quality and safety review of the centre on 21 April 2026 had also found that a number of regulations were not compliant with the regulations. For example, some care plans were due to be updated or evaluated by community nurses. The staff vacancies in the centre, also needed to be filled and the auditor noted that there were six days over the previous two weeks where, there was a staff deficit which required the person in charge to work directly with

residents. This took time away from the person in charges responsibilities to assure that actions from audits and reviews were being completed in a timely manner.

In addition, at the time of the last inspection, in January 2026, the person in charge had only been appointed to the role, and since then, there had been more changes to the governance and management systems in place. For example, two new team leaders who were employed to assist with the day-to-day governance of the centre had only recently been appointed and were still getting to know their roles and responsibilities, and one was still getting to know the residents' needs in the centre.

Given these observations, the inspector was not assured that the person in charge was being provided with the necessary supports and resources to ensure the delivery of safe quality care to the residents' by assuring that actions from audits were being completed in a timely manner and to address the continued improvements being identified in the registered providers own audits and reviews since the last inspection.

In addition, at the time of the last inspection, the annual review for the centre had been completed in January 2026, however, the document contained information pertaining to the care and support of residents in 2024. Since then, the registered provider had started a new annual report and was collecting the views of residents' relatives to contribute to this review. However, this was not completed at the time of this inspection in line with the regulations. As well as this as stated earlier in this report, the person in charge needed to ensure that records were maintained to ensure that where residents' relatives raised suggestions through their feedback on the quality of services provided, that actions taken to address these were clearly recorded to assure transparency and accountability.

Judgment: Substantially compliant

Quality and safety

Overall, residents spoken to reported that they had a good quality of life, liked living in their home and got to do things they liked to do.

At the time of the last inspection, health care, risk management and food and nutrition had been found not compliant and improvements had also been required under Regulation 8: Protection and Regulation 17: Premises.

At this inspection, the inspector found that the provider had implemented most of the actions for the last inspection of the centre in January 2026 and as result risk management, healthcare and food and nutrition were found compliant.

However, some improvements were still require under premises, since the last inspection and personal possessions and residents' rights also required review.

Regulation 12: Personal possessions

As outlined earlier in this report, the Chief Inspector of Social Services had received information pertaining to residents' personal possessions in the centre prior to this inspection. The inspector found that some improvements were required in this regulation, and that the registered provider was also conducting a review at the time of the inspection in relation to specific areas regarding residents' personal possessions which was still in progress at the time of this inspection.

The inspector found that residents for the most part had access to their personal possessions and where required they had plans in place to demonstrate the support they needed to have control over, and manage their own personal possessions. However, there was no evidence to support how one residents access and control over their personal possessions was in keeping with their wishes. For example, one resident had chosen to have their personal finances managed by another person (not employed in the designated centre), however it was not clearly documented if the resident had consented to this. The inspector found from speaking to the person in charge, the assistant director of services and the director of risk, that there was no clear guidance around how a residents wishes in terms of when they chose to delegate responsibility to another person not employed in the organisation, should be managed in the centre to respect the residents wishes, while also assuring that this was in keeping with the residents' rights.

Residents’ personal possessions were respected and protected. For example, a log was maintained for residents' personal possessions that were particularly important to them. Residents had adequate space to store their personal belongings. While the inspector found that one resident was not supported to have access to their own belongings such as clothes, this was in line with the assessed needs of the resident at the time of the inspection and the practice was documented as a restrictive practice for the resident concerned, to ensure that it was continually reviewed.

The registered provider had systems in place to assure that the records stored around residents monies were maintained to assure accurate records of transactions, with corresponding receipts for these transactions. A sample of these records reviewed by the inspector found no discrepancies in the records maintained.

Judgment: Substantially compliant

Regulation 17: Premises

The inspector found that significant improvements had been made to the premises, since the last inspection. The interior an exterior of the houses had been painted and in some of the houses, new flooring had been laid in certain areas. At the time of the last inspection, a hand rail had been recommended in one resident's house, following recommendations from an occupational therapy environmental review. The inspector found that these hand rails had been installed. Notwithstanding, there continued to be some outstanding premises issues at the time of the inspection that the registered provider was aware of and was addressing at the time of the inspection.

The inspector also found that improvements were required to ensure that:

- The table provided for one resident needed to be reviewed to assure that it was a suitable size for the resident to have their meals at.
- The renovations to the upstairs area of House 1 needed to decided and addressed to assure that the resident living there had sufficient living space and to assure that their personal possessions were stored appropriately.
- The privacy film on the back door of one residents living space needed to be reviewed.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

At the time of the last inspection, it was observed that a resident did not like to follow the recommendations made by a speech and language therapist, which was to ensure that the resident was supervised at all times.

Since then the resident had been reviewed again by the speech and language therapist to adjust the recommendations to suit the residents' preferences, whilst also ensuring that the resident was being supervised.

These recommendations were observed by the inspector on the day of the inspection and the staff spoken to were aware of these revised arrangements.

Judgment: Compliant

Regulation 26: Risk management procedures

At the last inspection of this centre, a number of improvements were required under risk management. This included a review of some risk assessments to assure that control measures could be implemented.

The inspector found that since the last inspection all risk assessments had been reviewed in the centre.

In particular, there was now a plan in place to assure that an emergency pager was being carried by an assigned staff member every day. A staff member demonstrated to the inspector how the emergency pager worked and the inspector observed a staff member come to assist in a timely manner showing the system was now in place and effective.

Judgment: Compliant

Regulation 6: Health care

At the time of the last inspection, this regulation was found not compliant as not all staff members could clearly outline the required actions that needed to be taken to respond to a residents' needs.

Since then the registered provider had provided additional training to all staff, had updated the health plan to assure that the supports guided staff to provide safe care to the resident, and the staff member who met with the inspector was knowledgeable around the residents' needs.

Judgment: Compliant

Regulation 8: Protection

At the time of the last inspection, there was no clear guide in place about how concerns relating to one resident should be managed, and to guide whether an investigation was or was not warranted when this resident raised concerns. The inspector found that the registered provider now had a clear guide in place for staff members to follow, and a clear process for recording and reporting these concerns to assure that this resident was safeguarded.

Since the last inspection, some notifications had been submitted which primarily related to some negative interactions between two residents. The registered provider had reported these incidents to the relevant authorities and had measures in place to safeguard the residents. The inspector spoke to both of the residents concerned, who said they were happy living together despite these negative interactions. This was also confirmed by the person in charge who had also spoken to both of the residents concerned.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the records stored in relation to residents consenting to their finances being managed contained conflicting information regarding consent.

For example; on one document it stated that a resident had consented to the registered provider managing the residents' bank statements. However, on another record it stated that the resident did not understand their personal bank statements. This required review to accurately reflect the residents informed decisions.

As well as this, as discussed under Regulation 12: Personal possessions, a residents wish to assign control of their personal finances needed to be reviewed to assure going forward the the resident's wishes were respected, while also balancing this residents right to have control and access to their personal possessions.

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	
Registration Regulation 8 (1)	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Station Road (1-4) OSV-0005732

Inspection ID: MON-0049880

Date of inspection: 30/04/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Registration Regulation 8 (1)	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 8 (1): An application to vary the designated Centre will be submitted to reflect the proposed changes when completed. The residents will have access to their previous upstairs bedroom as additional living space, while the opposite bedroom will be designated as secure storage for the president's personal belongings. The Statement of Purpose will be updated to reflect same, and whilst there is a vacancy within the Centre, there will be no further admissions to this house while the current residents' needs remain the same.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training reviews remain on-going, and following the inspection, a further comprehensive review of the training matrix was completed by the Person in Charge (PIC) to identify all outstanding training requirements. A schedule has been implemented to ensure that all staff complete overdue refresher training in Infection Prevention and Control (including Hand Hygiene), Professional Management of Challenging Behaviour, and Medication Management. Staff have been provided with deadline for outstanding training of 24th of June 2026 and the Person in Charge and Assistant Director are overseeing. Further arrangements for training around communication are scheduled for 18th of June 2026 with the remainder of the team. The Assistant Director continues to review training as part of monthly governance meetings.	

The team leader completed medication training as planned the day after the inspection and has been assessed to be competent. It is recognised the importance of ensuring that staff appointed to leadership positions are appropriately trained and competent to fulfil all aspects of their role, and a review will be completed with The HR department to discuss a revised induction process. While newly appointed Team Leaders will complete a period of induction, observation and familiarisation with local medication management practices, responsibility for medication oversight will remain with the Person in Charge or a suitably trained delegate until Medication Management training and competency assessment have been completed. Team Leaders will not assume sole responsibility for the governance or oversight of medication practices until all required training has been successfully completed. The induction checklist will be updated to reflect this.

During painting works the health and safety act had been removed from designated area, a copy of the Health Act 2007 and associated regulations are made available within the designated centre immediately following the inspection and staff are aware of where to find same.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The support available to the PIC to ensure sufficient capacity to fulfil governance and oversight responsibilities have been reviewed. The PIC continues to have support of the Assistant Director, Nursing Team and 'Buddy' Person in Charge to review actions. The recently appointed Team Leaders will continue to receive ongoing supervision, mentoring and role-specific support to enable them to effectively contribute to the day-to-day governance of the centre. As Team Leaders become fully established in their roles, responsibility for operational tasks and local oversight will be delegated appropriately, thereby increasing management capacity within the centre and allowing the PIC to maintain oversight

Recruitment efforts remain ongoing to fill vacant posts and reduce reliance on management staff providing direct care support. Staffing levels will continue to be reviewed through management meetings and workforce planning processes to ensure that adequate resources are available to support both resident care and effective governance arrangements. A dedicated relief panel is in place to support with deficits in roster, and on-going recruitment events and interviews are occurring.

The Person in Charge and senior management team will continue to monitor the effectiveness of these measures through regular governance meetings, audit reviews and supervision processes to ensure that improvements are sustained and that the service

continues to provide safe, effective and person-centred care.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
The Organisational policy, Residents Personal Property, Personal Finances and Possessions', will be reviewed by 17th July and will ensure clear guidance to support practice where residents choose to delegate responsibility for aspects of their personal possessions or finances to a third party, in line with relevant legislation.

The organisation's admission policy has also been updated on the 29/05/2026 to include guidance on new admissions to centres, to ensure where a prospective resident is identified as not having appropriate access to their finances, this should be raised with stakeholders in advance of admission, and the appropriate supports and referrals are followed up within 28 days of admission.

A review of the residents' arrangements will be completed with all to ensure that their wishes, preferences and consent are clearly documented and evidenced within their personal plan, and the Person in Charge and Assistant Director will ensure oversight of the safe keeping of these documents on file.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Improvements remain on-going including painting within the houses, furniture updates and decorations to ensure homely environments in consultation with the residents.

The resident requires specialised furniture, and a suitable table and chair for dining has been sourced and has a delivery time frame of 8 weeks.

The privacy film on the rear door of one resident's living area will also be reviewed in consultation with the resident to ensure that privacy is maintained while respecting the resident's preferences and maximising natural light within the living space.

A plan to maximise the available living space and storage facilities for the resident has been agreed. An application to vary the designated centre will be submitted to reflect the

proposed changes. The resident will have access to their previous upstairs bedroom as additional living space, while the opposite bedroom will be designated as secure storage for the resident's personal belongings. The Statement of Purpose will be updated to reflect same, and whilst there is a vacancy within the centre, there will be no further admissions to this house while the current resident's needs remain the same.

As per risk assessments, the upstairs bathroom will remain secured and excluded from use. Internal modifications will also be completed to improve the layout of the house, including the relocation of the hallway door to create a clear separation between the office space and the resident's living environment, thereby enhancing privacy and the homely nature of the premises. Final works to the stairs and upstairs bedroom the week of the 10th of July2026 and progress will be monitored through the governance and maintenance systems to ensure all identified premises actions are completed in a timely manner.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Person in Charge will ensure that assessments of capacity, consent, risk and support needs are clearly recorded and regularly reviewed to demonstrate that arrangements remain in line with the resident's wishes and support needs.

The Organisational policy, Residents Personal Property, Personal Finances and Possessions', will be reviewed by 17th July and will ensure clear guidance to support practice where residents choose to delegate responsibility for aspects of their personal possessions or finances to a third party, in line with relevant legislation.

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
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Substantially Compliant	Yellow	17/07/2026
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	17/07/2026

Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	18/06/2026
Regulation 16(2)(b)	The person in charge shall ensure that copies of the following are made available to staff; standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	18/06/2026
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	17/07/2026
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	17/07/2026
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review	Substantially Compliant	Yellow	17/07/2026

	of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.			
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	17/07/2026