



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

Issued by the Chief Inspector

Name of designated centre:	Kilcar House
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Carlow
Type of inspection:	Announced
Date of inspection:	02 September 2025
Centre ID:	OSV-0007715
Fieldwork ID:	MON-0039503

About the designated centre

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

Kilcar House is a designated centre operated by Enable Ireland Disability Services Limited. The centre is a respite service for children with Autism Spectrum Disorder (ASD), intellectual, physical and sensory disabilities. The number of respite breaks available to individual children is dependent on the referral, admission and assessment process in place. The centre provides respite services for children in the Kilkenny/Carlow area in active partnership and in line with the needs and wishes of the child and family. The house is a four bedded, single storey property with a kitchen, a sitting room, a dining room, a sensory room and a play room. Three bedrooms are en-suite and all bedrooms have an overhead hoist. There is also an outdoor play area. A wheelchair accessible vehicle is allocated to the house. Children attending for respite stays are grouped together with peers of similar age, interests and ability when planning respite. Care and support is provided by a team consisting of nurses, social care workers and support workers. The centre is managed by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 2 September 2025	09:45hrs to 16:45hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. The inspector used observations, conversations with staff working in the centre and three children's family members, interactions with two residents, and a review of documentation to form judgments on the quality and safety of the care and support provided to children in the centre.

Overall, the inspector found that the centre was operating at a good level of compliance. The centre was homely and well resourced, and provided high quality child-centred care and support. Some minor improvements were required under three regulations, and these matters are discussed further in the report.

The centre provides short stay respite residential services. The centre can accommodate a maximum of four children and most children stay for one night per stay. At the time of the inspection, the centre operated four to five nights per week and there were over 40 children using the residential respite service.

The inspector walked around the centre with the person in charge. The centre comprises a large single-storey house in a peaceful setting close to a small town. There were two vehicles, including a wheelchair accessible bus, available to transport residents and access services outside of the centre.

The house was homely, spacious, clean, bright, nicely decorated and furnished, and well equipped. The communal areas included an open plan kitchen and dining room, a sitting room, a large bathroom, a sensory room, and a play room. The inspector observed a wide variety of toys and games for children to play with, including board games, art and craft supplies, dolls, books, sporting equipment, and a video game console. Notice boards displayed information on the HIQA inspection and child safeguarding, and visual aids were available to help children choose activities and understand how they spent their time in the centre. There was also a garden space with a patio for dining, a sunken trampoline, a large play house, swings, and nice plants.

There are four single bedrooms. Each bedroom has a ceiling hoist, and three bedroom rooms have en-suite bathrooms. The inspector also observed good fire safety systems, such as an addressable fire panel and appropriate fire containment measures. Overall, the house presented as a very pleasant environment that was appropriate to the number and assessed needs of the children using the centre. The premises and fire safety are discussed further in the quality and safety section of the report.

On the day of the inspection, two children were in the centre. The inspector met them when they finished school. The first child did not communicate their views, but made eye contact with the inspector. The child relaxed in the sensory room, and the

inspector heard staff speaking kindly and warmly to them.

The other child played in the garden before baking brownies with staff, the pleasant baking aroma added to the homeliness of the centre. They appeared relaxed and happy as they smiled and laughed with staff and appeared to have a familiar rapport with them. The child did not communicate their views, but was happy to interact with the inspector and share jokes.

The inspector made phone calls to three children's parents. They all gave very good feedback on the centre and praised the service and staff team. They said that the centre was like a home from home that was fun, safe, and provided excellent care. They said that the children looked forward to their respite stays and came home happy. They enjoyed different activities, including playing games, eating out, going to playgrounds and parks, baking and going on day trips, as well as being able to relax in the house and garden. They were also supported by staff to develop their independence skills; for example, some children were doing money management and intimate care programmes. They were also satisfied with the food options available in the centre.

The parents praised the staff team, and described them as being friendly, approachable, and supportive with a good understanding of the children's and family's needs. They were satisfied that the skill-mix was meeting their children's needs; for example, some children required nursing care which was available in the centre. The parents said that there was good communication and they felt listened to by staff. They had no concerns or complaints, but felt comfortable raising any potential complaints. They were also happy with the premises, its facilities and the equipment, such as the mobility equipment.

The inspector also read three written compliments from families in August 2025. They said that the children were very happy and excited to go to the centre, and always had a smile coming home.

In advance of the inspection, eight children's family members completed surveys on what it was like to stay in the centre. Their feedback was very positive and similar to the verbal feedback given to the inspector. The surveys indicated that the children were safe, liked the house and its facilities, were satisfied with the activities available to them, got along with the other children, felt listened to, and received kind and consistent care from staff. The surveys also described the centre as being exceptional in understanding and meeting the children's needs, and the staff as being supportive and like a second family.

The inspector spoke with different members of staff during the inspection, including the management team comprising the person in charge, the clinical nurse manager and the children's service manager, and a social care worker.

The management team told the inspector that the centre provides an individualised service that meet the children's (and their family's) needs. There is a waiting list to access the service, and some families would like more provision. Allocations are usually done four weeks in advance with consultation with families and the children's disability network teams, and are planned taking into account the children's needs.

For example, some children have complex needs and may require certain staffing arrangements. The compatibility of children is also considered to reduce the likelihood of safeguarding concerns.

The management team described the centre as being like a holiday for children. They told the inspector that the children's choices of activities were facilitated, such as swimming, baking, arts and crafts, going on walks and to playgrounds, pet farms and beaches. They said that the children were listened to, and supports were in place for them to express their needs and wishes; for example, communication plans had been prepared and visual aids were available to help them make choices.

The management team spoke about how they managed risks in the centre; risk assessments were in place, and incidents were reviewed to identify potential learning. Safeguarding policies were implemented, and where necessary, reports had been made to the child and family agency.

The management team were satisfied that the centre was appropriately resourced in line with the statement of purpose. It was clear that the management team had a good understanding of the children's needs and were committed to delivering a high quality service.

A social care worker told the inspector that children were happy to come to the centre as it met their needs and provided child-centred care and support. They demonstrated a good understanding of the children's needs and their associated behaviour support, communication and intimate care plans. They had no concerns, but knew how to report any safeguarding concerns, and said that they could easily raise concerns with the management team.

Overall, the inspector found that the centre was well resourced in line with the statement of purpose. Children were in receipt of a high quality and safe service that was delivered by a committed staff team. Some minor improvements were required under regulations 7, 15 and 31 to bring the centre into full compliance with the regulations inspected.

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

Capacity and capability

This announced inspection was carried out as part of the provider's application to renew the registration of the centre. The application included an up-to-date statement of purpose, residents' guide, and copy of the centre's insurance contract.

The inspector found that there were effective management systems in place to ensure that the service provided to children in the centre was safe, consistent and

appropriate to their needs, and operated in line with the statement of purpose. For example, staffing arrangements were adequate and the premises was generally well maintained.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and met the requirements of regulation 14. They reported to a children's service manager, and there were effective arrangements for them to communicate. The person in charge and children's service manager demonstrated a good understanding of the children's needs and of the service to be provided to them.

The provider had implemented management systems to monitor the quality and safety of service provided in the centre. Comprehensive annual reviews and six-monthly reports (which consulted with the children and their families), as well as various audits had been carried out in the centre to identify areas for quality improvement. Actions from the audits were being implemented to enhance the quality and safety of the services provided in the centre. However, an improvement was required to ensure that all incidents that occurred in the centre were notified to the Chief Inspector of Social Services in line with regulation 31.

The provider had implemented an effective complaints procedure. The procedure was accessible for children and their families to use. Family members told the inspector that they had no complaints, but would feel comfortable raising any potential complaints.

The management team were satisfied that the staff skill-mix and complement was appropriate to the assessed needs of the current children using the service. Children's families spoke highly about the staff team, and the care and support they provided. There were no vacancies in the complement.

The person in charge maintained planned and actual rotas. The rotas also incorporated staff working in services outside of the centre. The rotas required improvement to avoid potential confusion.

Staff were required to complete training as part of their professional development. The inspector reviewed the staff training log with the clinical nurse manager. The log showed that most staff were up to date with their training requirements.

There were effective arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision meetings. Staff could also contact an on-call service for support outside of normal working hours.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge had been in their role since October 2023 and was based in the centre. They possessed relevant qualifications in intellectual disability and children's nursing, and

management.

They demonstrated a good understanding of the service to be provided in the centre, and of the children's individual personalities and needs.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix of nurses, social care workers and support workers was appropriate to the number and assessed needs of the children staying in the centre.

The person in charge and children's service manager were satisfied with the staffing arrangements, and told the inspector that the number of staff on duty was sufficient. Feedback from the children's families, as described in the first section of the report, on the staff working in the centre was very positive. There were no vacancies, and relief staff were used to cover staff leave.

The person in charge maintained planned and actual staff rotas. The inspector viewed a sample of the rotas from July to September 2025, and found that they required improvement. The rotas included staff and the hours they worked in a day respite service that operated outside of the centre. This information required separation from the centre's rotas to ensure that the rotas were clear and accurate in detailing the staff and the exact hours they worked in the centre. Additionally, the code used to denote night shifts required definition.

The inspector did not review staff Schedule 2 files during this inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were required to complete training as part of their professional development and to support them in the delivery of appropriate care and support to children.

The inspector reviewed the staff training log with the clinical nurse manager. It showed that most staff were up to date with their training needs, and had completed training in relevant areas including safeguarding of residents, children first, first aid, administration of medication, people handling, infection prevention and control, human rights, positive behaviour support, and fire safety. Some staff were due refresher training, which the person in charge was scheduling.

Additionally, some staff had completed supplementary training to increase the

knowledge base in the centre. One staff member had completed specific communication means training to share and promote use of in the centre. The clinical nurse manager had completed sexuality training, and was implementing their training by drafting guidance for staff and sharing their knowledge at staff team meetings.

The person in charge ensured that staff were supported in their roles, and provided them with formal supervision. The inspector reviewed the supervision records for three staff, and found that staff had received supervision in line with provider's policy. Staff spoken with told the inspector that they were satisfied with the support and supervision they received.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents and other risks in the centre including property damage.

Judgment: Compliant

Regulation 23: Governance and management

There were good management systems in place to ensure that the service provided in the centre was safe and effectively monitored. The inspector also found that the centre was well-resourced in line with the statement of purpose. For example, staffing arrangements were appropriate to the children's needs, the premises were generally well maintained, and there were two vehicles to facilitate community activities.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time, and reported a children's services manager. The person in charge was supported in their role by a clinical nurse manager. There were arrangements for the management team to communicate, including scheduled meetings and informal communications.

The provider had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Comprehensive annual reviews and six-monthly unannounced visit reports audits (which consulted with the children and their families) were carried out, along with audits in the areas of medication, health and safety, and infection prevention and control. The audits identified actions for improvement where required.

There were effective arrangements for staff to raise concerns. Staff spoken with told

the inspector that they could raise any concerns with the management team, and there was an on-call service during out of normal working hours.
Judgment: Compliant
Regulation 3: Statement of purpose
The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. It was recently reviewed, and was available in the centre for children and their representatives to view.
Judgment: Compliant
Regulation 31: Notification of incidents
The inspector found that an improvement was needed to ensure that all incidents (as specified under this regulation) were notified to Chief Inspector. The inspector reviewed the incidents in the previous 12 months. These included the use of restrictive practices, minor injuries, unexplained absences and allegations of abuse. However, on review of the incident log with the person in charge, the inspector found that an incident in May 2025 involving a peer-to-peer concern had not been notified to the Chief Inspector. However, actions had been put in place to address the concern. The person in charge submitted the notification before the inspection concluded.
Judgment: Substantially compliant
Regulation 34: Complaints procedure
The provider and person in charge had implemented good systems for the management of complaints. These systems were underpinned by the provider's complaints policy, and the associated procedure had been prepared in an easy-to-read format. The procedure was available in the centre, and there were complaint forms in the hallway for children and their families to use. There were no complaints. The inspector spoke with three children's parents. They highly complimented the service, and said that they felt listened to and had no complaints. However, they felt comfortable raising any potential concerns, and said that were confident any concerns they had would be promptly responded to.

Judgment: Compliant

Quality and safety

The inspector found that children's safety and wellbeing was maintained by a high standard of child-centred care and support in the centre. The children appeared happy in the centre, and the inspector observed staff engaging with them in a kind manner. Children's parents also provided excellent feedback on centre, and said that they were very satisfied with the service provided, and how well their children were cared for.

The centre provides a fun and enjoyable service for children where they can engage in different activities of their choice. Communication plans and supports were in place to help children express their preferences and be understood.

Some children required support to manage their behaviours, and associated care plans had been prepared to guide staff practice. However, the inspector found that two plans required review to ensure that they were sufficiently detailed.

The provider had implemented systems to safeguard children from abuse. These systems were underpinned by the provider's and national safeguarding policies. Staff had completed safeguarding training, and the inspector found that measures were put in place when safeguarding concerns arose. For example, allocations were changed to ensure that children were compatible.

The premises comprises a large one-storey house in a quiet location close to a small town. The house comprises residents' bedrooms, and communal spaces, including a sitting room, kitchen and dining space, a sensory room, a play room, bathrooms and a well-maintained garden and outdoor space with facilities for children to play. The house was seen to be homely, comfortable, clean, nicely decorated, and provided a pleasant and child-friendly environment. Some minor upkeep was required to address damaged paintwork.

The inspector observed good fire safety precautions. For example, there was fire-fighting and detection equipment throughout the house, and the fire doors closed properly. The person in charge had also prepared fire evacuation plans. One plan required a minor revision. Fire drills were carried out to test the effectiveness of the plans.

Regulation 10: Communication

The registered provider had ensured that children were assisted and supported to communicate in their own individual means. The children communicated in various

means including spoken language, sign language, and written text and pictures.

The inspector reviewed three children's communication support plans. The plans were readily available to guide staff practice. Some children use manual signs, and a staff member had recently completed training to be a 'champion' in promoting use of the signs in the centre. The inspector also observed visual aids and pictures in the centre to help children make decisions.

Children could access different forms of media, including televisions, in the centre. Some residents also used the Internet to stream entertainment on their smart devices.

Judgment: Compliant

Regulation 13: General welfare and development

The centre provided enjoyable short respite stays for children, and the person in charge and staff team endeavoured to ensure that they enjoyed their stays.

Within the centre, there was a range of facilities for children to use including a sensory room, a play room, a garden, a trampoline, swings, an outdoor play house, and a wide array of games, toys, dolls, books, and arts and crafts supplies. There was also a relaxing sitting room space to enjoy.

Children were also supported to engage in community activities in line with their interests. The children's care plans noted their interests and hobbies to help staff plan activities that they enjoyed.

The inspector read four children's recent daily notes. They recorded a range of activities, including eating out, bowling, playing football, spending time in the garden, baking, reading, using smart devices, and going to playgrounds, woods, and farms. On the day of the inspection, the inspector observed staff supporting the children's interests; one resident baked brownies and another spent time relaxing in the sensory room.

Children's families told the inspector that they were happy with how the children spent their time in the centre. They also spoke about how the children were supported to develop their life skills while using the centre. For example, some were doing money management and personal care programmes.

Judgment: Compliant

Regulation 17: Premises

The centre comprises a large single-storey house in a peaceful location on the outskirts of a small town. The premises were found to be appropriate to the number and needs of the children, and met the requirements of Schedule 6.

The house was very homely, bright, clean, comfortable, spacious and well equipped. The communal areas included an open plan kitchen and dining room, a sitting room, bathrooms, a play room and a sensory room. The sensory room was fitted with equipment, including soft mats, a bubble machine, lights and a speaker, and provides a relaxing space for children to use. The inspector also observed a wide variety of games and items to play with, including toys, board games, arts and craft supplies, sporting equipment, books, dolls, soft items, and a video games console. In the garden area, there was a patio with dining furniture, raised planting beds, a swing, a sunken trampoline, and a large play house for children to play in. These facilities promote a fun and playful environment for children.

The bedrooms are single-occupancy and some have en-suite facilities. Special mobility equipment was available, including electric beds and ceiling hoists. The equipment was serviced to ensure that it was in good working order.

Some areas of the house required repainting, including in two bedrooms and the sitting room, and the person in charge was sourcing quotes for these works.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider has prepared a residents' guide. The guide was up to date and included the required information. The guide was available in the hallway of the centre for children and their families to view.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had implemented good systems for the management of risk in the centre. The provider's risk management policy outlined the arrangements for identifying, assessing and managing hazards and risks.

The inspector reviewed a sample of the children's individual risk assessments and the centre's risk register. The risk assessments related to a wide range of matters including behaviours of concern, accidental injury, infection prevention and control, safeguarding, use of restrictive practices, and specific healthcare associated risks. The risk assessments included measures to mitigate or reduce the risk. The inspector also found that incidents occurring in the centre were reported and subject

to review to identify potential learning to reduce the likelihood of incidents reoccurring.

The inspector checked the arrangements for the maintenance of the wheelchair accessible bus. The bus was clean and included safety equipment such as a fire extinguisher. It had also been recently serviced, and was insured.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the registered provider had implemented good fire safety precautions in the centre. There was fire detection and fighting equipment, and emergency lights which were regularly serviced to ensure that they were maintained in good working order. The fire panel was addressable and easily found in the front hallway. During the inspection, the person in charge activated the fire alarm and the inspector observed that the fire doors closed without issue. This demonstrated good fire and smoke containment in the event of a fire. Two of the bedrooms had also been fitted with flashing lights that activated when the alarm sounded to alert children with hearing difficulties.

Individual evacuation plans had been prepared which outlined the supports children required to evacuate the centre. The inspector reviewed four children's plans and found that they were up to date. The person in charge had also prepared an evacuation plan for the centre. The inspector found that a minor improvement was needed to incorporate reference to the fire panel. Regular fire drills were carried out to test the effectiveness of the fire plans and to ensure that children could be safely evacuated.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that children received support to manage their behaviours of concern. However, improvements were required to the upkeep of the associated plans.

Staff were required to complete behaviour support training to help them understand and respond to children's behaviours. Individual behaviour support plans had also been prepared where necessary to guide staff on the specific interventions required by children. The inspector reviewed three of these plans. Two plans required improvement. The first plan did not reference all of the behaviours displayed by a child, including a behaviour related to travelling in the vehicle. This posed a risk that

staff may not respond appropriately to the behaviour.

The second plan required additional information on the strategies to respond to a child's behaviours. For example, the inspector observed a staff member using an intervention, that was kind and respectful to the resident; however, it was not reflected in the associated plan.

The inspector did not review restrictive practices during this inspection.

Judgment: Substantially compliant

Regulation 8: Protection

Overall, the registered provider had implemented good systems to safeguard children from abuse. The provider had prepared written child protection policy. It was readily available to staff, and was informed by the national policy. The provider had also prepared a child safeguarding statement that was displayed in the hallway. The statement outlined the measures to protect children from abuse.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with told the inspector how they would respond to and report concerns in line with the provider's policy.

The inspector found that safeguarding concerns were being recorded and appropriate measures were put in place. For example, the person in charge had made referrals to the child and family agency as necessary.

Intimate care plans had been prepared to support staff in delivering care to children in a manner that respected their dignity and bodily integrity. The inspector viewed four of these plans. They were up to date and available to guide staff practice.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kilcar House OSV-0007715

Inspection ID: MON-0039503

Date of inspection: 02/09/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The staff roster was reviewed, and a new template is being implemented as per suggested improvements. These improvements include consistent use of 24 hour clock, no abbreviations for night duty . Consistent use of colour coding on the roster with a summary list to provide clarity of what each colour represents Colour coding is necessary to provide clarity as to which county staff are based/working from, as it highlights slightly different start times at times depending on school pick up locations.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Notifications of incidents will going forward consistently include any incident, relating to a child attending for overnight respite	
Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

Person in Charge is due to attend a meeting to review next steps re introducing national behaviour training for Enable Ireland staff.

Staff training has been reviewed and all staff have completed HSE lands positive behaviour support, with a refresher course in PETMA due for the next quarter for the majority of staff who already have completed it.

Behaviour Support plans in place for service users where needed, keyworkers have been requested to update same more frequently as new strategies are identified.

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	06/10/2025
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	30/09/2025
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to	Substantially Compliant	Yellow	31/10/2025

	respond to behaviour that is challenging and to support residents to manage their behaviour.			
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