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:	Oak Hill
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	11 August 2025
Centre ID:	OSV-0007954
Fieldwork ID:	MON-0047828

About the designated centre

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

This is a service providing care and support to four adults with disabilities. The centre comprises of a large four bedroom dormer bungalow, a sitting room, a large kitchen cum dining room, a large second sitting room, a utility room, communal bathroom facilities and a staff office on the first floor.
Each resident has their own fully furnished spacious bedrooms complete with walk in wardrobes (with one bedroom one being ensuite). Private garden areas are provided to the front and rear of the property with the provision of adequate private parking to the front of the property.
The house is located in a peaceful rural setting but within easy access to a number of villages and towns. Private transport is also available to the residents for social outings and trips further afield. The service is staffed on a 24/7 basis with a person in charge, a house manager, a team of staff nurses and team of healthcare assistants.

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
Monday 11 August 2025	10:00hrs to 16:50hrs	Raymond Lynch	Lead
Monday 11 August 2025	10:00hrs to 16:50hrs	Caroline Meehan	Support

What residents told us and what inspectors observed

This risk based unannounced inspection took place after the Office of the Chief Inspector received unsolicited information raising concerns about aspects of the quality and safety of care provided in the centre in July 2025.

Prior to this, in August 2024, the Office of the Chief Inspector also received unsolicited information about this service raising concerns about the quality and safety of care provided in the centre. In response to that information, written assurances were requested from the provider that the quality and safety of care provided to the residents was safe and appropriate to their assessed needs. At that time, the chief inspector also sought assurances on the following:

- staff had up-to-date training in safeguarding of vulnerable adults
- where an allegations of abuse had occurred, it was reported to chief inspector and the national safeguarding team
- there were adequate staffing arrangements in place at all times in the designated centre to support residents with all aspects of daily living to include intimate and personal care.
- the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose
- management systems were in place in the designated centre to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored and,
- arrangements were in place for the identification, recording and investigation of, and learning from adverse events incidents.

The provider submitted a provider assurance report providing assurances that the centre was resourced effectively to meet the resident's needs, in a safe and secure environment. In that report they also confirmed that all allegations of abuse reported in the designated centre were managed in line with national safeguarding policy and where required, the national trust in care policy. Additionally, all staff had training in safeguarding of vulnerable adults and where required, notifications were submitted to the chief inspector within the required time frame. The provider assurance report also confirmed that any allegation of abuse arising in the designated centre had been investigated in line with the appropriate policy/policies and any learning from such investigations were actioned and fully implemented. The chief inspector was satisfied with these written assurances received from the provider at that time.

Overall, this inspection found that residents were in receipt of a good quality of service. However, while some of the issues as raised in the unsolicited information received in July 2025 could not be substantiated on this inspection, the staffing arrangements required review as at times, there were insufficient staff available to safely meet the assessed needs of the residents. Additionally, the localised policy on

safeguarding required review and updating.

On arrival to the centre it was observed that the house was spacious, warm, welcoming and clean. The centre was a dormer bungalow comprising of four large bedrooms (one ensuite) on the ground floor, a sitting room, a living room, a kitchen/dining room, a conservatory, main bathroom, and a water closet. The second floor consisted of a staff office, a water closet and storage space. The house was surrounded by large well-maintained gardens with the provision of garden furniture such as swing chairs for residents to enjoy in times of good weather. Additionally, ample private parking space was available to the front and side of the property.

The inspectors met with the staff nurse in charge who informed them that some of the residents were still in bed and staff were supporting other residents with personal care and their morning routines. The inspectors decided to review some documentation while staff were busy supporting the residents.

Later in the day, one inspector spoke to three staff members (a staff nurse and two healthcare assistants) and asked them that if they had any safeguarding concerns about the safety or welfare of the residents in their care, would they report such concerns to the person in charge. They all said categorically that they would report a concern if they had one. The inspector also asked would they feel they would be listened to by the person in charge and management team if they reported a concern. They all said that if they reported a concern they would be confident that the issue would be responded to and acted upon. The three staff were also asked had they any concerns about the quality or safety of care provided to the residents at the time of this inspection and all three said they had no concerns. Two said that while it could be very busy at times in the house, the residents were well looked after and one said that the residents were happy and had a lovely life in the house. All three staff confirmed that they had completed training in safeguarding of vulnerable adults and trust in care. The inspectors also observed that this was a busy house however, staff were also observed to be attentive to the residents at all times.

A family member spoken with over the phone on the day of this inspection was also positive and complimentary about the quality and safety of care provided in the house. They said that their relative was very well looked after and that they had everything that they needed. They were also complimentary about their relatives key worker saying that they could ask them anything and speak with them at any time. When visiting the house they said that they were made to feel very welcome and, the staff also ensured that their relative got to visit their family home as well. The family member did express some concern about a delay in accessing dental treatment that their relative required (this issue is discussed later in this report). However, they also said that overall, they were very happy with the quality and safety of care provided and that their relative had everything that they needed. Additionally, if they had any concerns, they said that they would voice them.

From a review of documentation the inspectors also observed that the service had received five compliments on the quality and safety of care provided in the centre in

2025. Three of those were from family members, one from an allied healthcare professional and one from a student nurse who had recently completed placement in the centre. For example, after a visit to the house in February 2025, one family member said that they were very pleased at how well their relative looked and that they were wearing fabulous clothes. They also reported that they loved a photo book that had been developed for the resident. This book contained a number of different photographs of their relative on a number of holidays they had been on over the last few years. Additionally, they thanked all staff for looking after their relative so well.

Another family member who visited the centre in April 2025 was complimentary of the welcome they received and the care that their relative received. A third family member thanked the staff for the work they did saying their relative had a lovely life and was very happy with where they lived. In this feedback they said it was a relief to know their relative was so happy and well cared for. They also reported that in a previous placement, their relative would refuse to get out of the car to go back into that centre after family visits home. However, they said that in this current placement, their relative gave them a kiss and waved them on when they returned to the centre after a visit home.

In April 2025 an allied healthcare professional was also complimentary of the staff team commenting on how well they supported a resident with maintaining good oral health, oral hygiene and dental care. Additionally, a fourth year student nurse who had recently finished their placement wrote a thank you card to the residents and staff to thank them for making them feel part of the team and wrote that the staff team were amazing and always gave the residents the best of care.

Throughout the day the inspectors observed residents relaxing in their home watching television and or engaged in table top activities. Residents appeared comfortable and happy in their surroundings and staff were observed to engage with them in a caring, supportive and person-centred manner.

Overall while this inspection found that residents appeared happy and content in their home, the staffing arrangements required review as at times, there were insufficient staff available to safely meet residents assessed needs.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents living in this service.

Capacity and capability

As identified in section one of this report '*What residents told us and what inspectors observed*' this risk based unannounced inspection took place following receipt of unsolicited information which raised concerns about the quality and safety

of care provided in the centre. Overall, while it was found that residents were in receipt of a good quality of service at the time of this inspection, the staffing arrangements required review as at times, there were insufficient staff available to safely meet their assessed needs.

There were clear lines of authority and accountability in this service. It was lead by an experienced and qualified person in charge who was supported in their role by a senior manager who acted as a person participating in management.

The staffing arrangements were as described by the person in charge on the day of this inspection. For example, the person in charge informed the inspectors that a qualified nurse worked on a 24/7 basis in the centre. Additionally to support them in their role, two healthcare assistants worked each day and one healthcare assistant worked each night. However, as identified above, the staffing arrangements required review as at times, there were insufficient staff available to adequately meet residents assessed needs.

Staff had as required training in line with the assessed needs of the residents. Additionally, the centre was being audited as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Regulation 15: Staffing

An inspection of this designated centre in April 2024 found that the staffing arrangements required review taking into account the assessed physical needs of the residents living in this house. In response to this the provider gave assurances in the compliance plan that the person participating in management and the person in charge would conduct a comprehensive review of each residents' assessed needs and their preferred social and recreational activities, taking into consideration the staff supports associated with achieving these.

Additionally, the provider assurance report requested from this designated centre in September 2024 provided assurances that the supports available within the centre were based on the accessed support needs of the residents. The staff roster was developed using the appropriate skills mix throughout each shift. One resident was supported on a 1:1 staff basis during the day as per their support needs and two staff are available to support the other three residents by day. Local management had also undertook a staffing review of the designated centre in 2024 as detailed in the compliance plan received after the inspection of the service in April 2024.

However, this review was ineffective as this inspection found that at times, there were insufficient staff available to safely meet the assessed needs of the residents. For example (and as detailed above), there were three staff working each day in this centre, one staff nurse and two healthcare assistants. On the day of this inspection two residents went on a social outing with support from two staff members (one of these residents was 1:1 staff support) and two residents remained in the house.

However, one of the residents that remained at home required 2:1 staff support for repositioning as detailed in their care plans. The resident had spinal issues and repositioning was important so as to ensure their comfort. On the morning of this inspection there was only one staff available to support the two residents at home while two staff were with the other two residents on a social outing. This meant that during this time frame, it was not possible to support the resident to reposition safely if they required it.

Additionally (and as identified above), one resident was on 1:1 staff support throughout the day. This left two staff to provide care and support to the other three residents. However, because of their assessed needs two of these three residents required 2:1 staff support at times. One resident required 2:1 staff support for repositioning in their wheelchair (as above) and another resident required 2:1 staff support post seizure activity. This resident was having regular seizures as detailed in their care plans. Staff spoken with also acknowledged that at specific times during the day, it could be very busy but they managed as best they could. However, this inspection found that at times, there were insufficient staffing resources available to provide the 2:1 staff support to residents that required it (and as detailed in their care plans) in a timely manner.

Judgment: Not compliant

Regulation 16: Training and staff development

As outlined earlier in this report unsolicited information concerning the quality and safety of care provided in this centre had been received by the Office of the Chief Inspector prior to this inspection. Because of that, the inspectors focused on key areas of training to do with safeguarding of residents and training relevant to their assessed needs.

This inspection found that staff were being provided with training so as they had the knowledge and skill to support the residents.

For example, staff had training in the following:

- safeguarding of vulnerable adults
- trust in care
- Children's' First
- open disclosure
- manual/person handling.

One inspector viewed the records for four staff members and found that they had all the above training completed.

Additionally, three staff members spoken with on the day of this inspection confirmed that they had completed safeguarding training and would report any concern (if they had one) about any aspect of the quality or safety of care provided

in the centre.

Judgment: Compliant

Regulation 23: Governance and management

As this was a risk inspection based on unsolicited information received by the office of chief inspector, the inspectors asked both the assistant director of nursing and the person in charge if there was any issue under investigation regarding the quality or safety of care provided to the residents at this time in this designated centre. Both confirmed that there was nothing under investigation regarding the quality or safety or safety care at this time and stated that they believed the residents were very well supported and were happy living in the centre. The assistant director of nursing reported that they would stand over the care and support provided in the centre. Additionally, the person in charge said that any safeguarding concern brought to their attention was responded to in line with safeguarding policy and procedure.

There were clear lines of authority and accountability in this service. It was led by a person in charge who was supported in their role by a senior manager (person participating in management) and the assistant director of nursing. There was also a qualified nursing professional on duty on a 24/7 basis in this centre due to the assessed needs of the residents.

The service was being monitored as required by the regulations. An annual review of the quality and safety of care had been completed for 2024 and, a six monthly unannounced audit of the centre took place in July 2025. These reviews and audits were identifying issues and an action plan was developed to address those issues. For example, the auditing process identified that some refresher training was required for some staff. This issue had been addressed at the time of this inspection.

Three staff on duty on the day of this inspection also reported that they felt they would facilitated to raise any concern with the person in charge about the quality or safety of care provided to the residents. However, while all three said to one of the inspectors they would have no concerns about the quality or safety of care provided to the residents, they also said that they would have no issues reporting any concern if they had one, to the person in charge.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a safeguarding policy in place along with supplementary localised policies and procedures to guide reporting practices specific to the organisation.

The localised supplementary safeguarding policy needed to be updated to ensure it was specific to the practices in the service so as it would be consistently implemented by staff.

For example, the registered provider had a specific procedure in place for the reporting of unexplained bruising. However, this procedure was not detailed in the supplementary policy therefore did not provide guidance to staff on how to report such incidences.

Judgment: Substantially compliant

Quality and safety

Residents assessed needs were detailed in their individual plans and systems were in place to promote their health and well being.

Systems were in place to manage risk and each resident had a number of individual risk assessments in place. Systems were also in place to safeguard the residents adverse incidents occurring in the centre were being responded to and investigated.

At the time of this inspection however, the person in charge confirmed that there were no open complaints about the service and no aspect of the quality or safety of care was under any type of investigation. Additionally, there were no active safeguarding concerns at the time of this inspection.

Regulation 18: Food and nutrition

Residents were provided with food and nutrition in line with their assessed needs, and their known preferences.

The known food preferences of residents were noted in their personal plans, and additional assessments had been completed by a speech and language therapist and a dietitian where required. Up-to-date guidance on the nutritional needs of residents was available in personal plans, for example, modified diets, and supplementary percutaneous endoscopic gastrostomy feeds (PEG). The inspectors observed that a resident was provided with a meal in line with recommendations. There was ongoing monitoring of residents' nutritional intake, for example, food and fluid intake including PEG feed, and from a review of a resident's records for a three week period, the food and fluids provided were in line with the dietitian's stated

requirements.

There were specific guidelines available on supporting a resident with their PEG feed including care of the PEG site. As mentioned, a review with a tissue viability nurse had been sought in relation to wound management, and there was ongoing review of the site by the tissue viability nurse over a six month period in 2023. In the meantime, the recommended twice daily care of the site was completed and records were maintained in relation to the resident's PEG site.

Residents could access the services of a dietitian, and monthly weight were completed, including calculating body mass index for residents. The inspectors reviewed body weight records for two residents over a 12 month period, and these were within recommended guidelines.

Overall residents' dietary needs were provided for and there was ongoing monitoring of their nutritional needs by the team, and by allied healthcare professionals.

Judgment: Compliant

Regulation 26: Risk management procedures

Policies and procedures were in place to manage risk and each resident had a number of individual risk management plans on file.

For example, where a risk was identified related to slips, trips or falls the following control measures were in place:

- a mobility care plan
- specialised equipment such as a handling belt and laser alarm system
- residents were reviewed by a physiotherapist as or if required
- a hoist was available to residents that required it
- where required, a wheelchair was also available
- 1:1 staff support where required was provided for as required
- access to occupational therapy provided for as required.

The inspectors also observed that where an adverse incident occurred in the centre, they were being reviewed and responded to so as to reduce the risk of a re occurrence. For example, the inspectors reviewed two incidents that had occurred in the centre since it had opened. Both incidents had been reported to the Office of the Chief Inspector (and where required, the National Safeguarding Team), both had been investigated and steps had been taken to promote the residents safety. Additionally, where required care plans had been reviewed and updated to guide practice. These issues were also discussed at a staff meeting so as staff were made aware of them and their responsibilities to the residents.

Because of the the residents assessed needs, one required 1:1 staff support at all times and 2 required 2:1 staff support at various times on a regular basis. This was

highlighted in their care plans and some risk assessments. However, at times that 2:1 staff support was not provided for. While staff took steps to ensure the residents safety when they couldn't provide 2:1 support when it was required, this issue required review. This issue was discussed and actioned above under Regulation 15: staffing.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs had been assessed, and personal plans were developed that comprehensively outlined the support residents with their health, social and personal care needs. Care and support was provided in line with personal plans, and there was ongoing review with the relevant professionals as residents' needs changed.

One inspector reviewed records for three of four residents, and each resident had an up-to-date assessment of their needs completed. These assessments were based on the known preferences of residents, family input, reviews by allied healthcare professionals, general practitioners, and hospital consultants. There was an annual review of residents' needs and personal plans, and families were invited to attend these review meetings.

Personal plans were developed and comprehensively guided the practice in the provision of care and support, for example with residents' health care, emotional needs, and intimate care needs. Plan were also complemented by specific guidelines from healthcare professionals, for example, speech and language therapists, dietician, and physiotherapist. Plans were regularly reviewed by the staff team in the centre, and updates or reviews to plans were recorded.

Most arrangements were in place to ensure the needs of residents were met; however, as discussed in regulation 15, staffing levels, at times were not appropriate to meet some needs in a timely and appropriate manner.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was provided to residents as outlined in their personal plans, and residents had timely access to a range of healthcare professionals, for reviews, and as their needs changed.

As mentioned, residents healthcare needs had been assessed as part of the assessment of need process, and healthcare plans comprehensively outlined how to care for residents. Residents did have significant healthcare needs, and the

inspectors discussed some of these healthcare needs and supports with the person in charge. The person in charge was knowledgeable on each residents healthcare needs and supports, as well as the reviews that had been completed by healthcare professionals.

Residents had timely access to healthcare professionals with the exception of specialised dental services. In this instance, the provider had taken action to rectify this issue, and one resident who had been waiting for approximately three years, had a pre-operative assessment completed, which meant that treatment was due to be completed soon. For another resident, on this waiting list, a dental check had been completed by a local dentist to ensure the resident was not in discomfort as they awaited specialist treatment.

The inspectors reviewed records from healthcare professionals. Regular and timely reviews had been completed. For example, seating reviews with an occupational therapist, reviews with a speech and language therapist regarding food consistency, and reviews with a dietitian, where specialised feeding was required, and where ongoing monitoring of residents body weight was needed. There had also been timely referrals and reviews from specialist nurses completed as the needs arose, for example a tissue viability nurse and a clinical nurse specialist in health promotion with both reviews related to skin integrity needs.

The inspectors reviewed an end of life plan with the person in charge, and the person in charge was knowledgeable on the specific medical presentation for a resident, as well as the care being provided to support the resident during this period. Specialist advice had been sought from consultants, the general practitioner, as well as the will and preference of the resident, and the views of the family. There was ongoing review of healthcare plans for the residents, including advice from the palliative care team. In this regard, the inspector found the resident was receiving care and support in line with their known preferences that considered the resident's spiritual, emotional, physical and social needs.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to support the residents safety and at the time of this inspection, the person in charge informed the inspectors that there were no current safeguarding concerns in the centre.

Because this was a risk inspection based on unsolicited information received by the Office of the Chief Inspector, the inspectors asked both the assistant director of nursing and the person in charge if their was any issue under investigation regarding the quality or safety of care provided to the residents. Both confirmed that there was nothing under investigation regarding the quality or safety of care at this time and they believed that the residents were very well supported and happy living

in the centre. The person in charge also said that any safeguarding concern brought to their attention was responded to in line with safeguarding policy and procedure.

One inspector viewed a safeguarding issue raised in the past in the centre. The issue had been dealt with in line with the *Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures*, the issue had been investigated, trust in care policy was adhered to, a formal safeguarding plan had been developed and that safeguarding plan had been reviewed by and agreed with the national safeguarding and protection team.

The process of safeguarding was also audited in the centre. This helped the centre establish how well they are carrying out their safeguarding responsibilities and what steps might need to be taken so as to ensure policy and procedure were being adhered to.

A recent audit in July 2025 identified that a possible concern that could be deemed as a safeguarding issue had not been responded to in line with protocol. Once this was brought to the attention of the person in charge they addressed the issue, reported it to the designated safeguarding officer, reported it to the Office of the Chief Inspector and an interim safeguarding plan was put in place. However, at the time of this inspection the issue had been reviewed and deemed not to be a safeguarding concern.

One inspector spoke with the three staff on duty on the day of this inspection. As stated earlier in this report, all three said that while they had no concerns about the quality or safety of care provided to the residents, they would have no issues reporting any concern if they had one, to the person in charge.

Additionally, written feedback on the quality and safety of care from three family representatives was positive and complimentary. Apart from the compliments they gave the service as detailed in section one of this report, *'What residents told us and what inspectors observed'* three family members also provided feedback on the service in its annual review on the quality and safety of care for 2024. All three said that they were very either satisfied or very satisfied with the service, to include the support and accommodation provided. Two family representatives reported the service as being excellent and one said it was good. Overall however, all three said the service met with their expectations.

The inspectors also noted the following:

- staff had training in safeguarding of vulnerable adult, Children's First, trust in care and open disclosure
- safeguarding was discussed at staff meetings
- safeguarding was also discussed at residents meetings
- information on how to contact the designated officer and advocacy services was available in the centre
- there were no complaints on file for 2025 in the centre.

This inspection found that the localised policy on safeguarding required review and updating however, this was discussed and actioned under Regulation 4: policies and

procedures.
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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Oak Hill OSV-0007954

Inspection ID: MON-0047828

Date of inspection: 11/08/2025

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We have compiled & submitted a comprehensive business case to HSE, requesting additional funding for staff, based on the assessed needs of the residents. In the interim we will review the roster arrangements in place & amend them where possible to ensure we meet each resident assessed needs.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Safeguarding policy has been reviewed & amended. The updated policy has been discussed a shared with all staff at our last team meeting 03/09/25	

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	15/09/2025
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	03/09/2025