



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

## Issued by the Chief Inspector

Name of designated centre:	Redwood
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	13 February 2025
Centre ID:	OSV-0008225
Fieldwork ID:	MON-0045586

## About the designated centre

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

This designated centre is operated by Sunbeam House Services CLG. Redwood is a detached property located in Co. Wicklow. The statement of purpose notes that the centre is a vacant residence which is used, as required, by client groups from the organisation, who require temporary accommodation. The designated centre can support up to five adult male or female residents with intellectual and physical disabilities. The centre comprises of five resident bedrooms with en-suite facilities. There is a dining room area with communal kitchen and a large sitting room. There is a bathroom with accessible bath and shower facilities. The centre also provides an office space for staff. The centre is managed by a full-time person in charge (who is also responsible for one other centre). The person in charge is supported by a person participating in management and a deputy manager.

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

Number of residents on the date of inspection:	0
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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
Thursday 13 February 2025	09:30hrs to 13:00hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

This was an announced inspection. The purpose of this inspection was to inform decision making regarding the registration renewal for this designated centre.

The inspector used observations alongside a review of documentation and conversations with the person in charge and the person participating in management to inform judgments on the provider's compliance with the regulations. The inspection was facilitated by the person in charge and the person participating in management (PPIM) for the duration of the inspection.

The centre was vacant at the time of inspection; The purpose of this designated centre is to provide a service to resident groups from other designated centres within Sunbeam House Services CLG when they require temporary accommodation in a registered designated centre. Outside this, the centre remained vacant. For example, the centre had been used by groups of residents during times when their home (designated centre) was undergoing major structural renovation works and it was unsafe for them to remain there during the works. Residents transfer to this designated centre for a period of time and return to their own centre when premises upgrade works have been completed.

On review of the centre's statement of purpose, it did not accurately or clearly describe the purpose and function or type of service this designated centre provided. As this centre's purpose was to accommodate groups of residents on a temporary basis, all sections within the document (in line with Schedule 1 of the health Act) required revision and updating so that it clearly reflected the service to be provided. This is discussed in detail under regulation 3.

There was a plan in place, funding pending, for residents from another designated centre, that was managed by the person in charge, to move in to this premise while their home underwent major upgrade renovations. The person in charge, supported by the deputy manager, had commenced implementing systems to ensure appropriate planning, supports and safe transfers were in place for residents to transfer to this designated centre. A number of premises, infection prevention and control and fires safety issues had been identified by the person in charge and work had either been completed or was underway to resolve them.

The person participating in management and person in charge had met with residents' families and representatives regarding the potential temporary move to this centre, ensuring an informative discussion and a consultation process was in place. The inspector was advised by the provider that residents would be informed if and when the plan to transfer between services was confirmed.

A working group, that consisted of management and key working staff, had been set up to support the transition of the residents to the centre should the plan go ahead. They were at the early stages of developing easy-read and accessible

information for residents to support a smooth and safe transfer between designated centres.

The organisation's referrals committee had also been advised of the potential transition of residents to the centre and a transition tool had been put in place and ready for the working group to discuss with each resident if and when the time came.

The inspector walked around the centre with person in charge and observed that it was a large premises with spacious rooms throughout. Each bedroom included a bed and adequate storage space. The inspector was advised, that residents who move for extended periods were provided the option of bringing their own furniture such as beds, armchairs and any other large items of furnishings belonging to them. Each bedroom included a small en-suite which consisted of a shower, sink and toilet. There was also a large communal accessible bathroom that contained a Parker bath, shower facilities and toilet. The inspector observed the communal sitting room to be large and spacious with three two seater couches. There was a dining room with a kitchen area which was divided off by a door and large hatch. The kitchen was bright and provided cooking facilities, refrigeration and lots of space for storing food.

The inspector observed that a number of upkeep and repairs were needed to all rooms in the house however, the person in charge had identified most of these, as had a health and safety audit that was completed in 2024. The provider's facilities department had been informed of the actions. On review of the health and safety audit many of the issues identified at that time, had been resolved.

As there was no residents currently living in the house at the time of the inspection. The inspector was informed that when residents were transitioning into the centre, the referrals tool was implemented and each resident was provided with a transition plan which was developed from the tool.

The centre was located just outside a small village in Co. Wicklow. While there was public transport available to residents, the amount or frequency available was less than that available in large towns or cities. The inspector was informed by the person in charge that transport had been purchased for the centre which would support residents with travel to and from places of their choosing.

In summary, the inspector found that the provider, the person promoting management and person in charge were endeavouring to ensure that the designated centre provided a safe and accessible home where residents could move to on a temporary basis. The current person in charge and person promoting management were developing plans and systems that would ensure that the next group of residents transitioning into the centre were provided with a centre that met their needs and provided a good quality service to them.

However, some improvements were needed to ensure the function and purpose of the centre was clearly set out and documented so that it accurately set out the purpose of the service, who the services were for and information about how the service was delivered. Some improvements were also needed regarding the monitoring of the service when it was vacant, fire safety equipment and infection

prevention and control.

These are discussed further in the next two sections of the report that present 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 potential quality and safety of the service being delivered to residents transitioning into the centre on a temporary basis.

## Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

There were no residents staying in the centre at the time of inspection, regulations reviewed on this inspection focused on the purpose and function of the centre. The centre had been vacant since May 2024. A group of residents were potentially due to move into the centre in the next two months, however, this was funding dependant. Overall, the centre provided a service that permitted a group of residents from other designated centre to stay on a temporary basis.

The provider was endeavouring to ensure that there was appropriate management system in place in the designated centre so that the service provided was safe, appropriate to residents' needs , consistent and effectively monitored. However, due to the change in local management arrangements, this was not always ensured.

As the centre was vacant, on the day of the inspection there was no staff working in the centre. However, the inspector found that continuity of care and support had been considered when residents transfer between services. This was to ensure a smooth and safe transition for residents and to maintain and develop relationships already in place.

There was a statement of purpose in place in the centre and it had been submitted to the office of the Chief Inspection alongside the application to renew the registration of the centre. On review of the statement of purpose the inspector found areas within the document to be generic and more in line with a residential centre that provided permanent service rather than temporary service.

Overall, the statement was not fully in line with 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 (the regulations) and required review so that it clearly reflected the service the provider was delivering.

## Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame. Where improvements are needed regarding the centre's statement of purpose, this has been addressed under Regulation 3.

Judgment: Compliant

## Regulation 14: Persons in charge

The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its purpose, aims and objectives. Through speaking with the person in charge, the inspector found that they demonstrated sufficient knowledge of the legislation and their statutory responsibilities of their role. The person in charge was responsible for one other centre and was supported by a deputy manager.

To ensure effective governance, operational management and administration of the designated centre during times the centre was vacant, a review of the overall arrangements in place for local monitoring systems and structures was needed. This has been address under regulation 23.

Judgment: Compliant

## Regulation 15: Staffing

As the centre was vacant there were currently no staff employed in the centre. As such there was no roster in place to be reviewed.

However, the inspector found that the provider and person in charge were endeavouring to ensure, that when residents transferred from their own centre to this designated centre, that were was continuity of staff in place.

The inspector was informed by the person in charge that consultation and planning meetings had taken place and were ongoing with staff working the centre (where residents were potentially moving from to this centre) to ensure as much as possible the relocated to this centre with the residents.

A working group, that included staff and management had been set up to ensure a smooth transfer of residents between centres. In addition to ensure staff and team members within and between services have clearly defined responsibilities to assist



residents who require support.

The person in charge had also developed an occupancy documentation as part of the transition planning, which addressed continuity of care when considering staff, when moving from one service to another. This was to support the smooth transfer of residents from one designated centre to another and to ensure compliance with regulation 15.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance submitted to HIQA and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

## Regulation 23: Governance and management

The current monitoring arrangements in place in this designated centre requires the provider to submit a notification to the Health Information and Quality Authority, regarding the change of person in charge and person participating in management every time a new group of residents transfer into the centre and for the duration they stay in the centre. The incoming person in charge and PPIM are part of the local governance and management structure for the resident group transferring into the centre. When the group of residents returned to their own centre, the same managements remain in place in this centre until another new group of residents require the use of the centre.

While this arrangement may be appropriate close to the transfer date and during residents' temporarily stay in the centre, a review of these arrangements during times the centre was vacant, was needed. This was to ensure that there was adequate and continued oversight and management of the centre during times it was vacant. In particular, to ensure that there was appropriate oversight of the centre's premises, (upkeep and repair), fire safety systems and infection prevention

and control measures so that it was a safe place for residents to transfer to when needed.

For example, in relation to oversight of infection prevention and control measures, the inspector reviewed documentation that demonstrated that the person in charge had put in place a flushing check list in place in January 2025. This was a measure to mitigate the risk of Legionella and ensure good water quality and safety.

The inspector reviewed another document that demonstrated check had taken place by the facilities department during May 2024 to December 2024. However, on the day of inspection, there was no other evidence in place to demonstrate checks previous to May 2024. As such the provider could not be assured that the water outlets had not been contaminated and overall, meant demonstrated that the current oversight arrangements in the centre were not effective or consistent at all times.

Notwithstanding the above, a number of oversight and management measures had been put in place in January 2025 by the current person in charge to oversee aspects of the service .

The deputy manager was visiting the centre on a weekly basis since January 2025 and was carrying out a number of health and safety checks to ensure that the premises was safe for the next group of residents to move into.

A maintenance, infection prevention and control and fire safety review had been carried out locally and actions required had been submitted to the appropriate departments. Previous to this the provider had organised for a health and safety audit of the centre to be completed in September 2024 and many of the action had been completed to date.

The person in charge and person participating in management had developed a document called 'occupancy arrangements', This document was put in place to assess and implement the necessary management arrangements upon occupancy ensuring compliance with regulation and operational requirements.

The document reviewed the management arrangements, resident transition and supports, occupancy details, individualised care planning, health and safety considerations, emergency preparedness and response, residents' rights and advocacy , family and visitor policies, staffing , resident engagement and activities, governance and oversight. This framework was endeavouring to ensure that the centre remained in compliant responsive and person-centred service, facilitating seamless transition while maintaining high quality care and support for all residents who stay there.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had a statement of purpose in place for the centre. The person in charge informed the inspector that they had planned to update the statement of purpose when that pending group of residents transferred into the centre. However, a review of the statement of purpose was needed so that it carefully considered and provided precise detail when describing the type and range of services, and the supporting health, personal and social care arrangements it provided overall.

On review of the current statement of purpose, the inspector observed that sections within the document, that described the specific health and social needs that it intended to meet, did not clearly reflect a service that the provider was delivering.

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 (the regulations), the document did not clearly describe the model of care and support available in the service during times of transition or the day-to-day operation of the centre during times it was vacant.

On review of the statement of purpose the inspector found areas within the document to be generic and more in line with a residential centre that provided permanent service rather than temporary service. A review of the following areas of the documents was required: the description of services and facilities provided in the designated centre, specific care and support needs that the designated centre intends to meet, facilities which are to be provided to meet those care and support needs as described above, admissions to the designated centre, management and staffing arrangements, resident wellbeing and safety, development and review of resident personal plans, specific therapeutic techniques, social activities, hobbies and leisure interests, education, training and employment and consultation with and participation of, residents in the operation of the designated centre.

A review of the statement of purpose was needed so that residents and their families and where appropriate, representatives, were fully informed and knowledgeable of the service to be provided to them during their stay in the centre. As such, improvements were needed so that the statement of purpose clearly and transparently described the model of care and support available to future residents in the service so that it was reflected in the day-to-day operation of the centre when residents transition into it.

Judgment: Substantially compliant

## Quality and safety

This section of the report details the quality and safety of the service for residents who live in the designated centre on a temporary basis. As mentioned above, there were no residents staying in the centre at the time of inspection and as such, only a

limited number of regulations were reviewed.

The provider and person in charge were endeavouring to ensure that a quality and safe service was provided to residents during times they were required to transfer and temporary live in the designated centre.

A number of maintenance works had been carried out in the last twelve months so that residents transferring to the centre were staying in a premises that was of sound construction, kept in a good state of repair and was clean and tidy.

The infection prevention and control systems had been taken into account during times the centre was vacant however, improvements were needed to ensure that they were effective at all times. This was to ensure the safety of residents during their stay.

The provider and person in charge had systems in place to ensure appropriate planning, supports and safe transfers were in place for residents transferring to and from services to ensure a seamless and safe transition into the centre and while they were staying there.

The person participating in management and the person in charge were endeavouring to make sure that there were effective fire safety management systems were in place in the centre. The provider had organised for an external fire safety company to complete a number of remedial works in the centre in the past twelve months which had increase the fire containing measures in place. However, to ensure optimum fire safety measure were in place, further work was required. The provider was aware of this and had taken steps to respond to work required.

## Regulation 17: Premises

The physical environment of the house was observed to be clean and for the most part, in good decorative and structural repair. The design and layout of the premises ensured that residents staying in the centre were provided an accessible, safe and comfortable environment.

The house spacious throughout with large bedrooms, individual bedrooms with en-suite shower facilities, a large communal bath and shower room and adequate communal facilities such as sitting room, dining room and kitchen. Overall, the layout of the premises enabled the promotion of independence, recreation and leisure for residents though-out their temporary stay in the designated centre.

The centre had not been personalised or presented homely in nature however, the person in charge informed the inspector that in advance of transitioning to the centre, residents are consulted about the décor and layout of the centre so that it is in line with their individual and collective needs in a comfortable and in a way that is homely to each resident.

There were a number of upkeep and repair works needed to some of the fixture and fittings in bedrooms and en-suites facilities as well as the sitting room and kitchen. The person in charge had identified these and a list had been put together for the providers facilities department to complete.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The provider and person in charge had systems in place to ensure appropriate planning, supports and safe transfers were in place for residents transferring to and from services.

There were structures and tools to support the smooth and safe transition of residents from one centre to another. There was a referrals committee in place in the organisation who were responsible for the coordination of residents' transfers.

To assist the committee in their work, a specific transfer tool had been developed. For example, where residents' transfers were taken place, residents were supported in advance of an transition, to complete a 'client moving into residential location – discussion form'. The tool was in place to ensure that residents were only transferred in to services that can meet their specific needs and did not disrupt key events in the resident's life, as reflected in their personal plan. In addition, it ensured residents moved into a service where they would be safe and that where there were other residents, they would be protected also.

The inspector was informed by the person in charge that, in relation to the next potential group of residents moving in to the centre, plans were in place for these forms to be completed. A specific working group had been set up, (in the designated centre the residents were moving from), which included key working staff, to support and coordinate the transfer process at a local level.

The client moving into residential location – discussion form tool incorporated the following areas for discussion to ensure a smooth and safe transition for residents; location details and other residents, transition plans, key working, contract of care, tenancy, client finances, property log, change of address, Home visits, equipment, HIQA, personal outcomes, advocacy supports, safeguarding, family consultation and residents' rights.

In addition, the provider, person participating in management and person in charge had met with staff on numerous occasions to discuss the potential transfer of residents from their current centre to another (that was in the next county) as a way of ensuring continuity of staff when the group of residents transferred to the this centre. Meetings were also held with family members and representative as part of the consultation process.

The inspector was advised that when the provider receives confirmation of the

transition related funding that the group of residents would be informed and that the transition be would be planned and managed in partnership with the residents using a rights-based approach.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider submitted their risk management policy prior to the inspection. The inspector reviewed this document and found that the policy guided staff practices in relation to the management of risk within the centre and continued all the information as specified in the regulations.

At the time of inspection, there were no residents staying in the designated centre so there was no individual risk assessment in place. The person in charge had put in place a number of centre based risk assessments since January 2025. For example, there were risk assessments that included appropriate measures to mitigate or reduce the risk for Fire, biological agents, and accident injury electric appliances, legionnaires disease, driving company vehicle, blood spills and infectious disease

Judgment: Compliant

### Regulation 27: Protection against infection

Since January 2025, the person in charge had organised for local governance and management oversight systems in place to ensure that there were appropriate infection prevention and control (IPC) measures in place and that these were effectively managed.

For example, the premises had underwent a deep clean with another clean planned before the next group of residents moved into the centre. Where there were upkeep and repair works needed, that potentially impacted on the IPC measures, these had been identified through the health and safety audit and by the person in charge and actions required were relayed to the provider's facilities department.

There was a safety protocol in place to ensure that, where water was not used for seven days or more, a flushing checklist was in place. Taps and shower heads in ensuite shower facilities, the bathroom and kitchen were all flushed on a weekly basis.

The person in charge had developed a risk assessment in January 2025 that included measures to prevent and mitigate Legionella risks. One of the measure instructed a test was to be carried out, if there was any concern. On review of the flushing checklist the inspector saw that the deputy manager had visited the centre on a weekly basis and carried out flushing checks since January 2025. There was

further documentation that demonstrated that flushing checks had been completed by the provider's facilities department since May 2024 however, there was no further evidence of flushing previous to that date. As such, the gap presented a potential infection control risk. This was raised with the person in charge and the person participating in management on the day of the inspection. In response the person participating in management advised the inspector that a test would be carried out as a matter of priority.

The person in charge had developed an 'occupancy arrangements' document. This document took into account emergency and contingency plans in the case of an outbreak of infectious disease while residents were staying in the centre. It had considered infection prevention and control measures, including laundry protocols.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The person participating in management and the person in charge were endeavouring to make sure that there were effective fire safety management systems were in place in the centre.

There was a fire panel in place which was serviced on a quarterly basis. On the day further work was completed on the panel and the floor plan (next to the panel) to ensure that zones and rooms were clearly identifiable in the case of a fire.

The inspector observed there to be appropriate fire equipment that had been maintain and serviced as required. Fire certificates for quarterly and annual services checks were submitted the day after the inspection and demonstrated that fire extinguisher were serviced in March 2024 and that the most recent quarterly checks for lights and fire panel had taken place in December 2024.

Following a fire door inspection conducted in May 2024, remedial works were carried out in the centre in September 2024. To improve the fire rating and safety of doors an external company had fitted doors with drop seas, kick plates, fire door signage, new hinges and door closers. In addition, of these works, two fire doors were replaced. The inspector reviewed a document from external fire safety company to the provider's facility department that noted that the completed remedial works had improved the effectiveness and safety of the doors in the designated centre from fire.

In addition, the document noted that the remedial works adhered to current standards to achieve acceptable reductions and the minimising of the spread of smoke and fire to facilitate safe resident evacuation. However, the company could not formally certify the doors that were place as they had not been labelled by the original installer. In response to the original fire report, the provider had submitted a business case in February 2025 to their funders for an upgrade of all for doors to be

replaced.

Since January 2025 the person in charge had arranged for the deputy manager to visit the centre on a weekly basis to ensure fire safety checks were being carried out such as weekly fire alarm tests, carbon monoxide test, fire extinguishers checked and in date and that fire exits were not obstructed.

There was a fire registration folder in place which included evidence of checks however, the folder did not include a current fire safety statement. The health and safety audit had noted the statement was due renewal in March 2022.

In line with the provider's policy, the statement required review every 18 months. The inspector was informed that the review was currently in process. As such, improvements were needed to ensure that the safety statement was in place in the centre and that overall, it was reviewed in a timely manner.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

# Compliance Plan for Redwood OSV-0008225

Inspection ID: MON-0045586

Date of inspection: 13/02/2025

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider has the following arrangements in place:-</p> <p>The provider has implemented a clear protocol for managing the designated center when it is vacant. Effective immediately, the vacating manager will no longer remain in place upon leaving the centre. Instead, the Person in Charge (PIC) of the designated centre on the adjoining grounds will assume responsibility for overseeing the vacant unit. To ensure proper documentation and regulatory adherence, the vacating Person Participating in Management (PPIM) will formally notify the Senior Quality &amp; Compliance and Training Manager when vacating the location. Subsequently, the required NF31 and NF30a notifications will be submitted through the HIQA Portal in a timely manner.</p> <p>To maintain a safe and well-maintained environment, the designated PIC will oversee the premises upkeep, fire safety systems, and infection prevention and control measures, ensuring the centre remains a secure location for residents to transfer to if necessary. As evidenced during inspection, regular checks will be conducted while the centre is vacant, with detailed records maintained on-site. Additionally, the revised occupancy arrangements have been incorporated into the updated Statement of Purpose.</p> <p>Completed 25/02/2025</p>	
Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The provider has reviewed the procedures for managing the centre during periods of vacancy to ensure clear regulatory compliance. Effective immediately, the vacating manager will no longer remain in place upon leaving the centre. Instead, the Person in Charge (PIC) of the designated centre on the adjoining grounds will assume responsibility for overseeing the vacant unit. To maintain compliance, the vacating Person Participating in Management (PPIM) will notify the Senior Quality & Compliance and Training Manager of these changes, who will then submit the required NF31 and NF30a notifications via the HIQA Portal.

Additionally, when the centre becomes occupied, an amended Statement of Purpose will be submitted to HIQA, reflecting the appointment of the new PIC. Similarly, when the centre is vacated again, the designated PIC will submit an updated Statement of Purpose outlining the procedures in place during the vacancy.

The Statement of Purpose has now been updated accordingly to reflect the vacant property status and has been submitted. These measures ensure the expectations during both transitional periods and the day-to-day operation of the centre when it is vacant.

Completed 21/02/202

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

The provider has implemented a structured approach to ensure compliance and safety while the centre remains vacant. To maintain water quality standards, the provider arranged for testing to be conducted by an independent State Registered Laboratory. Additionally, oversight procedures for vacant periods have been reviewed and updated to ensure continuous monitoring and accountability.

When the centre is vacated, the vacating manager will no longer remain in place. Instead, the Person in Charge (PIC) of the designated centre on the adjoining grounds will assume responsibility for the vacant unit. To ensure transparency and regulatory adherence, the vacating Person Participating in Management (PPIM) will notify the Senior Quality & Compliance and Training Manager, who will then submit the required NF31 and NF30a notifications through the HIQA Portal. This process will ensure that records are consistently maintained, as the adjoining PIC will oversee the centre during its vacancy.

The center remains vacant and the water is unused with signage in place. Upon receiving the water test results, the provider will review the findings and take any necessary corrective actions to uphold health and safety standards. This will be completed before

31/03/25.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
An updated Health & Safety Statement has now been placed in the centre. At the time of inspection, the Health & Safety Statement was undergoing revision by the health and safety officer as the previous version had exceeded the 18-month review requirement.

Additionally, the provider has reviewed and reinforced the procedures for managing the centre when vacant. The vacating manager will no longer remain in place, and instead, the Person in Charge (PIC) of the designated centre on the adjoining grounds will assume responsibility for the vacant unit. To maintain oversight and compliance, the vacating Person Participating in Management (PPIM) will notify the Senior Quality & Compliance and Training Manager, who will then submit the required NF31 and NF30a notifications via the HIQA Portal. This process ensures that records continue to be maintained without interruption, as the designated PIC will oversee the centre during its vacancy, upholding safety and operational standards.

Completed 25/02/25.

## 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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	25/02/2025
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	31/03/2025

	published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	25/02/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	25/02/2025
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	21/02/2025
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	21/02/2025
Regulation 03(3)	The registered provider shall make a copy of the statement of purpose available to residents and their representatives.	Substantially Compliant	Yellow	21/02/2025