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:	Meath Westmeath Centre 5
Name of provider:	Muiríosa Foundation
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	18 May 2026
Centre ID:	OSV-0008556
Fieldwork ID:	MON-0041457

About the designated centre

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

The designated centre is a spacious bungalow in close proximity to the nearest town and to public transport facilities. The service provides care and support to up to four adults with an intellectual disability. Each resident has their own bedroom decorated to their individual style and preference, and the designated centre is designed and laid out to meet their needs. There are various communal areas throughout the house including well maintained garden areas. Transport is available to meet the needs of residents and to avail of social activities. Staffing was provided in accordance with the assessed needs of residents. Additional staff were made available if or when required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 18 May 2026	09:00hrs to 18:00hrs	Brendan Kelly	Lead

What residents told us and what inspectors observed

This announced inspection of Meath Westmeath Centre 5 was carried out to inform on a decision regarding the provider's application to renew the registration of this designated centre. The inspection was also aimed at monitoring the provider's ongoing compliance with The Health Act 2007 (Care and Support of Residents in Designated Centres (Children and Adults) with Disabilities) Regulations 2013.

Overall this inspection showed high levels of compliance with the Regulations. Residents in the centre were observed to be supported by the provider in a person centred and rights based manner. Some of the residents in the centre were experiencing significant changing needs and the inspector observed the provider was taking a number of steps to ensure that the residents were supported to age in place in their own home. Improvements were required however, in relation to the upkeep of the premises. A number of maintenance works had not yet been completed and these are discussed in greater detail in Regulation 17: Premises.

Meath Westmeath Centre comprised of a single storey bungalow located in a quiet housing estate in Co. Meath. The centre is currently registered for four residents. On the day of this inspection the centre had one resident vacancy. The person in charge told the inspector that currently there are no plans around an imminent new admissions to the centre

The centre consisted of five bedrooms, one of which was used as a staff sleepover room and office space. The centre had two bathrooms, kitchen/dining space, a lounge room and, a utility room.

On the day of this inspection the inspector had the opportunity to meet with and speak to the three residents living in the centre, the person in charge, two members of the front line staff team and, the person participating in management.

On arriving at the centre the inspector was met by the person in charge who showed the inspector around the centre. The inspector observed the centre to be homely and warm. As outlined in this report, residents were experiencing significant changing needs that were also impacting on their mobility. The inspector observed that the centre was fully accessible including the installation of hand rails throughout the centre. There were pictures of residents on walls. Each of the residents' bedrooms were decorated individually with photographs of family and friends on display. Residents told the inspector they were happy with their bedroom. The inspector observed that residents had access to mobile phones, smart televisions and internet in line with their wishes.

The inspector had the opportunity to meet with one resident in the morning after they had finished their morning routine and breakfast. The resident was observed to be in great form and engaged in laughs and jokes with the inspector. The resident

told the inspector they are very happy in their home. The resident told the inspector that they liked the staff team and made some jokes to the inspector about members of the team. The inspector observed that the resident was very much at ease with the staff including the person in charge. The resident told the inspector that they had no problems with their housemates. The inspector observed that the resident looked happy and healthy and their changing needs were being well met.

Later in the morning the inspector met with a second resident when they had gotten up and completed their morning routine. Again, this resident was in great form and spent time joking and laughing with the inspector. The resident told the inspector they too were very happy in their home and that the staff were very kind to them. The resident proudly told the inspector about a job they had in their local community. The resident had recently retired from their job and told the inspector about the cake they had on the day of their retirement. The resident also spoke about their family, including visiting a family member who lives abroad in the past.

The inspector met with and spoke to the third resident in the centre briefly in the morning of the inspection before they went to a local community club. Later, in the afternoon when they had returned the inspector was able to spend more time chatting with the resident. They told the inspector that they liked living in the centre. The resident talked about living on their own in the past and how they prefer to spend some time in their bedroom doing art based activities. The inspector observed such activities in the resident's room and they showed the inspector some of their work. The resident told the inspector they had the opportunity to make decisions and choices about their week in house meetings. The inspector observed that the resident's bedroom was decorated with photos of family and the there was evidence of the residents love of cats and dogs.

All residents told the inspector they are happy with their housemates. One resident told the inspector that if they had any issues they would feel comfortable bringing this too staff and that the staff team would listen and find a resolution.

The provider had, in the past 12 months submitted a number of notifications to the Chief Inspector of Social Services in relation to minor peer-to-peer incidents between two residents who were experiencing changing needs. The incidents were being well managed. On the day of this inspection the inspector observed both residents to be entirely comfortable in each others presence. The residents had lived together for a number of years and had developed a strong friendship.

The person in charge told the inspector about the lives and experiences of the residents in the centre. Residents were active members of their communities and were well known in the local town. Residents went to the local post office to collect their disability allowance and spent time in local shops and coffee shops. One resident was employed until recently in the community working two days a week. Residents also spent time visiting friends in another housing estate. On the day of this inspection the inspector observed residents leaving to meet with friends. One resident had a partner who they were going to meet on the evening of this

inspection, the inspector observed that the resident had bought a gift for this person and was bring it with them to give to them later that evening.

Residents stayed in contact with family as they wished. All residents in the centre spoke about their family and maintaining contact with families. The inspector also observed a hand written note from a resident's family thanking them for all they do for their loved one.

The inspector spoke to members of the front line staff team regarding key plans, risk and general day-to-day operations in the centre. The staff team had been together for a long period of time and spoke positively about the dynamic in the team. Staff were knowledgeable in terms of the key risks including safeguarding, falls and specific medical diagnosis. The staff team spoke about key strategies in managing residents' changing needs. The staff team also spoke around the supports put in place, for both residents and staff following, the passing of a resident. Staff were aware of the safeguarding concerns in the centre and how these were to be managed accordingly.

Throughout the day of this inspection the inspector observed a friendly atmosphere in the centre. Staff interacted in a caring and person centred manner and the residents were comfortable in the presence of the staff team.

The next two sections of this report will outline in greater detail the governance and management arrangements in the centre and how these systems impacted on the quality and safety of the care provided to the residents.

Capacity and capability

This inspection showed that the provider had systems in place that ensured they had both the capacity and capability to manage the centre.

The centre was managed day-to-day by an experienced person in charge who had appropriate systems in place to manage this centre. The person in charge was also responsible for the running of an additional designated centre operated by the provider. There were suitable arrangements in place to ensure the person in charge had sufficient oversight and management of the centres on an ongoing basis. The person in charge had a team lead in place in the centre and reported to a person participating in management.

The provider had a suite of policies and procedures in place that ensured the staff team were guided in terms of their practice. The provider had ensured there was full staff team with an appropriate number and skill mix of staff day to day. The staff team also had the required mandatory and site specific training to ensure they could meet the assessed needs of the residents.

The inspection also showed that the provider had the required systems in place to manage complaints should they arise.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted within the specified timeline all documentation required for the renewal application of their registration to be assessed.

The provider had submitted with their application the statement of purpose, insurance documents, residents guide, information on the management team and the appropriate renewal application form.

Judgment: Compliant

Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The provider had submitted to the Chief Inspector evidence of payment of their annual fee.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the centre had an appropriate number and skill mix of staff to support the assessed needs of the residents.

The provider had planned and actual rosters in the centre which were overseen by the person in charge as part of their oversight responsibilities. On the day of this inspection the inspector reviewed rosters for the months of March and April 2026.

In reviewing the rosters the inspector observed the following:

- the centre had a full staff team of social care workers and support workers with no vacancies
- the staffing compliment was reflective of the compliment outlined in the statement of purpose
- staffing each day consisted of one sleepover staff seven days a week working 11:00-11:00 and one day duty staff seven days a week working 08:00-21:00

- an additional 20 hours of staffing per week was available to manage the changing needs of residents and this could be used at times when the centre was particularly busy

The rosters also noted dates for team meetings and training that staff had attended. For example, the inspector observed staff had attended food safety training.

The inspector observed that across both months reviewed there had been no instances of shifts that were not covered. The centres contingency plan in the event of planned and unplanned leave was relief staff from the providers own panel and limited use of agency staff.

Judgment: Compliant

Regulation 16: Training and staff development

Overall, the systems in place around staff training and supervision were being utilised effectively on the day of inspection.

The centre had a training log that evidenced the mandatory and refresher training completed by the staff team. The training log was maintained by the person in charge as part of their oversight responsibilities.

The person in charge told the inspector that they reviewed the training log on at least monthly basis. Where online training was required by the staff team the person in charge emailed the relevant staff member as a reminder to complete the required training. Where classroom based training was required, the person in charge emailed the provider's training department who scheduled staff for their refresher training.

On the day of this inspection the inspector reviewed the training log and observed that the staff team had completed training in areas such as:

- dementia
- safeguarding
- medication management
- fire safety
- children's first
- manual handling
- food safety
- human rights
- feeding, eating, drinking and swallowing

The person in charge maintained a supervision schedule for 2026 that was observed by the inspector. Supervisions were scheduled on a quarterly basis. The inspector reviewed two of the supervision records of two staff working in the centre. Agenda items such as annual leave, morale, continuous professional development and

teamwork were discussed.Staff who met with the inspector spoke positively regarding the supervision sessions and told the inspector they would feel comfortable bringing items of concern to the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

The centre was led by a suitable person in charge who had the qualifications, knowledge, skills and experience to support the assessed needs of the residents in the centre. The person in charge was supported by the person participating in management who visited the centre on at least monthly basis to review the care and support being provided.

The provider had systems in place to monitor and audit the day-to-day and long term care and support provided in the centre. These systems included an annual review, provider-led unannounced six monthly audits, governance meetings, local team meetings and, a suite of local audits.

On the day of this inspection the inspector reviewed the annual review of 2025, provider-led unannounced audits, local audits and, a sample of the meetings that had occurred in the centre. In reviewing these documents the inspector observed that each had a corresponding action plan that was time bound and aimed at improving the lived experience of the residents.

The inspector observed that actions identified from audits and meetings included:

- residents' financial assessments to be reviewed
- staff training to be planned and updated
- complaints policy to be updated
- cleaning schedules to be signed by staff each day
- maintenance works to be uploaded to the provider's online system
- resident risk assessments to be updated
- The completion a falls assessment for a resident by a suitably qualified health and social care professional

The inspector observed that in the main the actions outlined had been completed in a timely manner or had a reasonable time frame identified for their completion. For example, the inspector observed that the provider's physiotherapist had completed a falls assessment for one resident, the residents' financial assessments had been updated and the identified resident risk assessment had been updated. While the person in charge had updated maintenance requests to the providers online system, these had yet to be completed despite some being past the intended completion date. These areas are discussed and actioned in Regulation 17: Premises of this report.

The inspector also reviewed a sample of the audits completed locally by the person in charge and staff team. The inspector observed audits had been completed monthly in health and safety, vehicle checks, fire safety, medication management and finance checks.

The inspector observed that the provider had taken suitable actions in identifying and responding to an emerging fire safety risk in a timely manner. Indicating that the systems around fire safety and risk management were been utilised in an effective manner.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had effective systems in place to allow for complaints to be made, investigated and responded to in a timely manner.

The centre had a copy of the provider's complaints policy, the inspector observed that the policy was in date and due to be reviewed in December 2026. The policy gave clear guidance on the processes and time lines for complaints to be managed. The inspector also observed evidence throughout the centre of easy read information for residents showing the complaints process and who to contact if they had a concern.

The inspector met with and spoke to one resident about complaints process. The resident was familiar with the process and had been supported to make a complaint in 2025. This complaint was resolved and it was documented that the resident was satisfied with the outcome of the process. The resident confirmed this with the inspector on the day of inspection.

The inspector also reviewed the centres complaints log and observed that year to date no complaints had been made in 2026.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a suite of policies in line with the regulatory requirements that helped inform and guide practices in the centre. On the day of the inspection the inspector reviewed the provider's Schedule 5 policies.

The inspector observed policies in place in areas such as:

- complaints

- intimate care
- medication
- records management
- safeguarding

The inspector observed that all policies had been reviewed in line with the regulatory requirements For example, the safeguarding policy was in date and was not due to be reviewed until April 2028. The policies were also available to staff via the provider's online sharepoint system. The inspector also noted policies and procedures were regularly discussed at centre meetings.

Judgment: Compliant

Quality and safety

The inspection findings indicated that the residents in the centre were in receipt of a quality and safe service. Some improvements were required in ensuring maintenance issues were addressed in a timely manner.

Key areas such as risk management and safeguarding were subject to robust policies and procedures.

Each resident had a suite of comprehensive assessments and plans that guided and informed the staff team on meeting the assessed health and social needs of the residents.

Residents were also observed to be active members and participants in their local communities and each resident's rights were protected and promoted by the staff team.

Regulation 17: Premises

On the day of this inspection the inspector completed a walk around of the premises with the person in charge. The inspector observed that while the centre was homely, warm, laid out to meet the assessed needs of the resident's and decorated to the liking and choices of residents. However, a number of maintenance items had been outstanding for a considerable period of time.

The inspector observed provider-led audits had consistently identified maintenance issues that had yet to be completed. For example, the inspector reviewed the provider's maintenance log and observed the following:

- painting in the premises was due to be completed by November 2025
- removal of flooring and sinks and replacement flooring in a spare bedroom was due to be completed by February 2026
- discoloured flooring on a shower floor was to be replaced by March 2026

All the above works remained outstanding on the day of inspection.

On the walk around of the centre the inspector also observed that a resident had a broken wardrobe in their bedroom as as well as flooring that needed to be replaced. The utility room in the centre did not have appropriate storage with items stored in stacked boxes and a number of tiled and vinyl floors in the centre in particular in the kitchen and hallway needed to be replaced due to cracks.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had systems in place to identify, assess, mitigate and review risk in the centre. The provider had ensured that risk registers were in place for each resident as well as for centre specific risks. The risk registers were maintained by the person in charge and where required risk assessments had input from the providers multi-disciplinary team. The inspector also observed that risk and the review of risk was a standing item on all centre meetings for example team meetings and the providers six monthly audits.

On the day of this inspection the inspector reviewed a sample of the risk assessments in place for both the centre and residents. The inspector observed that each register had a sign sheet for staff to show they were aware of the risk assessments and this was also signed by the person in charge. The inspector observed risk assessments in place in areas such as:

- fire safety
- transport
- lone working
- harm due to peer behaviour of concern
- emotional distress due to living with others
- financial abuse
- dementia
- seizure activity
- falls

The inspector observed that the highest rated centre specific risk was in relation to accidents and incidents. The inspector reviewed this risk assessment in detail and observed that the assessment was last reviewed in January 2026 and signed by the person in charge and team leader. The control measures in place included a first aid box, health and safety monthly checks, on-call and buddy systems. The inspector observed that monthly health and safety checks had been completed. The details of the buddy house were noted on the staff notice board and the centre had a first aid box. This indicated that all control measures as stated were being utilised accordingly.

The inspector also reviewed a resident risk assessments in relation to behaviour of concern. The risk assessment was last reviewed in April 2026 and was signed at the last review by the person in charge, team leader and person participating in management. The inspector observed control measures in place such as:

- additional staffing when required
- multi-disciplinary team supports
- easy reads in relation to safeguarding
- weekly house meetings for residents to voice concerns
- staff training in managing behaviours of concern and dementia

Overall, control measures as stated in risk assessments were found to be in place and effective on the day of inspection.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had adequate systems in place that ensured residents were protected from the risk of infection in their home.

The provider had an infection prevention and control (IPC) policy in place that had been reviewed in line with the regulatory requirements. Six monthly IPC audits were completed in the centre with the last audit completed in December 2025. Cleaning checks were also in place for staff to evidence cleaning in the centre and staff were required to complete IPC training as part of the providers mandatory training requirements.

On the day of this inspection the inspector reviewed the last IPC audit and subsequent actions, the cleaning checks in place for the month of April 2026 and staff IPC training.

In reviewing the most recent IPC audit the inspector observed that the audit had been completed by the staff team and signed by the person in charge. The actions arising from the audit included gaps in the cleaning checklists, maintenance issues

that could affect IPC were noted such as rusting taps and stained flooring and open food items in the fridge with no dates opened labels.

The inspector noted that the cleaning checks for April were complete with no gaps. Checks outlined cleaning in key areas such as bathrooms and high touch areas. Cleaning checks were also signed off weekly by the person in charge. The inspector observed that items opened in the fridge did now have labels that outlined when the foods were opened. Overall, all actions identified in the most recent IPC audit had been completed and were resulting in more effective adherence to good practices in relation to IPC.

Maintenance items that were yet to be completed have been discussed in Regulation 17: Premises of this report.

The inspector also observed that all staff working in the centre had completed the required mandatory IPC training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents living in the centre had a comprehensive suite of assessments and care plans that guided and supported staff to meet the assessed needs of the residents.

On the day of this inspection the inspector reviewed care plans for two residents living in the centre. The inspector observed residents had plans in place for areas such as:

- mobilising
- epilepsy
- dementia
- communication
- osteoporosis

The inspector reviewed one resident's care plan for dementia. The inspector observed that the plan had significant input from the provider's multi-disciplinary team including a clinical nurse specialist in ageing, psychology and behaviour support. The inspector saw that the provider's clinical nurse specialist had completed a healthy ageing report in May 2026 due to the changing needs of the resident. The inspector observed that this report contained updated guidance for staff in supporting the resident in terms of sleep, pain, eating, dressing and personal care and, social interaction. The plan had an easy read for the resident on the importance of sleep. This indicated that the plans were kept up -to -date and were in line with the changing needs of the resident.

The inspector also reviewed a resident's epilepsy care plan in greater detail. The inspector observed the plan was last reviewed in April 2026. The plan offered

detailed guidance for staff in terms of the types of seizure the resident may have and the clinical supports that had been offered and that were in place. Again this plan was in line with the resident's assessed needs and took into account their preferences around the medical care they received.

Judgment: Compliant

Regulation 8: Protection

The provider had suitable safeguarding systems in place

As outlined in the opening section of this report that the provider had submitted a number of safeguarding and peer-to-peer notifications to the Chief Inspector of Social Services.

On the day of this inspection the inspector reviewed the provider's response to the ongoing incidents in the centre. The provider had put in a number of measures to reduce the likelihood of safeguarding incidents occurring in the centre this included a detailed strategy in place that involved input from the safeguarding officer, behaviour support, psychology and the provider's clinical nurse specialist in ageing. The inspector observed the provider's safeguarding log all incidents were reported in line with national and provider safeguarding policies.

The incidents reviewed by the inspector indicated that they were being well managed and suitable measures were being put in place. For example, the provider was putting in measures to meet residents' changing needs and they had completed education and awareness sessions with residents that required this input.

Each resident in the centre also had a detailed intimate care plan that guided staff on the individual preferences of residents regarding their personal care. The inspector reviewed one resident's plan and observed that staff were guided on the resident preferences in areas such as showering, hair care, nail care, dressing, undressing and, oral care. The inspector also observed that staff were informed that the resident prefers to be independent on most tasks with guidance aimed at maintaining the resident's level of independence.

The inspector observed on a walk around of the centre that appropriate safeguarding signage was located throughout the centre. Signage was present in regard to the provider's safeguarding team, advocacy services and who resident's can speak to if they are not happy. The inspector also observed that the staff team had completed safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Residents in the centre were supported to ensure their rights were protected and promoted. On the day of this inspection the inspector reviewed the residents' meetings, staff training and spoke to staff regarding the promotion of resident rights.

Residents were supported to hold weekly house meetings. The inspector reviewed the house meetings for the month of April 2026 and observed that residents were involved in key decisions made regarding their home. For example, the inspector observed that the residents picked a new fridge for the centre at a house meeting.

The inspector observed that detailed plans for each resident were discussed for the week ahead. Resident plans included meeting friends, go to the cinema, hair appointments were made and, residents were attending local festivals.

The inspector observed residents were discussing any areas of concern to them and these were responded to accordingly. Important issues such as health and safety and fire evacuations were also discussed at house meetings.

The inspector met with and spoke to staff regarding the promotion of resident rights. Staff spoke about ensuring that residents were involved in decisions regarding their lives such as maintaining family contact, meeting with friends and ensuring residents have a meaningful day. Staff spoke about the importance of ensuring residents' choices were respected and listened to.

The inspector also observed that all staff had completed training on human rights.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Meath Westmeath Centre 5 OSV-0008556

Inspection ID: MON-0041457

Date of inspection: 18/05/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

• The Registered provider has revised and updated the action plan for the maintenance works that were identified for completion on the day of the inspection.

• A plan is in place for the completion of painting of the Kitchen/ hallway and utility room in the Centre.

• The removal of the sink and replacement flooring in the spare bedroom has been scheduled.

• The dis-coloured flooring in the shower floor has been scheduled for replacement.

• Damaged flooring identified in the kitchen/hallway and resident's bedroom is scheduled for replacement.

• The utility room has been de-cluttered and upgrading of storage space units has been scheduled.

• All of the above works have been scheduled and agreed for completion by the 30/11/2026.

• The wardrobe in the resident's bedroom has been repaired.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2026