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:	Shannon Heights
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	19 June 2026
Centre ID:	OSV-0008680
Fieldwork ID:	MON-0042243

About the designated centre

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

Shannon Heights is a detached two-storey house and a garden room located to the rear of the house located in a housing estate on the outskirts of a city. The centre provides full-time residential care for a maximum of four residents of either gender, over the age of 18, with intellectual disabilities, down syndrome, autism spectrum disorder and acquired brain injury. Each resident has their own individual bedroom with other rooms in the centre including a kitchen-dining room, a living room, a utility room and bathrooms. Support to residents is provided by the person in charge, a deputy person in charge and assistant support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Friday 19 June 2026	10:06hrs to 16:35hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

This was an inspection to inform a registration renewal decision for this centre. During the inspection, the inspector met both residents living in the centre and also spoke with the person in charge (PIC) and a deputy PIC. No other centre staff were present during the inspection. Overall, this inspection found a good level of compliance which indicated that residents were being well-supported. Some minor regulatory actions were identified relating to medicine management errors and expired face masks that were present in the centre.

At the time of this inspection, this centre had a capacity for four residents but only two residents were living in the centre. These were the same two residents that had been living in the centre at the time of the previous inspection in June 2025 which meant that there were two vacancies in the centre. During an introduction meeting for the inspection, the PIC informed the inspector that there were currently no plans for any new resident to move into Shannon Heights.

The inspector met one of the residents living in the centre shortly into the inspection who told the inspector that they would be leaving the centre later that day to stay with their family over the weekend. The resident went on to tell the inspector that they stayed with their family most weekends. When asked what they did while staying in the centre, the resident spoke of going for meals out at a hotel and participating in an independent living course that was offered by the provider.

It was further indicated by the resident that they liked living in the centre because it was close to shops and the cinema. The resident showed the inspector their bedroom which they said they also liked and that staff cleaned the bedroom. When asked about the staff supporting them, the resident said that most staff working in the centre were nice to them, but they did mention that some staff drove too fast when driving on the motorway. The resident did add though that such staff drove under the speed limit.

After speaking with this resident, the inspector met the other resident living in the centre who had been in their bedroom during the initial stages of the inspection. This resident greeted the inspector and said that they would be going swimming later in the day. The resident spent some time in the kitchen-dining room and seemed content at times but at other times seemed uneasy when the inspector was present. As such, the inspector removed himself from this room for the comfort of the resident.

During the late morning both of the residents left the centre with the deputy PIC. The inspector was informed that one of these was being brought to stay with their family for the weekend while the other was being supported to attend a health appointment and to go swimming. The latter resident had not returned to the centre by the end of the inspection and so was not met again. As a result, the remainder of

the inspection was focused on discussions with the PIC, reviewing certain documentation and assessing the premises provided for residents to live in.

This premises was seen to be homely and clean on the day of the inspection. Communal space was provided via the kitchen-dining room, a living room and a garden room with such rooms (including the one resident bedroom seen) observed to be well-furnished. For example, the garden room had couches and a television present. The premises was also seen to be well-maintained during the course of the inspection's duration although on arrival at the centre at the start of the inspection, it was observed that a maintenance person from the provider was just leaving the centre. The PIC indicated that they had come to the centre to address a heating issue which they had resolved before leaving the centre.

Aspects of the premises provided received positive responses in two surveys that had been completed. One of these had been completed by a resident themselves while the other was completed with staff support for the other resident. These surveys contained positive responses to all areas queried including staff, rights and visiting. A specific comment made in the survey completed by a resident was "I like living here because it is peaceful".

In summary, two residents were living in this centre and there were two vacancies. Both residents living in the centre were met during the inspection. One of these indicated that they liked living in the centre while positive responses and comments were included in two completed surveys. The two residents were away from the centre for most of the inspection day with one being brought to stay with their family. The other resident was supported to attend an appointment and to go swimming.

The next two sections of the report 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 quality and safety of the service being delivered.

Capacity and capability

This inspection found an overall good level of compliance with evidence that residents were being well-supported. This provided assurances that the centre was being well-managed overall.

First registered for three years in December 2023 as a new centre, Shannon Heights had been last inspected in June 2025. That inspection focused on the area of safeguarding and, while some regulatory actions were identified then, no immediate or high safeguarding concerns were found. In June 2026, the provider applied to renew the registration of the centre for a further three years beyond December 2026. In doing so, the provider submitted all required information and

documentation to support this application. To inform a decision on whether to grant the renewal application or not, the current inspection was conducted to assess compliance in more recent times.

Overall, the current inspection found a strong level of compliance with the regulations. Such findings indicated that appropriate arrangements had been put in place to support the needs of residents at the time of inspection. For example, a continuity of staffing had been provided to support residents which is important to promote consistency of care. Monitoring of the services provided was also being done. Such monitoring included the provider conducting unannounced visits to the centre. An annual review had been conducted since the June 2025 inspection although it was noted that this annual review did not include the outcome of consultation with one resident and the other resident's representatives.

Registration Regulation 5: Application for registration or renewal of registration

In advance of this inspection, the provider had submitted all of the required information and documents for an application to renew the registration of this centre. This included particulars of the centre, the centre's statement of purpose, the centre' residents' guide, the floors plans for the centre and the necessary fee.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a PIC for this centre who worked full-time. Based on documentation previously submitted by the provider, the current PIC had the necessary experience and qualifications to fulfil the role. At the time of this inspection, the PIC was responsible for a total of two designated centres. No evidence was found during this inspection that this remit was negatively impacting the effective governance, operational management and administration of Shannon Heights. For example, documentation reviewed such as staff rotas and staff team meeting notes confirmed that the PIC was regularly in the centre. The PIC was also supported across both of their centres by the same deputy PIC.

Judgment: Compliant

Regulation 15: Staffing

Under this regulation, specific documentation must be obtained for all staff working in a centre. Such documentation includes written references, evidence of staff

identities and evidence of Garda Síochána (police) vetting. During this inspection documentation for three staff members was reviewed with all of the required documents found to be in place. In addition to such documentation, the inspector also reviewed staff rotas that were maintained for the centre since 1 March 2026 on. These indicated that appropriate staffing arrangements were in place to support the two residents living in the centre. This included the provision of a continuity of staff support throughout this period.

Judgment: Compliant

Regulation 16: Training and staff development

Based on training records provided, all staff working in the centre (including the PIC and deputy PIC) had completed training in various areas to support the needs of residents. Such training covered areas such as first aid, monitoring blood pressure and infection prevention. The training records provided also indicated that all such training was in-date, so no staff was overdue refresher training in any area at the time of inspection. Further records provided also confirmed that staff working in the centre had been in receipt of formal supervision during 2026 while five staff team meetings had occurred in 2026. Notes of these meetings suggested that various topics were discussed with staff including training, personal plans and safeguarding.

Judgment: Compliant

Regulation 19: Directory of residents

As required under this regulation, a directory of residents was being maintained for this centre which was made available for review by the inspector during the inspection. This directory was found to contain all of the information required by this regulation including the current residents' names and their dates of admission to the centre.

Judgment: Compliant

Regulation 22: Insurance

A document provided with the application to renew the registration of the centre, indicated that the provider had put in place insurance arrangements for Shannon Heights.

Judgment: Compliant

Regulation 23: Governance and management

An overall good level of compliance was found during this inspection. This indicated that the centre was well-managed and was appropriately resourced. For example, as referenced under Regulation 15 Staffing, appropriate staffing resources were in place to support residents with the centre also provided with one car for transport. Based on documentation reviewed, an on-call system was in place to provide staff with out-of-hours support if required. Further documentation provided confirmed that specific regulatory requirements under this regulation were being completed.

These included a representative of the provider conducting unannounced visits to the centre in March 2026 and September 2025. These visits were reflected in written reports which were made available to the inspector for review. An annual review, another regulatory requirement, had also been completed in December 2025 and was reflected in a written report. Under this regulation such an annual review must provide for consultation with residents and their representatives. When reading the report for the annual review, it was noted that it did not include feedback from one resident and the representatives of the other resident. The absence of feedback from residents' representatives was also highlighted in the March 2026 provider unannounced visit report.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for this centre. This had been reviewed in June 2026 and was found to contain required information. This included a description of the rooms in the centre, details of the staffing arrangements for the centre and details of services and facilities to be provided in the centre.

Judgment: Compliant

Quality and safety

Residents were found to be supported with their health needs, to take part in activities and to see their families while also being appropriately safeguarded. Such findings indicated that residents were safe and were being well-supported.

The evidence gathered during this inspection indicated that residents were supported to take part in various activities. These including going to the cinema and going bowling. While residents did not attend a day service, one resident was supported to avail of a learning and development hub operated by the provider. Support was also provided for residents to see their relatives with such support provided to one resident on the day of inspection. The health needs of both residents were being responded to and supported by the provider based on documentation reviewed. However, it was highlighted that one resident had been assessed for dementia at the time of inspection.

Both residents had been provided with a suitable premises to live in which was seen to be well-presented on the day of inspection. This premises was observed to be equipped with important facilities such as secure medicines storage and facilities for the hygienic storage of food. Appropriate fire safety systems were present also in the centre, such as a fire alarm and fire doors, while fire drills records provided indicated low evacuation times for the centre. All staff working in the centre had completed training in fire safety and safeguarding. No safeguarding concerns were identified during this inspection with such findings indicating that residents were living in a safe environment.

Regulation 11: Visits

The layout and rooms of the centre, particularly the presence of the garden room, provided space for residents to receive visitors in private if they wished to do so. Discussions with the PIC and deputy PIC suggested that residents had received visitors to the centre but that both residents tended to visit their families away from the centre.

Judgment: Compliant

Regulation 13: General welfare and development

During the June 2025 inspection it had been highlighted that the provider was engaging with an external organisation in order to arrange a day service for both residents. When queried on the current inspection, the inspector was informed that neither resident was availing of such a day service. It was highlighted though that that one resident was was attending a mobile continuous learning and development hub operated by the provider one day a week. The resident had been attending the

same hub at the time of the June 2025 inspection. Through attending this hub, the resident had recently completed an independent living course.

While neither resident was attending a day service, documentation reviewed (including activity planners for May and June 2026) and discussions during the inspection confirmed that residents were supported to do various activities away from the centre. These included going swimming, going to the cinema, bowling and eating out in a hotel. Both residents were also supported by staff of the centre to go and visit their relatives away from the centre. For example, it was highlighted how each weekend staff of the centre would drive one resident to and from another county to see some relatives.

Judgment: Compliant

Regulation 17: Premises

The premises provided for this centre was seen be clean, homely, well-furnished and well-maintained on the day of inspection. Communal space was present in the centre through a kitchen-dining room, a living room and a garden room. Four resident bedrooms were present in the centre with two of these in use at the time of the inspection. One of these in-use bedrooms was seen by the inspector and was noted to be well-presented. Storage, laundry and bathrooms facilities were also provided for within the centre while arrangements had been made for the disposal of waste. The external of the premises was seen to be well-presented which included the centre's garden area.

Judgment: Compliant

Regulation 18: Food and nutrition

Training records provided indicated that all staff working in the centre had completed training in food hygiene. Hygienic facilities were provided for food storage such as presses and two fridge-freezers. Various types of food were seen to be present in these facilities including eggs, cheese, meat, cereals and pasta. The food seen in the centre was generally seen to be in-date and labelled. However, in one fridge in the kitchen-dining room the inspector did observe a protein drink that was to be used by 17 June 2026. When highlighted to the PIC, they indicated that this drink was their drink and not one intended for residents.

Given the weight and nutritional needs of one resident, it was seen that this resident had been prescribed a different type of protein drink,. Records reviewed indicated that the resident had received this protein drink consistently while records of nutritional intake for both residents was being maintained. It was also seen, in notes

of resident forums reviewed from 3 April 2026 on, that residents were consulted about food menus in the centre.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was in place for this centre which was found to contain all of the required information. For example, it contained a summary of the services and facilities provided and outlined the arrangements for resident involvement in the running of the centre. As part of these arrangements, it was indicated in the residents' guide that a weekly residents' forum would be held with residents. Forum notes reviewed during this inspection from 3 April 2026 on confirmed that such resident forums were taking place weekly and were used to discuss menus, social events and centre changes with residents. In addition, it was also noted that the content of the residents' guide was consistent with the information contained within the centre's statement of purpose.

Judgment: Compliant

Regulation 27: Protection against infection

It was observed during the inspection that the centre had cleaning supplies in place. The centre also had supplies of some personal protective equipment such as gloves and face-masks. However, it was noted that both boxes of face masks seen in the centre had expired. While the PIC removed these on the day of inspection and indicated that new face-masks would be obtained, the expired face masks had not been identified prior to this inspection. This included a box of face masks that had expired in December 2025.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre was equipped with various fire safety systems including fire doors, fire extinguishers, emergency lighting and a fire alarm. Records provided confirmed that such systems were subject to maintenance checks at regular intervals by external contractors to ensure that they were working as intended. For example, since the

June 2025 inspection, the fire alarm had received maintenance checks in June 2026, March 2026, December 2025 and September 2025.

Further records reviewed confirmed that five fire drills had occurred in the centre since September 2025 with such drills done at varying times of the day with low evacuation times recorded. Each resident also had a personal emergency evacuation plan (PEEP) in place. These PEEPs had been reviewed in December 2025 and outlined the supports residents needed to evacuate the centre if required. Training records provided confirmed that all staff had completed fire safety training. Such findings provided assurances that appropriate measures had been taken in the centre regarding fire safety.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Secure facilities were present in the centre for medicines to be stored securely in including for medicines which required refrigeration. The inspector reviewed a sample of medicines stored in the centre and found them to be in-date and appropriately labelled. Medicine administration records for both residents for June 2026 were seen which indicated that medicines were being given as prescribed.

While such aspects of medicines management were positively noted, during the inspection records reviewed indicated that 109 medicine management errors had occurred in the centre since the June 2025 inspection including eight in June 2026. While it was acknowledged that the majority of these errors were documentation errors, the rate of these errors had increased in 2026 compared to 2025. This needed review to ensure that appropriate medicines management practices were consistently followed in the centre.

Judgment: Substantially compliant

Regulation 6: Health care

The healthcare documentation relating to both residents was seen during this inspection. Such documentation included healthcare specific management plans for identified health needs. These healthcare plans were all marked as being reviewed during 2026 and outlined supports for the health needs of these residents which covered areas such as blood pressure, falls and skin integrity. The healthcare documentation seen also confirmed that these plans were being followed in practice. For example, one resident's blood pressure healthcare plan required that their blood

pressure be monitored twice daily with records reviewed for June 2026 confirming that this happened when the resident was staying in the centre.

Further records reviewed confirmed that residents were supported to avail of appointments or reviews with various health and social care professionals. These included a psychiatrist, a physiotherapist and a dietitian. One resident had also availed of a national screening service in October 2025 with an outcome letter for this service provided. The other resident was also eligible to avail of another national screening service, but the inspector was informed by the PIC that the resident had not availed of this since moving into the centre. It was noted though that this resident had particular needs in this area and a corresponding healthcare specific management plan was in place for this.

Aside from the documentation reviewed, the inspector was informed that that there had been some changes in one resident's presentation since the previous inspection and that some assessments had taken place to determine if the resident had dementia. The most recent of these had taken place in the months leading up to this inspection with the outcome of this awaited at the time of inspection. It was indicated to the inspector that that Shannon Heights continued to be suitable to meet this resident's needs at the current time but that if their needs increased, this would need to be reviewed.

Judgment: Compliant

Regulation 8: Protection

Since the June 2025 inspection, the Chief Inspector had received notification of one safeguarding matter from this centre. Documentation provided during this inspection around this confirmed that this matter had been subject to a preliminary screening and also notified to another statutory body. Aside from this matter, no safeguarding concerns were identified during this inspection based on incident reports reviewed, observations during the inspection and discussion with the PIC, deputy PIC and residents.

While there were currently no plans in place for any new resident to be admitted to the centre, the inspector was informed by the PIC that some assessments for potential new residents had previously taken place. Some of these past potential new residents were deemed not to be compatible with the current two residents. This provided assurance that admission practices took account of the need to safeguard residents. It was also noted that all staff working in the centre were indicated as having completed safeguarding training based on training records provided.

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
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Shannon Heights OSV-0008680

Inspection ID: MON-0042243

Date of inspection: 19/06/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: In response to feedback from this report in relation to Regulation 23: Governance and Management, The Provider will assure full regulatory compliance in the following measurable and achievable ways. 1. The Person in Charge (PIC) will ensure that identified representatives, family members and residents are afforded the opportunity to give feedback on the service provided to their family members. 2. The PIC will ensure family members and identified representatives are invited to provide feedback through questionnaires, meetings, and telephone consultations by 10/08/26. 3. The PIC will ensure that all feedback, commentary, achievements, and the experience of the residents and their relevant stakeholders are included in the Annual Review of the centre.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: In response to feedback from this report in relation to Regulation 27 Protection against infection, the provider will assure full regulatory compliance in the following measurable and achievable ways. 1. The Person in Charge (PIC) has ensured that a Personal Protective Equipment (PPE) inventory and stock take is completed every month, including monitoring of expiry dates in accordance with manufacturers' recommendations. This is in place as of the 01/07/26.	

2. The PIC will have oversight on the stock take completed each month. The PIC will review the stock take completed at the start of each month and order stock as required. This is in place as of 01/07/26.
3. The PIC will brief the team in relation to PPE, management of PPE stock, and the expiry of PPE at the next team meeting on 29/07/26.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

In response to feedback from this report in relation to Regulation 29 Medicines and pharmaceutical services, the provider will assure full regulatory compliance in the following measurable and achievable ways.

1. The Person in Charge (PIC) will ensure all medication Kardex's are continued to be checked by a member of management daily as far as is reasonable and practicable; medication errors will continue to be reported. The errors documented will be addressed with the team members, discussed at daily handovers and monthly team meetings. This is in place since 22/06/26.
2. The PIC will continue to complete a weekly medication audit on individuals' medication folder which includes kardex, MARS sheets, PRN administration forms, and the ordering and storage of medication. This has been in place since 22/06/26.
3. The PIC will complete a root cause analysis to identify the cause of the increased number of medication errors occurring by 31/07/26.
4. The PIC will ensure that the team completes training in the Safe Administration and Management of Medication (SAMMS). This will be completed by all staff by 31/07/26.
5. The PIC will ensure Team members will be assigned further mentoring and training for any further skills gaps identified. Skills gaps will be identified for team members by PIC through on the floor management, and practical assessments of medication administration following retraining in SAMMS. Skills gap analysis will be completed for all team members by 12/08/26.

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)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	10/08/2026
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 published by the Authority.	Substantially Compliant	Yellow	31/07/2026
Regulation 29(4)(b)	The person in charge shall	Substantially Compliant	Yellow	12/08/2026

	ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			