

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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area L2
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Short Notice Announced
Date of inspection:	15 July 2025
Centre ID:	OSV-0008708
Fieldwork ID:	MON-0043097

About the designated centre

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

The designated centre is comprised of two separate houses and is registered to accommodate two individuals with a moderate intellectual disability. Each house can cater for one resident and the houses are located in residential areas on the outskirts of two separate towns in the Midlands. In each house residents have their own bedrooms and they also have full access to kitchen and dining facilities. There is also ample areas for the residents to relax and there is a suitable number of bathroom and toilet facilities. Transport is provided in each house and residents are supported by one staff member during the day and by a sleep-in arrangement at nighttime.

The following information outlines some additional data on this centre.

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

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 15 July 2025	08:50hrs to 16:15hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was a short notice announced inspection, and the first inspection following the provider's completed application to register this centre. The centre was registered to provide a residential service for two residents and comprised two houses, with each house accommodating one resident. The inspection was facilitated by the person in charge and a person who participated in the management of the centre also attended for a short period of time. Although a good standard of care was observed in both houses, improvements were required in regards to recognising and responding to potential safeguarding concerns in one of the houses. In addition, adjustments in care were also required in relation to some aspects of fire safety, medications, behavioural support, risk management and the provider's monitoring arrangements.

One of the houses in the designated centre was located in a housing estate in the midlands. This was a modern styled, single storey house which was warm and cosy in nature. The resident who lived in this aspect of the centre had full access to all areas of their home and there were no restrictive practices in use. The house had an open plan kitchen/dining and living area and there was a small back garden which included a raised patio area. The resident had their own bedroom which they had personalised with photographs of family and friends, and they had the use of a large shared bathroom. This house was well maintained both internally and externally and it was clear that the resident consider it their home.

The inspector met with this resident on the morning of inspection. They were very relaxed in the company of staff and they explained to the inspector that they liked their home and also the staff who supported them. This resident had a love of farming and they worked on a local farm three days each week. On the morning of inspection they had their work clothes on which included a high visibility overalls which they were given by a silage contractor. The staff on duty explained that they were very proud of this work wear and they loved wearing it when they went farming. The resident explained that they really enjoyed the farm and the generally might feed the calves, help with washing out the milking parlour and sometimes they would do the herding. The resident went on to say that they were just back from a seaside holiday in the southeast. Staff had supported them to book this holiday and they had really enjoyed this break. They had gone to a farming museum while they were away and they also enjoyed relaxing at the seaside.

The second house was located in a housing estate, but in a different town in the midlands. This was a two-storey, semi-detached property which was within walking distance of the town. The centre had a medium sized kitchen/dining area and a separate sitting room. The resident had their own bedroom which they had personalised and they had the use of a medium sized shared bathroom. The resident had free access to all areas of their home and there were no restrictive practices in use. This house was well maintained internally; however, the rear

garden required some additional maintenance and upkeep.

The inspector met with this resident for a short period of time in the late afternoon of inspection, as they returned from the day service. They were in good form when they returned and it was clear that they had a good relationship with the staff member who supported them. They chatted freely with the staff as they discussed their plans for the evening. The resident made tea and coffee and they chatted about maybe going for a walk to see some horses. The resident told the inspector that they had carrots for the horses and that they loved feeding them.

A review of records in both houses indicated that residents were supported with a good level of social access. One resident attended day services five days each week and they went home to their family for one one night. The other resident did not attend a day service but they were supported with an integrated service whereby their personal development and social needs were facilitated through their home. Both residents were out and about each day and both indicated they were happy with the service they received. Residents went shopping, had meals out, attended a gym and one resident had paid employment.

From a review of information and observations made on inspection, it was apparent that residents were actively involved in the running and operation of their home. In one house the resident attended fortnightly 'house conversations' and in the other monthly 'house conversations' were occurring in which they discussed activities, upcoming appointments and meals. A review of daily notes also showed that residents were offered choice on a daily basis in regards to relaxing, attending the gym and also how they preferred to spend their day. On the day of inspection, the inspector observed residents chatting freely about the day ahead and also plans for the evening. It was clear that residents were comfortable having these conversations which were an indication that choice was an everyday aspect of care.

Overall, the inspector found that residents considered the centre their home and that many aspects of care were held to a good standard. However, the inspector found that improvements were required in relation to safeguarding and that some other regulations inspected required further adjustments. These issues will be discussed in the subsequent sections of this report.

Capacity and capability

The inspector found that many aspects of care were held to a good standard and residents were supported by a familiar and consistent staff team. However, improvements were required in regards to recognising and responding to potential safeguarding concerns in one of houses in the designated centre. In addition, the the provider's most recent six monthly audit required some improvements in terms of the oversight of care.

The provider had completed all required audits and reviews which found that a good

level of care and support was offered. The person in charge also had a range of audits which assisted in ensuring that care was held to a good standard. For example, a recent financial audit highlighted where improvements were required in supporting a resident with spending. However, oversight arrangements failed to identify two potential safeguarding concerns.

Resources which were implemented were in line with residents' collective needs and reflected the level of support which residents were assessed as requiring. The governance structure also ensured that there was a leadership and management available throughout the working week and local out-of-hours management cover was in place for evenings, nights and weekends.

The inspector met with two full-time staff members who were on duty. The inspector observed that both residents were at ease in their company and they enjoyed interacting with them. Both staff members discussed the general care of residents and it was clear that they had a good understanding of their social, personal and health support needs.

Overall, the inspector found that this centre had a person-centred approach to care and that many aspects of care were generally held to a good standard; however, the oversight of safeguarding required improvements.

Regulation 14: Persons in charge

The person in charge was in a full time role and they met the requirements of the regulations. They were clearly part of the management structure and they were supported in their role by a senior manager.

They had a good understanding of the service provided and they also had a good rapport and knowledge of the resident's individual care needs.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the centre was well resourced in terms of staffing supports. Residents' assessed needs indicated that they required one-to-one support and a review of the centre's rota indicated that staffing resources were consistently delivered. The centre was resourced with one staff during daytime hours and also a sleep-in arrangement at night.

Staff who met with the inspector had a good understanding of the residents' needs and it was also clear that they had a good rapport with them.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a mandatory training and refresher training programme in place which assisted in ensuring that staff could support residents with their individual care needs. Staff had received training in areas such as safeguarding, fire safety and supporting residents with behaviours of concern.

Staff members also attended scheduled supervision sessions and team meetings were held on a regular basis. These arrangements ensured that staff had a platform to discuss the delivery of care and any concerns or issues which they may have.

Judgment: Compliant

Regulation 23: Governance and management

Management of the centre had a range of internal audits in place for the day-to-day monitoring of care which assisted in ensuring that many aspects of care were held to a good standard at all times. The provider had addressed the fire safety issues in one of the houses in the designated centre and a plan was in place to address the fire safety issues in the remaining house.

The provider had completed the centre's annual review which highlighted that residents were happy in the service and received a good level of social care. The provider's most recent six monthly audit required some improvements. For example, the audit identified that improvements were required in relation to behavioural support and the oversight of care; however, there was a lack of evidence in this audit to determine how these areas for improvement were identified.

In addition, although there were oversight arrangements in place, these arrangements failed to identify two potential safeguarding concerns which had the potential to impact upon the quality and safety of care provided in this centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider failed to ensure that notifications in relation to potential safeguarding concerns were reported as required by the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had complaints procedures in place and a person had been assigned to manage all received complaints. The complaints procedure was readily available in each house and it was clear that there was an open and transparent culture within the centre.

On the day of inspection, there were a number of active complaints. A review of records indicated that the provider was actively engaged with the complainant in terms of resolving issues which had been raised.

Judgment: Compliant

Quality and safety

The inspector found that residents enjoyed living in this centre and they had a good quality of life. They were active in their local communities and they were well supported in the area of personal development. Although care was generally held to a good standard, areas of care such as behavioral support, an element of risk management, aspects of fire safety and medication management required some adjustments. Safeguarding in one aspect of the centre also required significant review in relation to recognising and responding to potential concerns.

The inspector met with both residents over the course of the inspection. Both residents appeared comfortable in the company of staff and it was apparent that they had a good relationship with those who supported them. They also chatted freely with the person in charge and overall the inspector found that the centre had warm and relaxed atmosphere. There were no active safeguarding plans on the day of inspection; however, the inspector read a record of a recent meeting which highlighted two potential safeguarding concerns. These concerns had not been identified by the provider and the inspector found that a review of safeguarding measures was required to ensure that this area of care was held to a good standard at all times.

A restrictive condition was applied to the registration of this centre in regards to fire safety. Although the provider had completed the necessary fire safety upgrades in one house, the necessary works had not been achieved in the second house. Consultation with an external agency was nearing completion which would facilitate the commencement of fire safety upgrades in this house. Although fire safety was generally promoted, some improvements were required. For example, a fire door was not functioning properly and exposed wiring was identified in the house in

which the fire upgrades had been completed. In the second house suitable interim arrangements were not in place to provide lighting in the event of an emergency, and issues also remained in relation to the installation of fire doors.

Residents were well supported in the area of personal development and social care. This was a pleasant centre in which to live and residents were out and about in the local communities on a daily basis. Residents enjoyed meals out, going to the cinema, shopping and walks in the local area and also nearby scenic routes. One resident attended day services where their personal development needs were catered for while the other resident had paid employment three days each week on a nearby dairy farm. The resident told the inspector that they loved farming and they really enjoyed their time spent on the farm looking after the animals and helping out.

The inspector found that care was generally held to a good standard and that residents considered the centre their home. Although safeguarding concerns required review, overall residents appeared happy in their home and the enjoyed a good quality of life.

Regulation 10: Communication

Residents who used this service could communicate verbally their needs, thoughts and preferences in relation to care. The inspector also observed pleasant interactions between residents and staff over the course of the inspection.

Residents had access to media such as television, magazines and newspapers and one resident had their own mobile phone.

Judgment: Compliant

Regulation 11: Visits

Residents were well supported to receive visitors and staff explained that a resident's family popped in to visit from time-to-time. There were no restrictions in relation to visiting the centre and there was an ample number of reception rooms for residents to meet with their family in private if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had ample storage for their personal possessions and they had their own bedrooms in which to relax. The provider also maintained a log of all resident's individual possessions.

Residents required some supports in relation to managing their finances and spending. Detailed records were maintained of all transactions which the residents were assisted with and a review of these records indicated that residents were actively safeguarded in this area of care and support.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had good access to their local community and they were out and about on the day of inspection. Staff reported, and documentation showed that residents enjoyed meals out, shopping and going to local attraction sites and areas of interest.

One resident attended a day service during the week where their personal development needs were met. The second resident who used this service had an integrated service and they were supported at all times from the designated centre. They also had good opportunities for personal development and they enjoyed working three days a week on a nearby farm. They had also completed an online farm safety course and they had plans to complete another safety course over the summer months.

Judgment: Compliant

Regulation 17: Premises

Both houses which made up the designated centre were cosy and homely in nature. Both residents had personalised their respective homes with photographs of family and also personal interests.

Residents had ample space for privacy and also to relax and it was clear that both residents considered their house their home. Although one house was well maintained both internally and externally, the rear garden of the second house in the centre required some maintenance and upkeep.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The safety and well being of residents was actively promoted in this centre. The provider had a reporting system in place for the recording, monitoring and responding to accidents and incidents in the centre.

The person in charge maintained responsibility for the oversight of incidents and they conducted scheduled audits of this system to monitor for negative trends in care. A review of recorded incidents indicated that there were no negative trends of concern and that all events were responded to in a prompt manner.

The provider had procedures for the oversight of known risks and comprehensive risk assessments had been drawn up by the person in charge for issues which had the potential to impact upon individual residents and also the provision of care. Individualised resident risk assessments were compiled in regards to promoting financial safeguarding, employment and also identified behaviours. These were also reviewed on at least an annual basis or more frequently, if required.

However, some improvements were needed as there was no risk assessment in place for behaviours of concern. In addition, a risk assessment which was in place for transport was not aligned with the provider's risk matrix and was rated as high risk without consideration given to reviewing the controls in place to ensure that they were effective in promoting the safety of care provided.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre comprised two houses and it had been registered with a restrictive condition to bring the centre into compliance with the regulations. The requirements of this condition had been met in one of the houses in the designated centre and the provider was nearing a resolution with an external agency which would facilitate the commencement of the necessary fire safety upgrades in the second house. The fire arrangements in the second house, in terms of evacuation, had been risk assessed and the provider demonstrated that all occupants could evacuate the centre in a prompt manner. However, the provider failed to demonstrate that suitable interim arrangements were in place to provide lighting in the event of an emergency, and issues remained in relation to the containment of fire due to the lack of suitable fire doors.

The house in which the fire safety upgrades had been completed demonstrated that all occupants could evacuate in a prompt manner and staff across both aspects of the designated centre were completing fire safety checks. All fire safety equipment had a completed service schedule in place and fire safety procedures were clearly displayed.

Some improvements were required in one of the houses, as one fire door was not functioning properly and the inspector identified exposed wiring in one aspect of the

house.
Judgment: Not compliant
Regulation 29: Medicines and pharmaceutical services
The provider had suitable storage in place for prescribed medications. Medicinal products were held in a designated locked press and the keys for this press were securely stored. A review of administration practices highlighted error for one medication and there was no stock control in place for this particular medication to assist in ensuring that this medication was administered as prescribed at all times.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
Both residents had personal plans in place which were comprehensive in nature and were reviewed on a least an annual basis, and more frequently when required. Personal plans were individualised to each resident and explored areas such as: This is how I'd like my life to be What makes me unique Important people in my life What is important to me The inspector found that each plan outlined how each resident preferred to live their lives and clearly stated the importance of family, safety, their home and personal interests. Residents were also assisted to identify personal goals. The inspector reviewed one personal plan and found that the resident was well supported with their goals. For example, the resident was actively involved in decisions around their holiday and a clear and concise action plan was implemented to ensure their goal was achieved. An action plan was also in place for day trips to local areas of interest also supporting personal development.
Judgment: Compliant

Regulation 7: Positive behavioural support

There were no restrictive practices in this centre and residents had full access to all areas of their home.

One resident required support with their behaviours. One staff member who had supported this resident for a number of years had a good understanding of their behavioural care needs and they explained how this resident presents when behaviours were escalating and how best to assist them with returning to their baseline. The resident had a stress reduction plan in place to guide staff in this area of care; however, the inspector found that it lacked sufficient detail to guide staff in this area of care. For example, it did not reflect staff knowledge in terms of how the resident presents at baseline and it also failed to account for physical aggression which may occur and how staff should support the resident in this situation.

Judgment: Substantially compliant

Regulation 8: Protection

From meeting with, and chatting to residents it was clear that they enjoyed the company of staff and they were relaxed and comfortable in their home.

There were no active safeguarding plans in place on the day of inspection, and any previously reported safeguarding concerns had been managed in line with policy and procedure. However, when reviewing documentation the inspector identified two potential safeguarding concerns which had not been recognised by the provider. As a result, safeguarding procedures had not been implemented to validate the safeguarding concerns, and if required to implement an appropriate plan to protect a resident from harm.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents had good access to their local community and they were actively consulted in regards to the operation of their home. Residents attended scheduled house meetings where they discussed activities, meals and upcoming appointments.

The inspector observed that staff treated residents with dignity and respect. They sought the residents thoughts and opinions throughout the course of the inspection and overall, it was clear that residents' rights were promoted in everyday work

practices.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area L2 OSV-0008708

Inspection ID: MON-0043097

Date of inspection: 15/07/2025

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider will ensure additional training will be provided to auditors to improve the implementation and outcomes of the audit tool which has been recently introduced to the region. To be completed by 30/9/25 The Person in Charge and Area Director will continue to meet at least on a monthly basis and agenda items will include safeguarding, complaints and action plans from the audits	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The provider has taken the necessary action to address two safeguarding concerns that were identified on the day of the inspection. This includes: - The provider has notified the Chief inspector of the safeguarding concerns. The provider has completed preliminary screening of the incidents and submitted report including the safeguarding plan to the HSE safeguarding team. The actions from the safeguarding plan have been actioned. Completed by 27/7/25 The PIC will schedule Refresher training will be provided to all members of the team working in this designated centre will ensure that should an incident arise in the future, the provider will notify the chief inspector within the required notification timeframe.	

To be completed by 31/8/25	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The Person in Charge has requested for the maintenance team to spray the weeds in the back garden and remove ivy growing on the oil tank. To be completed by 8/8/25 • The Person in Charge will implement a review process to ensure that the garden is maintained at all times. To be implemented immediately • Negotiations with the Tenancy Association have been ongoing and a signed agreement with the Housing Association will be completed by 31/10/25. At this time the fire issues including installation of emergency lighting and fire doors will be completed. To be completed by 31/12/25	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The PIC will ensure that an individualised risk assessment will be completed in consultation with Positive behaviour support team and all stakeholders regarding behaviours of concern. To be completed by 31/8/25 The provider has made representations to the Quality, Safety and Risk Team with regard to the discrepancy in the level 2 risk assessment in the Organisation's Listening and responding to behaviours of concern policy being used for behaviours of concern which does not align to the Organisation's Risk Management policy. Completed on 30/7/25 The Quality, Safety and Risk Team will review the Organisation's Risk management policy and Listening and responding to behaviours of concern policy and will implement standardization of risk assessment tools To be completed by 31/12/25	

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • The Head of Properties and Facilities scheduled a review of the fire doors in the designated centre to be completed by a fire management company. The necessary alterations to the door have been completed are now fully functioning. Completed • The Person in Charge will ensure torches are available on site as an interim measure in the event of power loss until the emergency lighting are installed. To be implemented immediately	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: • The Person in Charge has completed a root cause analysis and identified the cause of the medication error identified on the day of the inspection. • Completed on the 15.07.2025. • The Person in Charge has implemented procedures to prevent a recurrence of the medication error. Completed on the 15.07.2025. • A medication stock sheet has been implemented by the Person in Charge. Completed on the 15.07.2025. • Charge will audit the management of medication within the location in line with the medication policy procedures and timeframes. To commence immediately • The Person in Charge will complete discuss medication management at all staff at the team meeting. To be completed by 7/8/25	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • The PIC has scheduled a meeting with the Positive Behaviour Support team to review the resident's stress management plan. Completed 17.07.2025 • The reviewed plan includes detail based on staff knowledge on how the resident presents at baseline and when the resident is becoming agitated and heightened. • The reviewed stress management plan provides clear guidance to staff to support the	

resident when behaviours of concern present.

- This revised plan will ensure that the safety and wellbeing of both staff and resident is promoted at all times. This was completed on

- Additional behavioral support training for the staff team in one location of the designated centre has been scheduled. To be completed on 18.08.2025.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

The provider has taken the necessary action to address two safeguarding concerns that were identified on the day of the inspection. This includes: -

The provider has notified the Chief inspector of the safeguarding concerns.

The provider has completed preliminary screening of the incidents and submitted report including the safeguarding plan to the HSE safeguarding team.

The actions from the safeguarding plan have been actioned.

Completed by 27/7/25

The PIC will schedule Refresher training will be provided to all members of the team working in this designated centre will ensure that should an incident arise in the future, the provider will notify the chief inspector within the required notification timeframe.

To be completed by 31/8/25

The PIC will ensure that Safeguarding and complaints are agenda items at team meetings. To be implemented immediately

All complaints and concerns will be discussed between the person in charge and senior management at monthly meetings to strengthen oversight. To be implemented immediately

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	31/12/2025
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	30/09/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit	Substantially Compliant	Yellow	30/09/2025

	to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/12/2025
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/12/2025
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/12/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	31/12/2025

	detecting, containing and extinguishing fires.			
Regulation 29(4)(b)	The person in charge shall 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.	Substantially Compliant	Yellow	07/08/2025
Regulation 31(1)(e)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any unexplained absence of a resident from the designated centre.	Not Compliant	Orange	31/08/2025
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to	Substantially Compliant	Yellow	18/08/2025

	support residents to manage their behaviour.			
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	31/08/2025