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:	Ivy Lodge Residential Care Service
Name of provider:	Communicare Agency Ltd
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	10 July 2026
Centre ID:	OSV-0008976
Fieldwork ID:	MON-0051045

About the designated centre

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

Ivy Lodge Residential Care Service is a designated centre operated by Communicare Agency Ltd. The centre can provide residential care for up to three residents, who are over the age of 18 years, and who have a disability. The centre is located within a village in Co. Galway, and comprises of a purpose built bungalow, that has four separate apartments, and a communal area that contains an office, kitchen, bathroom, laundry room, and living space. There is also a front and rear outdoor space for residents to avail of. Each apartment provides residents with their own en-suite bedroom, and open plan kitchen, dining and living area. Staff are on duty both day and night to support residents who reside in this centre.

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
Friday 10 July 2026	08:15hrs to 13:30hrs	Anne Marie Byrne	Lead
Friday 10 July 2026	08:15hrs to 13:30hrs	Ivan Cormican	Support

What residents told us and what inspectors observed

This was an unannounced inspection carried out to inform a decision around an application to vary a condition of this centre's registration, whereby, the provider was seeking to increase the bed capacity from three to four. The inspection was facilitated by the person in charge and team leader, with inspectors also getting to meet with two residents and three staff. While there were positive findings to this inspection, there were some areas that did require improvement, and these will be discussed in more detail later on in this report.

The centre comprised of one large purpose-built building, where residents had their own apartment comprising of a kitchen and living area, and en-suite bedroom, with each bedroom opening out onto an individual outside space that was partitioned for privacy. The main aspect of the premises was accessible from each apartment, and comprised of a utility, kitchen, bathroom, staff office, and large living area that opened out onto a shared courtyard that residents could use as they wished. The fourth apartment which was unoccupied, was bright and spacious, and had recently undergone a maintenance review to ensure it was fully ready for occupation, subject to the application to vary. Overall, the centre was very clean, bright, spacious and nicely decorated, providing residents with a very comfortable and well-maintained living environment.

In late 2025, the provider revised the service provision of this centre, whereby, they now catered for residents with low care and support, while this was the second inspection of this centre since this change, it was the first time the centre was inspected operating at maximum capacity. A third resident was admitted to this service in early June 2026, which was reported to have gone very well for them, and they were getting on well with their peers. The main care and support these three residents required was in relation to aspects of health care, each needed a certain level of staff support to get out and about, one required positive behaviour support, two had specific safeguarding arrangements in place, one had a visual impairment, and some needed assistance with aspects of their cognitive care in response to an acquired brain injury, which involved on-going re-orientation strategies. There were two staff on duty each day, with two waking staff on duty each night. A team leader was also rostered mainly in an administrative capacity, with out of hours support in place at evenings and weekends. All residents were presenting well at the time of this inspection, and were getting on with their daily routines.

Upon the inspectors' arrival to the centre, they were greeted by two members of staff, with an additional member of staff also present for the purpose of their induction. One of these staff members took a few minutes to speak with inspectors, informing that they had commenced working in the centre the previous week, and were getting to know the residents. They said the resident most recently admitted was getting on very well, and that they loved to get out daily and were being supported with this. They also spoke of how this resident was getting on fine with

the other two residents, and that there were no known compatibility concerns. The team leader attended a short time after, and spoke with inspectors about how the centre was getting on since the last inspection in May 2026. They also spoke of how the transition of the most recently admitted resident had gone very well, and of the minor adaptations to daily routines that were made so as to accommodate for the centre operating at maximum capacity. They told of how there had been a very low number of incidents since the last inspection, which was largely attributed to better proactive strategies being implemented in response to one resident's behaviour support needs. While safeguarding remained very much under review in this centre, the recent transition had led to another safeguarding plan being required to be implemented by staff. While there had been no concerns around this resident's safety and welfare since their transition, a review of these arrangements was found to be required, which will be discussed again later in the report.

As the morning went on, one inspector got to meet with two of these residents during a walk around of the centre. The first resident was the one who recently transitioned, telling the inspector that they were very happy in their new home. They invited the inspector in to see their apartment, which they had decorated with lots of colour and their own art-work. They told of how they were naturally creative, and loved to paint various pieces for their own personal use. They had an activities board displayed, that re-orientated them to what was happening each day, to include, identified days and times for swimming, going to the gym, relaxing, and volunteer work. Outside their bedroom door, they had a table and chairs and some raised plant boxes, which they were hoping to get some use out of during the good weather. They spoke about their love for dogs, and of their involvement in a local animal welfare group that they often volunteered with. Their plan for the day included heading to the gym followed by swimming, with staff available to support them to do so. The second resident that the inspector met with, also welcomed the inspector into their apartment. They remembered meeting this particular inspector on the last inspection, and said that they had settled in very well since. They later sat with both inspectors for a period of time in the communal living area, and spoke of how they were managing during the heatwave and were delighted with the recent delivery of air conditioned fans, which were made available to each resident. They told of how staff were supporting them to have plenty of visits with family, and of how they generally spent their time each day. Although the third resident was present, inspectors didn't get to meet with them. Staff spoke of how this resident was also getting on well, and of how they continued to support them in response to their visual impairment. Since the last inspection, this resident had become more familiar with navigating their way independently from their apartment to the main communal areas, and had not encountered any issue with this to date.

Staffing remained a key component as to how this centre operated, and was still subject to on-going review. At the time of this inspection, there were some staff vacancies which were being actively recruited for, and interim arrangements were in place to ensure rostering needs could be met until such a time as increased staff levels were attained. During this time, the provider had managed to still consistently have two staff on duty both day and night, and had provisions in place to increase day time staffing levels, subject to the application to vary. The team leader was working in both an administrative capacity and also providing roster cover, as and

when needed. The current staffing arrangement had also seen a decline in the number of available drivers to use the centre's transport, which had the potential to impact residents' ability to get out and about. Again, this was being well-managed through rostering, and as an interim measure, the centre was also availing of local taxi services. This resource issue was well-reported and well-known to senior management, who were in the process of addressing this, as well as maintaining regular contact with the centre around the resolve of this matter.

While there were some good practices observed that assured the provider had suitable arrangements to support their application to increase the bed capacity of this designated centre, the key finding from this inspection was in relation to the requirement for the provider to review their own oversight processes, so as to ensure more effective and timely identification of where improvements were needed.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

The person in charge held the overall responsibility for this centre, and was supported in their role by two team leaders and their line manager. They visited the centre regularly each week, and maintained good contact with the team leader in between their visits. They continued with monthly staff meetings, and minutes of these showed that relevant areas of business were subject to discussion, along with a review of residents' care and support needs. Staffing was subject to on-going review, to ensure that a suitable number and skill-mix of staff were at all times on duty. At the time of this inspection, on-going recruitment was underway to fill a number of vacancies that had recently become available. In the interim, the provider had established additional staff support arrangements, so as to ensure day and night time staffing levels were sustained, and not impacted. This was verified by an inspector during a review of the centre's roster, which clearly named all staff and their start and finish times worked. While the provider had provisions made to review staffing levels subject to their application to increase the number of residents this resident could accommodate, improvements were found to be required to aspects of records maintained on staff files.

To support the oversight and monitoring of this centre, a fortnightly governance report was prepared by local management, and submitted for senior management review as part of scheduled management meetings. This report informed about incidents that had occurred, any changes in residents' needs, new admissions and transitions, staffing, risk management, and any additional resources required. A number of internal audits were also informing the quality and safety of care, with three or four audits identified to be completed each month, ensuring a different area of service was subject to audit each month. The last six monthly visit of this centre

was conducted in January 2026, with a subsequent visit due to occur following this inspection. A review of the action plan from the last visit was reviewed by an inspector, which provided assurances that all identified improvements had been completed. While most of the provider's monitoring systems did result improvements being made, this inspection did identify a number of areas that were substantially compliant with the regulations. This highlighted the requirement for the provider to review certain local monitoring arrangements, so as to ensure better oversight was being maintained of particular aspects of this service.

Registration Regulation 8 (1)

In advance of this inspection, the provider satisfactorily submitted an application to the Chief Inspector, seeking to vary condition three of their registration, so as to increase bed capacity from three to four residents.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time role and visited the centre each week. They knew the assessed needs of the residents, and were also aware of the operational needs of the service delivered to them. They had a number of systems and processes available to them, so as to escalate any concerns they had in relation to the management of this centre, directly with the provider. Current governance and management arrangements gave them the capacity to ensure that they could fulfill their managerial duties.

Judgment: Compliant

Regulation 15: Staffing

While there were good arrangements to ensure that a suitable number of staff were on duty each day and night to support these residents, improvements were required to aspects of the records maintained within staff files. For example, an inspector reviewed a sample of three staff files with the following identified:

- employment histories were not available in two files

- the third file reviewed had gaps in employment which were not identified or explained

- one file did not have a reference from the staff member's most recently employer

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had ensured that all staff had received up-to-date training in areas required so that they could support these residents. Where refresher training was needed, this was scheduled accordingly. New staff members were afforded a full induction process, and provided with all training required. Supervision was also regularly conducted between each staff member and their line manager.

Judgment: Compliant

Regulation 23: Governance and management

While the provider did have routine monitoring and oversight arrangements in place for this centre, elements of these systems needed review.

This inspection did identify a number of areas that were substantially compliant with the regulations, some of which were related to very relevant aspects of care delivered to these residents. For example, following the recent admission of a resident to this centre, failings were found in oversight arrangements, which led to the provider not ensuring all documentation was in place for this resident after 28 days of admission, and also failed to identify deficits in the review of this resident's safeguarding arrangements. Furthermore, a finding from the last inspection in relation to one resident's dietary needs had not been fully addressed, which again hadn't received the oversight needed to ensure this was satisfactorily rectified. Other areas of improvement found with regards to medication management and fire containment, also had not been identified either through audits, checks, or day-to-day general oversight arrangements.

While the outcome of previous inspections had resulted in this provider reviewing and improving auditing and oversight processes, a further review of these was required to ensure more focus on certain areas of this service, so as to allow for better and more timely identification of areas, such as those found upon this inspection, to be identified through local oversight.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Following on from the last inspection, the provider reviewed residents' contracts of care, providing better clarity around fees to be charged and what was to be provided as part of these charges.

The provider demonstrated their ability to review their service in advance of an admission to the centre, and make any required adjustments to resources in order to cater for all residents' needs. In advance of the recent admission of a resident to this centre, there were good arrangements found in relation to pre-assessment and transition planning. This resulted in the resident being fully included in this process, being provided with opportunities to visit the centre prior to their move, also also ensured that existing residents were aware and happy with the prospect of living with another peer. Compatibility assessments were carried out prior and after this resident's transition, with suitable arrangements to respond to any potential risk identified.

Judgment: Compliant

Quality and safety

Since the last inspection, a good standard of social care was maintained for all residents, who continued to enjoy getting out daily and were equally supported to have rest time at home, if they so wished. Residents' daily schedules were very much driven by what they wanted themselves, and there was clear evidence that residents were consulted about the care and support that they received. The last inspection found a significant decline in the complexity of behavioural support and restrictive practices required in this centre, which the outcome of this inspection assured had been sustained. However, over the course of this inspection, elements of fire safety, medication management, food and nutrition, risk management, safeguarding, and assessment and personal planning arrangements did require review.

Fire drills were occurring regularly, with residents themselves having a good understanding of the fire procedure. Records assured that staff could support these residents to evacuate quickly, and there were multiple fire exits throughout the premises, including, one within each resident bedroom. A clear fire procedure was in place, and the fire alarm was often tested to make sure it was in good working order. However, during a walk-around of the centre, issues were found in relation to fire containment. Although this was quickly rectified, regular checks of fire doors had failed to detect this, which required the attention of the provider to address.

A steady incident reporting and review culture was still in place, and the management of identified risks was often discussed with staff. When a new risk was identified, it was reviewed by local management, with any additional control measures needed put in place and communicated to all staff. Senior management

were maintained informed of any such incidents through fortnightly governance reports. However, aspects of risk assessment did require some review. While good practices were also observed in relation to medication management, stock control arrangements required the attention of the provider.

There were some very good arrangements in place to for residents with assessed health care needs, whereby, they were supported to attend all medical appointments, and staff were maintained aware of any changes to this aspect of their care. However, a similar issue from the last inspection in relation to one resident's dietary needs had not been satisfactorily addressed. While effective admission and transition processes had led to a very successful transition for the most recently admitted resident, better arrangements were needed to ensure all documentation around their care and support arrangements were developed, and in place 28 days after admission. Furthermore, the provider's own process for reviewing safeguarding arrangements also required review.

Regulation 12: Personal possessions

The residents had their own apartments where they could securely keep their personal possessions and items. All three residents required minimal assistance with regards to managing their belongings, and they were also independent with regards to using their finances. Management also indicated that they were in the early stages of communication with the residents' respective representatives, with regards to supporting residents with their own accounts in financial institutions.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured that each resident got out and about daily to do the activities of interest to them. At the time of this inspection, the provider was reviewing their transport arrangements, and had availed of local taxi services as an interim measure, to ensure no impact to residents social care, while this review was underway. Some residents liked to go to the gym most days, others liked to go shopping, went to the cinema, often visited family, attended local summer festivals, went on group walks and coffee mornings, and were also involved in other community based groups. While residents primarily liked to do activities on their own, local management did speak of how they were in early planning stages of introducing some peer based activities, to see if residents would respond well to this. Residents were encouraged to maintain links with family and friends, and were facilitated to have visitors and overnights with family, as they wished.

Judgment: Compliant

Regulation 17: Premises

The centre was well-maintained, clean, bright, spacious, and very comfortably furnished. Each resident had their own apartment that they were supported to decorate as they wished. They each had access to a communal living area within the main building, along with shared use of a garden area that was nicely manicured and equipped with comfortable areas to sit out. The design and layout of this centre allowed for the provider's application to increase the bed capacity of this centre, with four resident apartments available. Where maintenance works were required from time to time, the provider had a system in place for this to be reported and addressed. The apartment that was unoccupied was visited by inspectors, and was spacious, bright and clean, had recently undergone a full maintenance review, and provided adequate living and bedroom accommodation

Judgment: Compliant

Regulation 26: Risk management procedures

While there were good systems with regards to risk management, the assessment of a known safeguarding risk required review.

In response to a safeguarding risk, a risk assessment was put in place. However, this risk assessment was not informed by an updated review of identified safeguarding arrangements. Furthermore, the risk assessment was rated as a 12, indicating a substantial medium risk, with no identified additional control measures to inform on how the provider was responding to this risk-rating.

Judgment: Substantially compliant

Regulation 28: Fire precautions

This inspection did provide assurances that staff could support these residents to evacuate in a timely manner, with evidence also found that good fire safety was routinely practiced by staff. However, during a walk-around of the centre, one fire door was found not to be closing properly, with some maintenance work also identified to two other doors. Local management were quick to respond to this, with these issues being addressed by close of the inspection. However, despite regular

fire safety checks of these doors being carried out, these checks failed to identify these issues, which required attention of the provider to address.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was appropriate locked storage in place for medicinal products, and medicine keys were securely held by staff at all times. An inspector reviewed a sample of medication prescriptions and found they had been signed by the residents' general practitioner and contained the relevant information for the safe administration of medications.

Although the management of medications was generally held to a good standard, some improvements were required. For example, the stock take record for two medications was not in line with administration records and required closer review. In addition, the stock take recording tool also required review to include the time the stock take was completed, so as to promote the accuracy of the medication count in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

With regards to assessment and personal planning arrangements, some improvements were found to be required, particularly in relation to a new admission that were in excess of 28 days living in this centre, to include:

- While there was a comprehensive needs assessments carried out, better information needed to be included within this assessment around the specific needs of this resident

- Not all risk assessments had been developed in response to this resident's identified risks

- In instances where an assisted decision making order was in place, the provider was required to ensure that they could demonstrate that they had fully considered and consulted with, all identified persons appointed to be involved in the review of a resident's planning of care.

Judgment: Substantially compliant

Regulation 6: Health care

The person in charge had ensured that any resident with an assessed health care need was receiving the care and support they needed. Residents had a choice of general practitioner, and the service was supported by allied health care professionals, as and when required. In response to the findings of the last inspection, the provider had put more comprehensive care planning in place for a resident's long term illness, to include, better guidance for staff in relation to responding to potential medical emergencies, that were associated with known risks linked with this illness.

Judgment: Compliant

Regulation 7: Positive behavioural support

Since the last inspection, the provider sustained good arrangements in relation to behaviour support, ensuring that residents were receiving the care and support that they required. There was a significant decline in the number of behavioural related incidents occurring, and there also were no restrictive practices in use at the time of this inspection.

Judgment: Compliant

Regulation 8: Protection

The oversight and management of a safeguarding concern did require review of the provider.

As part of a recent transition, the provider was made aware at pre-admission stages, of a known safeguarding concern relating to this resident that required on-going review and management. While staff and local management knew about this safeguarding concern, the last documented review of safeguarding arrangements presented at admission was in December 2023. Following this resident's admission, the provider failed to conduct their own review of these arrangements, to identify if they were still effective in ensuring the safety and welfare of this resident.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

A resident had a long term medical condition that required close monitoring of their diet and nutritional intake. The resident was aware of this condition and how to manage it, as were the staff who were on duty on the day of inspection. The resident's personal plan also contained detailed information in how best to support them and although their diet and nutrition was generally well managed, specialist dietary recommendations to weigh certain items of food was not consistently completed. This was an issue which was also raised on the centre's previous inspection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant

Compliance Plan for Ivy Lodge Residential Care Service OSV-0008976

Inspection ID: MON-0051045

Date of inspection: 10/07/2026

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: In relation to the two staff files where employment history was not made available to the inspectors on the day of inspection, this has been confirmed as an access/filing issue rather than missing documentation: employment histories were included in the relevant staff members' recruitment files on the Provider's system and were reviewed prior to them commencing work in the service. Copies of same have now been placed in the personnel files held on site, so that all Schedule 2 information is readily available locally for inspection. The gap in employment identified in the third staff file was queried directly with the staff member concerned, and their file has been updated to include a written clarification of this gap. In relation to the missing reference from the staff member's most recent employer, this reference was obtained on the day of inspection and has since been filed in the staff member's personnel file, ensuring that all Schedule 2 information is now held on site for that employee Since the inspection, a Schedule 2 compliance check has been completed across all staff files in the Centre, and this check will form part of the Person in Charge's quarterly staff file audit going forward to ensure ongoing compliance.	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management: The outstanding documentation for the resident admitted to the service 5 weeks prior to the inspection is now in place. As part of the ongoing work on the same resident's safeguarding arrangements, a comprehensive post-inspection review was undertaken to ensure all safeguarding measures are appropriate, up-to-date and properly documented. In relation to the dietary finding, the nutritional care plan for the resident in question has been further reviewed and updated, and daily checks are being completed by the Person in Charge and/or Team Leaders to ensure food and nutrition intake charts are being completed correctly. In addition, competency assessments have been completed with all staff supporting this resident in relation to accurate weighing of food and recording of same, to ensure prescribed dietary requirements are consistently followed and monitored. The medication management processes within the centre have also been reviewed, and a revised medication log-in/log-out and stock-check template has been implemented within the dedicated clinical area to ensure consistent documentation and support accurate stock reconciliation. Weekly fire door checks, previously completed at weekends, have been moved to a weekday. The Person in Charge / Team Leaders will complete regular validation checks of the inspection reports to confirm that any defects are reported promptly, recorded on the maintenance system and tracked through to rectification. Care plans, medication management and fire containment are all now included in the Centre's internal audit schedule so that any deficiencies can be identified and addressed promptly by local management.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Shortly before this resident was admitted to the centre in early June 2026, a multidisciplinary safeguarding meeting was held, attended by the relevant HSE Case Manager, the Centre's Person in Charge, the resident's advocate and some of the Provider's senior managers. At this meeting, a safeguarding plan was reviewed and agreed. A risk assessment and care plan consistent with the safeguarding plan were developed and put in place prior to the admission. This risk assessment was rated 12/25 (medium) and has been subject to regular review by the Provider's senior management team at fortnightly meetings since the resident's admission. The risk rating has since	

been formally reviewed and reduced, reflecting the effectiveness of the control measures put in place at the time of admission.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Immediate action was taken on the day of inspection to rectify the identified issues. The fire door that was not closing correctly was adjusted slightly, and the minor maintenance works required to the two additional fire doors (in one case involving replacement of a screw on the door closer) were completed prior to the close of the inspection. All fire doors within the centre have since been re-inspected to provide assurance that they are operating effectively and attaining the required level of fire containment. Staff responsible for completing the relevant routine checks have been reminded of the required standards and provided with additional guidance on identifying issues requiring escalation. Weekly fire door checks, previously completed at weekends, have been moved to a weekday, and regular validation of the inspection reports will be carried out by local management to ensure any issues are identified, recorded and closed out promptly.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Immediate action was taken to investigate the discrepancies identified between the stock balance records and medication administration records for the two medications concerned. A full reconciliation was completed, stock balances were verified, and any documentation discrepancies were corrected. The review confirmed that appropriate medication controls remained in place and that there was no impact on resident safety. The medication stock record has now been revised to include the relevant date, time and signature of the staff member completing the stock count.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The resident concerned was admitted to the service early June. The comprehensive assessment of need which had been carried out prior to the inspection has since been updated with additional person-centred information to clearly inform the development and review of their support plans going forward.

A review of the resident's risk management documentation has also been undertaken. Risk assessments have been developed and/or updated to reflect all identified risks arising from the resident's assessed needs, with appropriate control measures documented to minimise identified risks while recognising and supporting the resident's rights, capacity, independence and quality of life.

Initial discussions with the resident’s MDT commenced prior to their admission to the Centre, their advocate has since visited the Centre on more than one occasion, and a follow-up MDT meeting has been scheduled for mid-August 2026.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The resident in question, who was admitted to the service in early June 2026, had a safeguarding plan in place during their previous placement. A multidisciplinary team meeting was held in the days prior to the admission, involving the relevant HSE Case Manager, the Centre’s Person in Charge, the resident's advocate and senior managers for the Provider. At this meeting, safeguarding arrangements were reviewed and agreed, and a care plan and risk assessment were put in place in line with the agreed safeguarding plan. The associated risk assessment was rated 12/25 (medium) and has, since the resident's admission, been subject to review by the Provider’s senior management team at fortnightly governance meetings.

The resident's advocate has visited Ivy Lodge twice since their admission and has confirmed their satisfaction with the safeguarding plan and arrangements in place.

The risk rating of 12 has since been formally reviewed and reduced, reflecting the effectiveness of the safeguarding measures put in place prior to admission.

In addition, and in direct response to this inspection finding, the Person in Charge has completed a further review and affirmation of the resident's overall safeguarding arrangements, in consultation with the designated safeguarding officer, the resident and their representatives.

The safeguarding plan and associated risk assessment will continue to be reviewed regularly, at minimum through the existing fortnightly senior management governance meetings, and will be formally updated to reflect any change in the resident's circumstances.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
The requirement to accurately weigh specified food items has been reinforced with all staff supporting the resident, and appropriate equipment is readily available to facilitate compliance with the prescribed dietary plan.

A review of staff knowledge and competency in this area has also been completed, and adherence to the resident's dietary plan will be monitored through daily recording and oversight by Ivy Lodge’s Person in Charge and Team Leaders.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	13/07/2026
Regulation 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.	Substantially Compliant	Yellow	20/07/2026
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	Substantially Compliant	Yellow	20/07/2026

	safe, appropriate to residents' needs, consistent and effectively monitored.			
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	15/07/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	20/07/2026
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	13/07/2026

Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	15/07/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	15/07/2026