Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Tara Lodge
Name of provider:	Resilience Healthcare Limited
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	11 February 2026
Centre ID:	OSV-0009070
Fieldwork ID:	MON-0048877

About the designated centre

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

The designated centre provides a service for up to six residents below the age of 18 years, who have an intellectual disability. There are two bedrooms in the main house of the designated centre, and two self-contained apartments. Four resident are full time, and tw are on a shared care basis whereby only one of them is accommodated at a time. There are spacious grounds and play areas both outside and inside. The centre is staff full time, and is managed by a full time person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Wednesday 11 February 2026	14:00hrs to 18:00hrs	Julie Pryce	Lead
Friday 13 February 2026	11:30hrs to 16:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted in order to monitor on-going compliance with the regulations following the receipt of unsolicited information, and was the first inspection of this designated centre since its registration.

There were six residents in the designated centre, four fulltime residents and two on a shared care basis. Their ages were between six and fourteen years old. The inspection was conducted over two days so that the inspector had an opportunity to meet them all.

The three younger children, two aged six and one eight year old, lived in the main house, and there were two self-contained apartments for the others. Each resident had their own room, and where two residents alternated into the shared care room, the soft furnishings and personal items were changed each time so that the room was personalised for each of them.

The inspector met two of the children as they arrived home from school, as they came into their sensory room to play. One resident played with the inspector's notebook, and this was gently swapped for another notebook by a staff member, with no complaint from the resident. The two children played happily together in this room, playing with their devices or with some of the many toys which were available to them. One played with some educational stacking toys, and the other was watching cartoons.

The other younger child had gone for an after school activity with their supporting staff, and when they arrived home they were shy with the inspector, but were observed to approach the person in charge with their arms up for a cuddle.

The inspector visited the older children in their apartments, and one of them had settled into their pyjamas for the evening and was having a snack while watching TV. They had a brief chat with the inspector, using short phrases, and appeared to be content and at home. Staff had explained that they preferred only short chats, but were happy to have us in the other room, and to have a look round the apartment. The inspector could hear the resident vocalising happily when left alone.

All areas of the designated centre were appropriate to meet the needs of the residents, and their personal rooms and apartments were personalised with their own items, photographs and toys. There were spacious gardens with outdoor play equipment, and throughout the inspection the inspector observed the children to be playing outside with the support of staff.

The inspector also observed that the children had a good relationship with their supporting staff. They often approached the staff affectionately, for example one of

the children was playing out when the inspector went out with a staff member to meet them, and they ran up to the staff member with a kiss.

It was also evident throughout the day that staff were providing care and support in accordance with their assessed needs, and with the guidance outlined in their care plans.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting both education and play, and there was a good standard of care and support in this designated centre.

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 the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents, however there were some minor gaps in the information in some of the staff files.

There was a clear and transparent complaints procedure available to residents, and evidence that any complaints were reviewed and addressed.

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced, and had good oversight of the designated centre. She was knowledgeable about the support needs of residents, and about her role in relation to the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a competent staff team who were known to the residents, including any relief staff.

If additional staff were required, they came from the current staff team in the first place, then from a relief panel, and as a last resort from an agency. Where an agency staff was required it was a staff member known to the residents.

There were staff on each day to provide one-to-one support for some residents and two-to-one support for others. Staff shifts were arranged to meet the requirements of the children, for example where a child had to leave early for school, one of the staff shifts began an hour earlier than the others.

Overnight there were two staff on duty, and there were various tasks that were expected of them. Supervision was managed b an on-call system, and by occasional unannounced management visits during the night.

A sample of three staff files was reviewed by the inspector, and all the information required by the regulations was in place, including Garda vetting and references. However, the employment history in two of the files either had gaps or missing dates.

The inspector spoke to five staff members on duty, the person in charge and the person participating in management during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

It was evident that the staffing arrangements were in accordance with the needs and preferences of each resident.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, children first, positive behaviour support and the safe administration of medications. Training in relation to the specific needs of residents had been undertaken, including the management of autism awareness, and the safe management of percutaneous endoscopic gastrostomy (PEG). Additional training had been undertaken in relation

to the specific behaviour support needs of a resident following an incident of concern.

Staff could describe their learning from their training, and relate it to their role in supporting residents, and the inspector observed some of the learning being implemented, for example the ways in which staff supported residents who required a modified diet, the administration of medication and specific communication methods.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date. The inspector reviewed the records of three supervision conversations and found a clear agenda for discussion including any issues raised by staff members.

It was evident that staff development and training was supported, and that staff were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The person in charge was supported by a team leader.

Various monitoring and oversight systems were in place. The first required six-monthly unannounced visit on behalf of the provider had taken place, and a report of the findings of the visit had been developed.

A range of audits had taken place, for example, audits of personal plans, medication management and infection prevention and control (IPC). The IPC audits included hand hygiene audits, where the practice of individual staff members was reviewed.

Any identified actions from these processes had been completed or were within their timeframe, for example the hot water temperature had been found to be slightly high, and this had been addressed, and additional information had been included in a risk management plan.

In addition the area manager visited the designated centre at least once a month, often unannounced, and reviewed various aspects of care and support during these visits, including clinical reports and any accident and incident reports.

Any accidents and incidents were reported and recorded appropriately. The inspector reviewed the reports relating to three of the residents, and found that the incidents were clearly described, and that any learning was outlined, and any required actions were identified. The required actions from a a recent incident had all been implemented. The inspector saw that documented guidance and risk

assessments had been updated, and spoke to staff members who were knowledgeable about the required support following the incident.

The designated centre was appropriately resourced, for example there were sufficient staff to meet the needs of residents, any required maintenance was completed in a timely and there were sufficient vehicles to meet the needs of residents. There were various pieces of play equipment, both in the living areas and in the gardens.

Regular staff team meetings were held, and the inspector reviewed the minutes of the last two of these meetings. The items for discussion included accidents and incidents, safeguarding and all aspects of care and support. Each staff member was required to complete a sign in sheet to indicate that they had read the minutes of these meetings, and any required actions that were identified were monitored by the PIC until complete.

Otherwise communication with the staff team was well managed via a handover at the change of shift and email communication with staff not on duty.

Overall, staff were appropriately supervised, and the person in charge and senior management had good oversight of the centre, and any required actions which were identified were addressed in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations.

There was a process whereby any complaints were recorded, including any actions taken to address the complaint, and information as to whether the complainant was satisfied with the outcome.

The inspector reviewed a recent complaint, and saw that improvements had been made in response to the compliant, and that the satisfaction of the complainant was recorded. For example, the PIC acknowledged that communication with families had not been adequate initially following the opening of the designated centre. Improvements included the requirement for a detailed update to be sent to the family every day. The inspector reviewed the text messages over the previous two weeks, and saw that information was sent to the family.

The inspector was assured that residents and their families and friends were supported to raise any concerns and that there was a transparent process for the management of complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the required policies had been in place in accordance with Schedule 5 of the regulations, and each of them had been regularly reviewed.

The inspector reviewed the policies on risk management, medication management, positive behaviour support, restrictive practices and visitors, and found them to be evidence based and containing clear guidance.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities, both leisure and educational.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

There were risk management strategies in place, and each identified risk had a detailed risk assessment and management plan.

Where residents required positive behaviour support there were detailed behaviour support plans in place. There were some restrictive practices in place, each of which was based on a detailed assessment of needs and with a documented rationale which indicated that the intervention was the least restrictive to mitigate the identified risk.

Medications were safely managed and were in accordance with the organisation's policy.

The rights of the residents were well supported, and residents indicated that they were happy in their home. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

Regulation 10: Communication

The assessment of need in the care plans also included a detailed assessment of the communication needs of each resident.

Each resident has been reviewed by a speech and language therapist (SALT) in relation to communication, and any new residents were assessed on admission. The SALT assessments were in place, and the recommendations in these assessments were being implemented.

For example, there any recommended equipment was in place, including visual boards, white boards and objects of reference.

Staff had all received training in communication, and where new staff joined the team the PIC required them to complete this training within the first month and to shadow established staff until they were familiar with the communication needs of each resident.

A refresher training day which was scheduled shortly after the date of the inspection included input from various members of the multi-disciplinary team, including the SALT.

The inspector found to be knowledgeable about the needs of resident in this area, and observed them to be following the guidelines. For example the staff member supporting one of the resident had a lanyard with small laminated pictures which were being used effectively.

Overall it was evident that there was effective communication with residents, and that their needs were kept under continual review.

Judgment: Compliant

Regulation 11: Visits

Visits to the designated centre were welcomed and supported. Residents' families including their siblings visited regularly. There was a clear visitors' policy in place which supported free visiting to the designated centre, although the PIC said that relatives did usually call the designated centre to let staff know when they were on their way.

Judgment: Compliant

Regulation 13: General welfare and development

The residents, who were all of school age, were being supported in their education and in having opportunities to play.

Children were all supported in school placements, and if children were admitted without a school placement, the sourcing of a placement had been given high priority.

Within the centre children were also learning various skills, including baking, personal care and daily living skill. They were also supported with ample opportunities for play. The inspector observed all of the children at lay during the course of the inspection, both in the garden areas where there were swings and toys, and in various indoor areas.

It was evident that education and play were being supported as required by the regulations.

Judgment: Compliant

Regulation 17: Premises

The premises were well maintained, and were appropriate to meet the assessed needs of residents. Each resident had their own room which they arranged and decorated as they chose, and there were two self-contained apartments. There were various communal areas including the spacious gardens, and play equipment was readily available.

There was sufficient storage, adequate bathroom facilities, and access to laundry facilities.

The designated centre was well maintained and visibly clean, and all staff members had been in receipt of training in infection prevention and control.

It was evident that the designated centre was laid out in a person centred way, and that the rights of resident to have an appropriate and well maintained home were upheld.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy in place which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks.

Individual risk assessments included the risks relating to behaviours of concern, healthcare risks and any risks associated with the activities of daily living. The inspector reviewed four risk management plans relating to behaviours of concern, choking risk, self-injurious behaviour and assisted feeding, eating and drinking. All included detailed control measures required to mitigate the identified risk, and staff were able to discuss their role in implementing these measures.

Where new risks were identified, the associated risk assessment was reviewed and the control measures updated. For example following a recent incident of concern, the guidance for staff had been reviewed, including the supervision requirements for the child involved, and staff had all received updated training in the management of that specific risk.

The inspector was assured that control measures were in place to mitigate any identified risks relating to residents in the designated centre, and that newly identified risks were responded to appropriately.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There was well maintained fire safety equipment, and there were fire doors throughout.

All staff members had received fire safety training including fire warden training. The inspector discussed fire safety with them, and they were confident about their role in ensuring the safety of residents and could describe the supports each individual resident would require in the event of an emergency.

Regular fire drills had been undertaken, including drills under night time circumstances where there were reduced staff numbers, and the records of these drills indicated that residents could be evacuated in the event of an emergency. The PIC monitored these fire drills to ensure that all children had been involved in a drill

There was a detailed personal emergency evacuation plan (PEEP) in place for each resident and the inspector reviewed all five of these plans. Each PEEP included

information specific to the resident in relation to the supports they would require to evacuate in an emergency.

The inspector was assured that residents were safeguarded from the risks associated with fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in medication management in relation to the prescriptions, ordering and storage of medications, and appropriate administration practices.

The inspector discussed the practices in relation to medication management in detail with the PIC, reviewed the medication documentation for three residents, and discussed medication management with the staff members on duty on the both days of the inspection.

The inspector observed the administration practice for one resident. This resident gave permission for the inspector to observe the administration of their medication, which was to be administered via their percutaneous endoscopic gastrostomy (PEG), by giving a thumbs up when staff asked if they felt comfortable with this.

The inspector observed the staff administrating the medication, and asked them to talk through the process at each step. The staff member demonstrated good practice throughout. They involved the resident in the process, and involved them in the flushing out the PEG system prior to administration.

All staff had undertaken training in the administration of medications, and were knowledgeable about the medications for each resident, including the purpose of each medication, any possible side effects and the route of administration.

Each resident had a current prescription, and a kardex from which staff administered medications. The documentation was appropriated and in accordance with the requirements of the regulations.

Where 'as required' (PRN) medications were prescribed there were detailed protocols as to the circumstances under which these medications were to be administered, including the presentation of the resident which might require the medication, and the timings of administration.

For example, where a resident had been prescribed emergency medication in the event that they had a seizure related to epilepsy, the protocol included a detailed description of the seizure that would require an intervention, the exact dose of

medication required, and the emergency response should the resident not respond effectively to the medication.

For PRN medications that were prescribed for the management of mental health issues, there were again detailed protocols in place, and the decisions to administer medications were made in conjunction with the PIC or the team lead.

The inspector was assured that medications were safely managed in the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident which were reviewed regularly and were based on a detailed assessment of need. Each staff member was required to sign the care plans to indicate that they were aware of the guidance in them.

Assessments of need had been conducted prior to admission to the designated centre by a team dedicated to this role. The assessments were very thorough and included a detailed history and background of each child. Transition plans were developed following the assessment, and records of implementation of these plans were maintained.

Care plans in place included plans relation to medical issues, intimate and personal care and eating and drinking. For example where a resident had a percutaneous endoscopic gastrostomy (PEG), the care plan included detailed guidance as to how to safely manage the use of the PEG, and also a plan to gradually introduce oral foods and drinks. The effectiveness of this plan was recorded, for example the resident had recently joined in a birthday cake, and on another occasion a take-away meal.

There were detailed plans of care relating to personal care, including the management of incontinence for two residents, and staff were familiar with the information in these plans.

Education plans were undertaken by each child's school, and any areas relevant to home life were continued in the centre.

The plans reviewed by the inspector were in sufficient detail as to guide staff in the safe and effective management and support of the identified areas.

Judgment: Compliant

Regulation 6: Health care

Where residents had healthcare needs there were detailed assessments in place, and all the appropriate referrals to members of the multi-disciplinary team had been made.

Residents had access to speech and language, occupational therapy, positive behaviour support psychiatry and a dietician. The recommendation of the relevant professionals were included in the care plans for residents.

As discussed under Regulation 5: Individualised assessment and personal plan, there were detailed care plans in place for all assessed needs, and staff were familiar with the guidance in them.

Where residents required positive behaviour support, there were detailed plans in place, based on a detailed assessment of needs. The inspector reviewed three of these plans and found them to be detailed and based on a thorough assessment of needs.

For example, the behaviour support plan in relation to the risks of a resident ingesting non-food items was detailed both in the prevention of the behaviour and in the management of any incidents. The plan was regularly updated and improved in accordance with the presentation of the resident, and any observed behaviours of concern. The guidance included the requirement for continual and close observation, and also skills building in relation to self-regulation for the resident.

Staff had all received training in the management of behaviours of concern, and all staff engaged by the inspector were knowledgeable about their role in supporting residents, and could identify the strategies in place for each resident.

Where restrictive practices were in place to ensure the safety of residents, they were monitored to ensure that they were the least restrictive measures available to mitigate the identified risks.

There was a restrictive practices log in place which included each intervention and the rationale for its use, and the inspector found that the restrictions related to maintaining the safety of residents.

Any restrictions were reviewed regularly at a 'Restrictive Practice Committee' meeting attended by the area manager, local managers, members of the multi-disciplinary team and the risk manager, and it was evident that restrictions were only applied where they were required to mitigate a clearly defined risk.

The oversight of restriction had resulted in restrictions being lifted where they were no longer necessary to safeguard residents, for example a garden gate was no longer locked once the associated risk had been assessed.

While the use of each restriction was recorded on a daily basis, the inspector discussed with the PIC the requirement to record the use of intermittently applied restrictions on each occasion. A recording form had been put in place prior to the close of the inspection.

The inspector was assured that restrictions were only in place if they were necessary to safeguard residents, and that residents were supported in a person-centred and non-judgemental way in the management of behaviours of concern.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place, based on a detailed assessment of needs. The inspector reviewed three of these plans and found them to be detailed and based on a thorough assessment of needs.

For example, the behaviour support plan in relation to the risks of a resident ingesting non-food items was detailed both in the prevention of the behaviour and in the management of any incidents. The plan was regularly updated and improved in accordance with the presentation of the resident, and any observed behaviours of concern. The guidance included the requirement for continual and close observation, and also skills building in relation to self-regulation for the resident.

Staff had all received training in the management of behaviours of concern, and all staff engaged by the inspector were knowledgeable about their role in supporting residents, and could identify the strategies in place for each resident.

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The inspector was assured that restrictions were only in place if they were necessary to safeguard residents, and that residents were supported in a person-centred and non-judgemental way in the management of behaviours of concern.

Judgment: Compliant

Regulation 9: Residents' rights

Staff had all received training in human rights, and could discuss their learning from this training. They spoke about the rights of children to make choices, and to have access to play and education, and to their local community.

One staff member spoke about a local hair salon that had developed a sensory room, and facilitated appointments whereby the child was the only customer in the salon for their haircut. Another resident who might be at risk from items lying around in public spaces needed their outings to be planned in detail. Staff had checked and located parks and play areas which were safe for the resident to attend.

Throughout the inspection the staff respected the choices of residents, or example one of the older children does not always welcome visitors, so staff facilitated conversations through the window. This resident had a call bell so that when they had requested space or time alone, they could let the staff know when they were invited to return.

Prior to admission to the designated centre, detailed assessments were undertaken, followed by transition pan which included visits to the home followed by overnight visits prior to the resident moving in.

Staff were knowledgeable about the ways in which each resident might learn new skills, for example a resident who used to drink water directly from the tap had learnt to use a cup. Another resident disliked loud noises, so any tasks such as vacuum cleaning were not done in their presence.

It was evident that staff supported the rights of residents, and ensured that their voices were heard.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tara Lodge OSV-0009070

Inspection ID: MON-0048877

Date of inspection: 13/Feb/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: All personnel files were immediately reviewed, and the gaps were clarified, documented, and amended. A compliance matrix is now in place to ensure all CVs contain full employment histories and that any gaps are explained and recorded. Recruitment procedures have been strengthened to require complete chronological CVs and written explanations for any periods of unemployment before a staff member is cleared for work. Ongoing monitoring will be maintained through regular internal audits to ensure continued compliance with HIQA requirements, and all corrective actions have been completed with preventive measures now embedded across the service.	

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/Mar/2026