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

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| Name of designated centre: | MyLife-Grange |
| Name of provider: | MyLife by Estrela Hall Limited |
| Address of centre: | Meath |
| Type of inspection: | Announced |
| Date of inspection: | 27 May 2026 |
| Centre ID: | OSV-0009106 |
| Fieldwork ID: | MON-0048828 |

## About the designated centre

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

My Life- Grange provides respite care to five male and female adults. According to the Statement of Purpose for the centre, the service can support people who may have low, medium or high support needs. Emergency respite care is also provided. The property is a two storey detached house located in County Meath. It comprises of five bedrooms, one of which has an en-suite bathroom. Three bedrooms are located downstairs and two are located upstairs. There are also two bathrooms, one upstairs and one downstairs. There is a living room, a sun room, a study (used as an office), a kitchen/dining room and a utility room. The house has large gardens and a patio area to the back of the property where residents can sit out. There is a minimum of one waking staff on duty at night and two during the day. However, the staffing needs are assessed prior to the residents availing of respite, which means the staff can comprise of three staff during the day and two staff at night, based on the residents' needs. A vehicle is provided which has been adapted to suit wheelchair users. Activities that residents can avail of include community-based activities such as bowling, the cinema, and other local and regional events.

**The following information outlines some additional data on this centre.**

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| 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 |
|---|---|---|---|
| Wednesday 27 May 2026 | 10:00hrs to 18:40hrs | Anna Doyle | Lead |

## What residents told us and what inspectors observed

This inspection was announced and was carried out to ensure compliance with the regulations. This centre was registered to support five residents in November 2025.

At the time of the inspection, the registered provider was providing planned respite care to a cohort of 25 adults. On the day of the inspection, three residents were availing of this service.

Overall, the inspector found that the residents appeared happy and were supported by a caring staff team. The centre was resourced to meet the needs of the residents availing of respite at any given time. There were also arrangements in place to audit and review the services provided to ensure that a safe quality service was being delivered. However, significant improvements were required under fire safety, and some improvements were required under medicine management, personal plans, one policy, food and nutrition, the premises and risk management systems.

Over the course of the inspection, the inspector met the three residents availing of respite, spoke to a staff member, the person in charge and the assistant director of care. As well as this the inspector reviewed documents pertaining to the governance and management of the centre, and the care and support provided to the residents. One document not available in the centre on the day of the inspection, was submitted post inspection to ensure compliance with the regulations.

On arrival to the centre, all of the residents were up and preparing to go out for the day. The staff were observed preparing picnic baskets for later in the day, as residents had planned a picnic while they were on their trip.

The property was finished to a high standard and was clean. The residents had their own bedrooms, which they could choose, when they attended respite. One of the residents for example, liked a specific room downstairs and always chose this room when they stayed in the centre. The resident told the inspector that this was their favourite room. The bedrooms had adequate space to store residents' personal belongings. One of the residents showed the inspector, their bedroom and told the inspector that they were happy with the bedroom, and showed the inspector, the large wardrobes available to store their personal belongings. Residents were able to bring their own personal belongings, like phones, tablets and DVD players with them. The staff team ensured that these belongings were kept safe, and a record was maintained of what personal items residents had brought to the centre, to ensure that all of their belongings were accounted for and returned to them when their respite stay was finished.

There were three communal areas, which included a well-equipped kitchen/ dining room, a sun room and a spacious lounge. Each resident was observed spending time in these or relaxing in their bedroom, while they waited to go out on a planned trip

for the day. There was a large garden to the back of the property, with garden furniture and a parasol, so as residents could sit out and enjoy the good weather in the shade if preferred. One of the residents was enjoying sitting out with staff having a snack and chatting, while waiting to go out for the day.

At the time of the inspection, a garage situated on the property was being renovated, which meant that building contractors were on site during the day. As a result, this area was protected with temporary fencing as a safety measure. The registered provider had a risk assessment in place, regarding this building work to ensure the safety of residents and staff. However, the inspector observed that the temporary fencing was now impeding one of the fire escape routes from the centre at the back of the property, and the other alternative fire escape route at the back of the property had steps. This meant that there was no accessible fire escape route at the back of the property for wheelchair users. When the inspector asked two staff, what measures were in place to assure a safe evacuation for the residents, they stated that they may need a ramp to address this. Soon after this, the inspector was shown a temporary steel ramp, that staff said was stored in storage area, and that this should be used to assist wheelchair users in the event of a fire evacuation via the back of the property. However, the inspector found that no fire drill had been conducted to assess the effectiveness of this ramp. The inspector also observed that a fire emergency bag did not contain, the items listed on the check list that the registered provider had in place. As a result of these and other issues observed on inspection, the inspector was not assured around the fire safety measures in place in the centre. This is discussed under regulation 28: Fire precautions, along with some of the measures and assurances provided to the inspector on the day of the inspection to mitigate some of the risks.

The inspector also observed that due to the building work on site, that the garden still needed some work. For example, the inspector observed an old, damaged trampoline that was still in the garden and had not been removed. The person in charge informed the inspector that these items would be removed, when the building work was completed and that new equipment, such as a trampoline would be purchased.

It was evident from observing interactions, that the residents felt comfortable in the presence of staff, and staff were observed to be warm, friendly and respectful towards the residents. The staff were observed offering choices to the residents. For example, when the residents were getting ready to go on their day trip, the staff asked the residents where they would like to sit on the bus.

Two of the residents said that they liked coming to the respite centre and one of them referred to their stay as a 'holiday'. The registered provider also considered these breaks as a holiday for the residents, and the residents directed what they wanted to do. For example, they could get up whenever they wanted to and choose whether to relax for the day or go on outings. Another resident told the inspector that they liked coming to the centre when one of their friends was also availing of respite.

Residents had a meeting with staff, each time they availed of respite to discuss things they might like to do or to plan some of the meals they might like. Where required, residents had specific plans in place around supervision at mealtimes due to risks the resident might present with. However, the reason behind one resident's recommendation to have meals supervised, was not clearly known. For example, staff stated that that one resident specifically liked their food modified in a certain way as the resident liked it that way. However, the residents plan recorded the modified food was due to dysphagia (problems with swallow). The inspector was assured however from speaking to staff that they were aware of the food consistency the resident needed, that the resident was supervised during mealtimes, and the staff was able to demonstrate to the inspector, the actions they would take to respond to an incident of choking in the centre. Notwithstanding improvements were required as discussed under Regulation 18: Food and Nutrition.

Prior to the inspection, five residents completed questionnaires with some support from staff about whether they were happy with the services provided. Overall, the feedback was positive. Residents reported that staff knew their likes and dislikes, they liked the food provided, were happy with their bedrooms and felt safe in the centre. One resident said that they liked the fact that they could attend the respite on the same days as their friends.

Easy-to-read information was also available in picture format to explain or provide education for some residents. For example, one resident liked to know what was happening and they had a calendar on the wall in their bedroom to remind them how many nights they were staying in the centre and when they would be leaving.

The staff team also had easy-to-read information about activities and other community places that were located near the centre, and the costs associated with these activities should residents wish to avail of them.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided.

## Capacity and capability

Overall, the inspector found that while the centre was adequately resourced, with a team of staff who were caring and responsive to the needs of the residents, improvements were required in a number of regulations at this inspection. As a result of those findings in particular, fire precautions, the inspector found that the management systems in place to ensure a safe service to the residents needed improvements.

## Regulation 14: Persons in charge

The person in charge was a registered nurse and had experience working in the healthcare sector in management roles. They had also completed a qualification in management.

The person in charge was employed full-time in the organisation and was also responsible for two other designated centres under this registered provider. The inspector found that at the time of this inspection that this was not impacting on the quality of care being provided in the centre. For example; all of the designated centres were located in close proximity to each other. There was also a house lead and a deputy house lead appointed in this centre, to support the person in charge with the governance and oversight of the quality of services provided in the centre.

Judgment: Compliant

## Regulation 15: Staffing

The staff skill-mix included healthcare assistants. On the day of the inspection, three staff were on duty during the day and two staff were on waking nights. The staffing levels were decided based on the needs of the residents, which meant that the staffing levels could reduce depending on the needs of the residents availing of respite at the time.

The inspector reviewed a sample of rosters from December 2025, March 2026 and May 2026 and from a review of these, there was always at least one staff on night duty, and two staff during the day depending on the needs of the residents. At the time of the inspection, there were four staff vacancies and the registered provider had recruited some new staff who were due to start in the coming weeks pending pre-employment checks.

In the interim, staff in the house completed extra shifts or staff from other designated centres were redeployed to work in this centre. The registered provider did not employ staff from recruitment agencies.

The person in charge was a registered nurse and was able to provide assistance, guidance and support to staff and residents with their healthcare needs. There was a also a nurse employed in another designated centre at night time who could provide support and advice, and could also visit the centre if necessary if a residents' health care needs required this.

On-call care managers were also available as well as a director on call to provide advice, guidance or to report issues or concerns to.

The inspector reviewed three staff files, which were found to contain the files required under the regulations. For example, they contained records such as:

- Garda Síochána (police) vetting
- Two references
- A contract of employment
- An up to date identification.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff were provided with in-house training programmes and training from external providers where required. Some of the training provided included:

- Safeguarding Vulnerable Adults
- Manual Handling
- Fire Safety
- Safe administration of medicines
- First Aid
- Management of Percutaneous Endoscopic Gastrostomy (PEG) feeding
- Infection Prevention and Control- some of which included hand hygiene and donning and doffing personal protective equipment
- Epilepsy
- Professional Management of Violence and Aggression (PMAV)
- Human Rights

The registered provider had also commenced introducing training for staff on a form of sign language, so as the staff team would have the skills to support a resident who would be availing of respite in the near future.

In addition to this, the assistant director of care, provided training records for a sample of staff who were redeployed from other designated centres showing that they had completed training in for example, safeguarding and fire safety.

Arrangements were in place to ensure staff could exercise their personal and professional responsibility for the quality and safety of the services that they were delivering. This included staff meetings which were held every month and supervision meetings once a year. New staff were also provided with induction and probation meetings when they started working in the centre.

Judgment: Compliant

## Regulation 23: Governance and management

The designated centre had leadership, governance and management arrangements in place. However, some areas needed to be improved as issues identified on this inspection in relation to fire safety had not been identified through the provider's own audits or reviews of the centre.

The person in charge reported to an assistant director of care and the director of care. There was also a respite coordinator who managed the provision of respite, including the staff numbers required to support the needs of the residents in the centre. This meant that there were adequate resources in place to support residents achieving their individual personal plans, in line with their assessed needs. A vehicle was also provided for residents to use when they wished to go on outings or attend events in the community or further afield.

The registered provider also had a director of operations appointed, who for example, had oversight of risk and compliance, safeguarding and training and development in the organisation. Staff meetings were held every month and the person in charge also met with the director of care every week.

The registered provider had personnel appointed to conduct a six-monthly unannounced quality and safety review, which is a requirement under the regulations. This review had been completed in May 2026, where some improvements had been required. A time-bound action plan was developed to address these improvements going forward. For example, one of the actions related to providing training to staff about autism and this was due to be completed by August 2026.

Other audits were conducted in health and safety, fire safety and hygiene. The health and safety audit conducted in May 2026 found that no actions were required. The fire safety audit conducted in March 2026, found that some improvements were required. For example, the fire safety audit identified that, there was no fire procedure in place and no certificate for fire extinguishers. The inspector followed up on these and found that they were now in place.

Notwithstanding, some of the issues identified at this inspection had not been identified in some of the audits or review of the centre.

Judgment: Substantially compliant

## Regulation 24: Admissions and contract for the provision of services

Prior to admission to the centre, an assessment of need was completed by the respite coordinator employed in the organisation. Residents and family could visit the centre, and residents could stay for short visits before availing of overnight stays. The registered provider had systems in place to review the compatibility of residents availing of respite together. For example, if there were instances where negative interactions occurred between residents, then the staff team reviewed

whether, the residents might be better availing of respite at different times. On the other hand, one resident said they liked coming to the centre when one of their friends was also availing of respite.

Contracts of care included sufficient details of the terms of type of residence, the services to be provided, and any additional fees that the residents may incur. This contract had been signed by the resident's family representative. Easy-to-read contracts were also in place for residents who required this format.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. It detailed the aims and objectives of the service and the facilities to be provided to the residents. While some minor issues were required to this document, the registered providers' representatives had made these revisions prior to the end of the inspection. For example, the statement of purpose had stated that residents may incur costs in relation to their religious beliefs, however, this was not the practice in the centre.

The document was also been reviewed in line with the regulations, which requires this document, where necessary, to be revised at intervals of not less than one year.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The provider had all the required policies in place under Schedule 5 of the regulations. Some minor improvements were required in relation to one policy to ensure practice was in line with the relevant policy.

The registered provider had a policy on the monitoring and documentation of nutritional intake to guide practice including a supplementary policy on Percutaneous Endoscopic Gastrostomy (PEG) feeds. This policy also outlined how medicines should and should not be administered via the PEG feed. However, some of the information in this policy conflicted with the practices in the centre. For example, the policy stated that medicines should not be administered together as it affected the efficacy of the medicines, however this was not the practice in the centre.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector found that the residents receiving respite appeared to enjoy their stay and got to do things that they enjoyed. They appeared, relaxed and happy in the centre and got on well with the staff team. The centre was clean, well presented and spacious. However, as stated earlier significant improvements were required in fire safety, and some improvements were also required in medicine management, personal plans, food and nutrition and the premises.

## Regulation 13: General welfare and development

As discussed under the 'What the residents told us and what the inspector observed' section of this report residents were provided with opportunities to take part in a variety of activities while they were availing of respite.

The staff team also had easy-to-read information about activities and other community places that were located near the centre, and the costs associated with these activities should residents wish to avail of them. Residents had been on varied activities over the last week, some of them had been out for dinner, and on the day of the inspection, they went for a picnic to a country estate and gardens for the day.

Judgment: Compliant

## Regulation 17: Premises

The premises were spacious, clean and generally maintained to a high standard. Residents had their own bedrooms with plenty of storage to store their personal belongings.

There was a large garden to the back of the property, with garden furniture for residents to use. However as outlined in the section' what the inspector observed' some old broken equipment was in the garden which needed to be removed.

The person in charge and the registered provider had systems in place to ensure that equipment stored in the centre was serviced and maintained in good working order. However, not all of the maintenance records were stored in the centre at time of the inspection. For example, the inspector requested the service records for the heating system and the gas cooker and they were not available. The director of care

submitted the records the day after the inspection to verify that this equipment had been serviced recently.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

There were adequate amounts of food, refreshments and beverages available to residents. Residents reported that they liked the food being provided in the centre.

The inspector found that some of the records stored in the centre were not consistent with each resident's individual dietary needs. For example, there was a specific eating, drinking and swallow plan recommended by a speech and language therapist, in place for one resident due to dysphagia, so as too prevent the risk of choking or aspiration. However, when the inspector spoke to staff members, the staff said that the resident's food was modified based on the resident's preferences as opposed to the resident's assessed needs. This required review as the assessment of need also stated that the resident did not require supervision at meal times, however, the feeding eating, drinking and swallow plan stated that the resident did require supervision.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk in the centre. Where incidents occurred, they were reviewed by the person in charge to see if additional control measures were required to mitigate future risks. Health and safety was also a standard agenda item at staff meetings. The registered provider had a risk register in place and individual risk assessments pertaining to the resident's care and support were also in place where required. These risk assessments listed control measures in place to mitigate or minimise the risk of incidents. At the time of this inspection there were no risk assessments rated above orange, meaning that that the risks were not assessed as being high in this centre in order to warrant additional control measures.

Some improvements were required in the risk assessments in place, for example, the fire risk assessment was rated as a green risk even though the findings of this inspection found that the control measures were not effective at the time of the inspection. However, this has already been actioned under regulation 28 fire precautions of this report.

The transport provided in the centre had an up-to-date certificate to show that it was roadworthy. The vehicle was also insured.

Judgment: Compliant

## Regulation 28: Fire precautions

While the registered provider had systems in place to manage or prevent an outbreak of fire in the centre, improvements were required in a number of these systems at the time of this inspection.

As outlined earlier in this report, building works to a garage on the site of this designated centre had resulted in one of the fire escape routes at the back of the property being impeded for residents who were wheelchair users. The alternative route at the back of the property had steps. A staff member, and the person in charge during the walk around of the centre, were not aware that a steel temporary ramp should be used to assist wheelchairs users with a safe evacuation of the centre, in the event of a fire when the residents were availing of respite care. The inspector also found that a fire drill had not been conducted with the residents concerned to assure a safe evacuation of the centre via the back exits using this temporary steel ramp.

The fire risk assessment in place in the centre, also contained information that was not relevant to this specific centre and contained details of another designated centre. Some of the controls listed were not effective, for example, the fire evacuation procedure for the centre, stated that the staff should open the emergency box (affixed to the wall in the hallway) when a fire occurred in the centre. A check list conducted each week of the contents of this emergency fire box stated that it included, drinks, high visibility jackets and some emergency medicines. However, when the person in charge opened the emergency box it did not contain these items. The inspector also observed that when the inspector requested the key for this emergency box it was difficult to locate the key and there was confusion around who should be responsible for this key and where it was stored. The fire evacuation procedure also stated that the emergency box could be opened with a combination lock, however this was not the practice at the time of this inspection.

At times in the centre, due to the risks associated with one resident, there was also, a temporary latch affixed to the hall door to prevent the resident concerned from leaving unaccompanied, the inspector observed that this lock was difficult to open and may impede a timely evacuation of the centre, when the resident concerned was availing of respite. This needed to addressed going forward.

The person in charge and the director of care provided assurances to the inspector about how some of these risks would be managed going forward as the residents concerned were not availing of respite at the time of the inspection. These assurances included that the fire evacuation procedures would be addressed prior to

residents who were wheelchair users being admitted to the centre for respite care. The person in charge had also set up an emergency grab bag instead of the emergency box affixed to the wall, that included first aid, equipment and torches which staff could quickly access in the event of a fire. However, the fire safety systems required review to ensure any issues were accurately identified through the provider's relevant audits, reviews or other oversight mechanisms.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

The registered provider had systems in place to ensure that medicines were ordered, stored securely and that there was a system in place for the disposal of medicines. However, the medicines were stored in the utility room above the tumble dryer and this had not been assessed to ensure that the temperature where the medicines were being stored was suitable. While the director of care informed the inspector that they had moved the location of the medicines press on the day of the inspection, this had not been identified in the providers own audits.

The inspector also noted that one resident who had an allergy to certain medicines did not have this allergy recorded on the resident's medicine prescription sheet. Although staff were aware of this allergy on the day of the inspection, other less familiar staff may not be aware of this. A staff member who went through the medicines prescribed for two residents and was aware of the reason why the medicines were prescribed for the most part. However, they were not aware of the reason why one medicine was prescribed and was not fully aware of what medicine was prescribed to one resident who had an allergy to certain foods. This required review.

The registered providers policy also outlined what staff should do in the event of a medicine error, this included reporting, recording and a review of the incident to provide learning and feedback to staff.

The registered provider had an assessment completed for each resident to determine if they could be responsible for their own medicines.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Each resident had a personal care plan which sets out identified needs, risks that needed to be managed and support plans to guide how the staff should provide care to the residents where required. There were arrangements in place to check if there

was a change in the residents' needs, or the medicines they were prescribed since the last time the resident had availed of respite. The care records were maintained on an electronic database.

The inspector found that these plans for the most part guided practice, however one plan related to a resident's fluid intake which was restricted due to a known risk to the resident. However, the resident's intake was not being comprehensively recorded each day to confirm that the recommended amount of fluids was adhered to. This was important as there was a risk to the resident if their fluid intake was over the recommended allowance each day. While the person in charge informed the inspector that they had commenced a fluid intake chart, for the next time the resident availed of respite this should have been in place prior to this inspection.

Judgment: Substantially compliant

## Regulation 8: Protection

All staff had completed training in safeguarding vulnerable adults. Where incidents had been reported to the Chief Inspector, the provider had reported it to the relevant authorities and taken steps to safeguard residents.

Residents had been provided with information on staying safe in the centre and on how to make a complaint if they did not feel safe or protected.

One staff who met with the inspector was aware of the different types of abuse and the reporting procedures in place should an incident occur. The person in charge, the assistant director of care and the staff informed the inspector that they had no concerns about the quality and safety of care provided.

The registered provider has systems in place to safegaurd residents personal property. For example, residents were able to bring their own personal belongings, like phones, tablets and DVD players with them. The staff team ensured that these belongings were kept safe, and a record was maintained of what personal items residents had brought to the centre, to ensure that all of their belongings were accounted for and returned to them when their respite stay was finished.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector found some examples of where residents' rights were considered in the centre. For example, a list of all the things the resident liked and disliked were included in the resident's personal plan.

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| The centre was adequately resourced to ensure that person-centred care was being provided. This meant that the residents got to chose activities they wanted to do on a day-to-day basis.<br><br>All staff had been provided with training on human rights, which meant they had the knowledge to recognise the importance of upholding a human rights-based approach to care for the resident. |
| 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 24: Admissions and contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 4: Written policies and procedures | Substantially compliant |
| **Quality and safety** | |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Substantially compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for MyLife-Grange OSV-0009106

## Inspection ID: MON-0048828

## Date of inspection: 27/05/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

## Section 1

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

**Compliance plan provider's response:**

| Regulation Heading | Judgment |
|---|---|
| Regulation 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br><br>The Audit Team have reviewed the Audit Tool in use for Fire safety. This includes exits should be accessible for all residents using the designated center. This tool is now in place and a schedule for a repeat of this audit is in place. | |
| Regulation 4: Written policies and procedures | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:<br><br>The Percutaneous Endoscopic Gastronomy (PEG) Policy has been reviewed and the practice in this designated center reflects the policy. | |
| Regulation 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises:<br><br>The trampoline which was at the rear of the property has been removed.<br>Heating systems service and gas service information is held in the Designated Centre in hard copy. Soft copies are also available on a central system. | |
| Regulation 18: Food and nutrition | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 18: Food and nutrition: | |

Recommendations outlined in the Speech and Language Therapy Assessment are fully implemented and are reflected in the resident's care plan. If there are any changes to the residents' requirements this will be discussed with family and HSE to recommend a review of the plan which will be reflected in the care plan thereafter.
The plan has also been discussed at a staff meeting.

| Regulation 28: Fire precautions | Not Compliant |
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

There is a ramp in place for safe egress and access for all residents ranges of mobility from the front and back exits of the property. This has been discussed in a staff meeting on 0707/2026, and all staff are aware of this ramp.

Residents who use a wheelchair have taken part in a fire drill with the temporary ramp. This is reflected in their fire PEEPs. There haven't been any issues with the use of this ramp while conducting fire drills.

The fire risk assessment in place for the centre has been amended to contain information related to this centre.

The internal Emergencies Policy has been reviewed, which outlines access to the emergency box.

The contents of the Emergency box are also in line with the recommended checklist.

The latch from the front door has been removed.

As stated under Governance and Management, the fire audit tool has been reviewed to support the recommendations.

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

The Medication Audit tool has been reviewed for this respite house to support the safe temperature storage of medications.
Residents' allergies have been reviewed and are reflected on medication records and individual risk assessments. This has been discussed at a staff meeting on 07/07/2026 and all staff are aware of the residents' current allergies.

The pre-admission questionnaire and admission checklist have been updated to include details of any known allergies, including whether the resident has been prescribed medication to manage an allergic reaction.

A resident-specific Medication Management Plan is algo being developed for each individual. This plan will clearly outline all prescribe medications, the purpose of each

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| medication, and any relevant information to support the safe administration and management of medication during the resident's respite stay. This medication management plan will be reviewed in each admission. | |
| 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:<br><br>Residents who have a recommendation of fluid monitoring have a fluid balance chart in place. | |

## 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 | 01/06/2026 |
| 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 | 07/07/2026 |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the | Substantially Compliant | Yellow | 04/08/2026 |

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| | service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | | | |
| Regulation 28(1) | The registered provider shall ensure that effective fire safety management systems are in place. | Not Compliant | Orange | 01/06/2026 |
| 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 | 01/06/2026 |
| Regulation 04(1) | The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5. | Substantially Compliant | Yellow | 01/06/2026 |
| Regulation 05(4)(a) | The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, | Substantially Compliant | Yellow | 01/06/2026 |

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| | prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1). | | | |