



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

Issued by the Chief Inspector

Name of designated centre:	Hillview B
Name of provider:	Peter Bradley Foundation CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	05 March 2026
Centre ID:	OSV-0001516
Fieldwork ID:	MON-0044615

About the designated centre

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

Hillview B consists of a detached one-storey house located in a housing estate in a town. This designated centre provides a residential neuro-rehabilitation service for up to four residents with an acquired brain injury. Both male and females over the age of 18 can avail of the centre. Each resident has their own bedroom and other rooms in the centre include bathrooms, a kitchen-dining area, a living room and staff rooms. Residents are supported by the person in charge and rehabilitation assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Thursday 5 March 2026	09:00hrs to 17:00hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

This inspection was conducted as a monitoring inspection of the centre following its previous inspection in March 2024. During the course of the current inspection, the inspector spoke with all three residents living in the centre, two members of staff and the person in charge. Overall, the inspection found residents to be well supported in areas such as safeguarding and rights. Some regulatory actions were identified regarding the notification of a management change, aspects of monitoring, the centre's statement of purpose and infection prevention and control (IPC).

Hillview B had a capacity for four residents but at the outset of the inspection the inspector was informed that only three residents were living in the centre, one of whom had recently moved in. The inspector met this resident soon after the inspection started for a chat as the resident was having a cup of tea. The resident informed the inspector that they had gotten to have a look around the centre before moving in and said that living in the centre was much better than their previous home. The resident was very complimentary about living in the centre and commented that it was a "brilliant service" while also praising the staff and referring to the person in charge as "a diamond".

When asked by the inspector, the resident said that they felt safe living in the centre and that they got on well with the other residents living there. The resident said that they watched movies with these other residents. The inspector was informed by the resident that the centre had access to cars and that they could ask to be brought to a pub by staff who would then collect the resident afterwards. It was also mentioned by the resident that they attended a sheltered workspace which they enjoyed. Regarding the premises that made up the centre where the resident lived, they said that they liked their bedroom and that the premises was nice and warm.

The second resident met also commented on the centre always being warm and said that there was a staff member who was always cleaning. The inspector asked this resident some questions about life in the centre. In response to being asked if they liked living in the centre the resident responded by saying that "it's okay" but then said that it was better being in the centre than being on their own. When asked if they felt safe living in the centre, the resident responded by saying "it's grand". The resident then went on to speak about their family and of their life before moving into this centre. It was mentioned by the resident that they did some activities away from the centre such as going to the gym and going for coffee out.

During the course of the inspection, this resident spent most of the day in the centre but was seen to leave the centre for a period to get some coffee in the company of a staff member. The staff on duty in the centre were observed and overheard to interact with residents in a pleasant, warm and respectful manner throughout the inspection day. Such staff also supported the other two residents to leave the centre

for much of the inspection day to go a sheltered workspace and to attend a service specifically for those with acquired brain injuries. Both of these residents had returned to the centre before the end of the inspection which allowed the inspector to speak with the third resident living there.

While this resident did communicate verbally, their verbal communication ability was limited compared to the other two residents. As such, the inspector was advised to focus his discussion with the resident on yes/no questions. In response such questions, the resident indicated that they liked living in the centre, that they felt safe living in the centre, that the staff were good to them and that they got on with the other residents. When asked if there was anything that they were unhappy about in the centre, the resident indicated no. After a further question by the inspector, the resident used a tablet device to indicate the name of a staff member that they would talk to if they were ever unhappy with anything.

The inspector then asked if there was anything else that the resident wanted to tell or show the inspector. The resident indicated no but then agreed to show the inspector their bedroom when asked. On the way there, the inspector pointed out some artworks that they had done which were on display in the main hallway of the centre. The resident then went onto to show the inspector pictures on their mobile phone of other artworks that they had completed. The resident had done some of these at the service they attended away from the centre specifically for those with acquired brain injuries. The resident indicated to the inspector that they had gone to this service on the day of inspection where they had played boccia.

It was observed that this resident's bedroom was personalised to their interests. For example, the bedroom had a specific desk that the resident used to build Lego with various Lego models seen to be present in their bedroom. The other two residents also had their own bedrooms while there was one vacant resident bedroom. All of these bedrooms had en suite bathrooms but two of the resident bedrooms shared one en suite bathroom. All of the resident en suite bathrooms were seen to have taps that were worn and marked including one tap which had a black substance on it. This posed a challenge from an IPC perspective which will be discussed later in this report. Overall, the centre was seen to be well-furnished and homelike in its general appearance on the day of inspection.

In summary, positive feedback was received from residents about the supports they received in the centre. This included areas such as staffing and feeling safe in the centre. All residents were seen to leave the centre during the inspection with the support of staff on duty. These staff interacted with and supported residents in an appropriate manner. Regulatory actions identified during this inspection will be discussed elsewhere in this report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Good compliance was found during this inspection in areas such as staffing and volunteers. Some regulatory actions were identified though relating to a management change for the centre and the centre's statement of purpose.

This designated centre had been previously inspected on behalf of the Chief Inspector of Social Services in March 2024. An overall good level of compliance was found with the regulations during that inspection and following that, the centre had its registration renewed until August 2027 without any restrictive conditions. Given the length of time since the previous inspection, the current inspection was carried out to monitor compliance with the regulations in more recent times. Overall, the current inspection found residents to be well supported which was reflected in good compliance in regulations such as Regulation 8 Safeguarding and Regulation 9 Residents' rights. No concerns were identified regarding staffing in the centre nor the provision of a volunteer who was involved with the centre. It was noted though that the notification of a management change for the centre had not been submitted in a timely manner while the centre's statement of purpose did not include the name of those the provider had previously notified as being involved in the management of the centre. Annual reviews for the centre had been conducted but these did not include contemporary feedback from residents' representatives.

Registration Regulation 7: Changes to information supplied for registration purposes

In addition, to the person in charge, three persons participating in the management (PPIMs) had been notified as being in place for this centre. Under this regulation any change in the identity of any PPIM must be notified to the Chief Inspector within 28 days with full and satisfactory information to be provided for any new PPIM. When reviewing the centre's most recent statement of purpose, which had been reviewed in February 2026, it was noted that none of the names of the three PPIMs were included in this document nor did any of these three PPIMs form any part of the centre specific organisational structure for Hillview B. It was noted though that the name of a different individual was listed in the statement of purpose as being a PPIM for this centre.

This was queried with the inspector then informed that this individual was a PPIM for the centre and that one of the three previously notified PPIMs for the centre had ceased working with the provider on 30 January 2026. It was also indicated that the other two previously notified PPIMs for the centre remained PPIMs although their direct involvement the centre was limited. The day following the inspection, a notification was submitted by the provider indicating that one of the initially notified three PPIMs for the centre was no longer a PPIM for the centre as of 4 February 2026. As such this notification had not been submitted with 28 days as required by

this regulation. It was also notable that the notification submitted following the inspection did not give details of any new PPIM for the centre despite the information that was provided during the inspection.

Judgment: Not compliant

Regulation 15: Staffing

Staffing arrangements in a centre must be in keeping with the needs of residents. Discussions with staff, the person in charge and residents indicated that appropriate staffing arrangements were in place in the centre to support residents. This was also evidenced in staff rotas which were reviewed covering the period 1 December 2025 to 1 March 2026. These rotas were maintained in planned and actual formats as required and also indicated that there was a good continuity of staff support in the centre. Having such a continuity of staff support is important in promoting consistent care and professional relationships.

Judgment: Compliant

Regulation 19: Directory of residents

Under this regulation, the provider must maintain and make available for review a directory of residents which must contain specific information such as details of residents' admission dates to the centre, details of residents' next-of-kin and details of residents' marital status. The centre's directory of residents was requested during this inspection and was readily provided by the person in charge. It was seen that this directory included all of the required information for the three current residents of the centre.

Judgment: Compliant

Regulation 23: Governance and management

This regulation requires that a designated centre be appropriately resourced and that management systems are to be in place in the centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. Positive findings were found on this inspection in areas such as staffing, general welfare, rights and safeguarding as discussed elsewhere in this report. Such findings indicated that the centre was appropriately resourced and that residents were being provided with a safe service that was appropriate to their needs. There

was also evidence of monitoring of the services being provided in the centre.

Examples of this included:

- Staff team meetings were taking place where matters such as safeguarding, incidents and resident updates were discussed. The inspector reviewed notes of four of these meetings which had occurred in the centre since October 2025.
- Three unannounced visits to the centre had been conducted by representatives of the provider since the March 2024 inspection. These visits were reflected in written reports and assessed areas relevant to the quality and safety of care and support provided to residents such as healthcare and safeguarding.
- Annual reviews had been completed for the centre for 2024 and 2025. These were also reflected in written reports and were seen to include feedback from residents.

Conducting annual reviews and provider unannounced visits are specifically required under this regulation. However, provider unannounced visits should be conducted every six months and from the reports reviewed during this inspection, no such visit had been conducted for the centre between June 2024 and June 2025. It was acknowledged though that the last two provider unannounced visits for the centre were done in June 2025 and November 2025. Regarding the annual review, this regulation also requires that annual reviews provide for consultation with residents' representatives. While a section on family feedback was contained within both annual review reports seen, it was noted this feedback was taken from a survey across the provider's overall services that was conducted between December 2023 and January 2024 rather than feedback that was specific to Hillview B. As such, neither the 2024 nor the 2025 annual review reports contained direct contemporary feedback from residents' representatives that was specific to this designated centre.

In addition to regulatory requirements like annual reviews, audits were being conducted in areas such as IPC and regarding a resident's finances. The IPC audits were being conducted weekly based on records reviewed for 2026. The finance audits were generally being conducted on a weekly and monthly basis in keeping with a management of personal monies agreement for the relevant resident. However, as discussed elsewhere in this report, regulatory actions were identified around IPC and relating to the implementation of the agreement for the resident's finances. This indicated that aspects of the monitoring systems in operation for this centre needed improvement to ensure that relevant issues were identified and addressed in a timely manner.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

Under this regulation the provider is required to have a statement of purpose in place which must contain specific information and be reviewed at intervals of not less than one year. During this inspection a copy of a statement of purpose was provided. This was marked as being reviewed during February 2026 and contained much of the information required by this regulation. This included details of the staffing arrangements for the centre and the arrangements for respecting the privacy and dignity of residents. However, not all of the required information was present and/or accurately stated. For example:

- The statement of purpose should contain all of the information outlined in the centre's registration certificate. It was noted though that none of the names of the three previously notified PPIMs for the centre at the time of the inspection were included in the statement of purpose. In addition, one of the outlined conditions of registration included in the statement of purpose related to a different designated centre while Hillview B's registration end date was incorrectly stated.
- The statement of purpose did include a floor plan of the centre and a list of rooms with their sizes. Despite this, it was observed that the size of an ensuite bathroom for a staff bedroom was not stated in the statement of purpose while the actual size of this bathroom was larger than the floor plans suggested. It was also noted that some descriptions of rooms in the statement of purpose's floor plans were different to what these rooms were in reality. For example, a store room in the floor plans was actually a utility room.

Judgment: Substantially compliant

Regulation 30: Volunteers

The inspector was informed that one volunteer was involved with the centre. Documentation provided during this inspection confirmed that this volunteer had evidence of Garda Síochána (police) vetting while their responsibilities were outlined in writing. Discussions with the person in charge also confirmed that arrangements had been made for this volunteer to receive supervision. Such findings were in line with the requirements of this regulation.

Judgment: Compliant

Quality and safety

Residents were supported to do activities with one resident given support with their finances. The inspector did identify some inconsistencies in this financial support. Some actions were also found related to fire safety and IPC.

The centre had been provided with appropriate media, such as televisions, and fire safety systems. These systems included a fire alarm but fire alarm sensors on the ceilings of two rooms were covered in tape. This had not been identified by daily fire safety checks carried out but required maintenance checks by external contractors were being conducted regularly. The centre was also provided with some facilities and supplies to support IPC practices. This included the provision of personal protective equipment (PPE) and hand sanitiser. Some areas for improvement around IPC were identified including cleaning schedules. Individual IPC care plans were in place for residents outlining supports they needed in this area if required. One resident had a specific support agreement in place related to their finances. While this was being generally followed, the inspector did identify some inconsistencies in how this agreement was being adhered to. This resident along with the other two residents were seen to leave the centre during the inspection with residents supported to do activities and to maintain contact with their families.

Regulation 10: Communication

Based on observations during this inspection and comments of staff, the centre was provided with appropriate media including televisions, a radio and Wi-Fi Internet access. All three residents living in this centre communicated verbally. However, one of these residents did use a tablet device to help them to communicate which they used when met by the inspector. Staff spoken with were also aware that the resident used this tablet device to help them communicate.

Judgment: Compliant

Regulation 12: Personal possessions

This regulation requires that support is given to residents to manage their finances. Of the three residents living in the centre, the inspector was informed that two of these residents managed their finances independently with support from their relatives. For the third resident, they were supported by staff with their finances. As part of this, this resident had a management of personal monies agreement dated January 2026 which outlined how the resident was to be supported and the processes that were to be followed for this. This agreement had been introduced following a notification received relating to the resident's finances in February 2025. The inspector reviewed the resident's finance records against the management of personal monies agreement and generally found that the measures outlined in the

agreement were being implemented. This included regular audits of the resident's finances being conducted and receipts of transactions being maintained. However, the inspector did observe some instances where the agreement was being not followed consistently. These included some receipts not being double signed and the resident's bank card not being signed in and out.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Taking into account observations during the inspection and discussions with residents and staff, residents were supported to engage in various activities with some of these based in the community. For example, one resident spoke of going to a pub, another resident was supported to leave the centre to get coffee out while another resident spoke of playing boccia and showed the inspector various arts works that they had done. Between this centre and another centre operated by the provider that was located next door, residents could access three vehicles which were used to support residents to go to different services to support their rehabilitation from brain injuries and also to visit their families.

Judgment: Compliant

Regulation 18: Food and nutrition

The centre's kitchen-dining area was seen to have suitable facilities for food to be stored hygienically in. These facilities included various presses, a fridge and a separate chest freezer. Within these facilities it was seen that various types of food were present including fruit, vegetables, butter, yogurts, rice, eggs and meat. For food items that were stored in the centre's fridge it was seen that they had labels on them indicating the date when they were first used/opened and the date when they were to be used by.

A training matrix provided indicated that staff working in the centre had completed food safety training while discussions with staff indicated that no resident required a modified consistency diet. Such staff did highlight though that each resident got their own cooking day during the week where residents picked out what dinners that wanted to have with residents encouraged to help in preparing these dinners. During the inspection, one resident was observed to help prepare their own coffee and was overheard being asked by a staff member about the choice of sauce they wanted for their dinner.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide for this centre was seen during this inspection. This was found contain all of the information required under this regulation such as information about the terms and conditions of residency in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

Under this regulation, the registered provider must adopt procedures consistent with the standards for the prevention and control of healthcare associated infections. Based on the findings of this inspection, there was some indications that the provider was adopting such procedures. For example:

- The provider had an IPC policy dated January 2024 and an IPC contingency preparedness plan which had been reviewed in December 2025.
- Individual IPC care plans were in place for residents, which had been reviewed during February 2026, outlining supports they needed in this area.
- Various cleaning products and equipment such as disinfectant sprays and mops were seen to be present in the centre.
- Boxes of in-date PEE (such as gloves and facemasks) were observed in the centre.
- Hand sanitisers was also seen to be in the centre on the day of inspection.

However, some aspects were identified during this inspection which needed improvement to ensure adherence to relevant standards from an IPC perspective. These included:

- While all staff working in the centre had completed training in IPC based on a training matrix provided, during the inspection one staff member was observed to incorrectly use gloves during and after conducting some cleaning.
- The centre was generally seen to be clean on the day inspection and a daily cleaning schedule was in place which indicated that rooms in the centre were to be cleaned twice a day. However, while the outlined cleaning was generally recorded as being completed as per the schedule, the inspector noted 13 occasions since the beginning of February 2026 where some scheduled cleaning was not recorded as being completed. It was also noted that this daily cleaning schedule did not include all rooms in the centre such as staff rooms and the utility room.
- The utility room had laundry facilities present in addition to various cleaning supplies and products. This room was seen to be cluttered on the day of

inspection which increased the risk of cross contamination while a vent in the utility room was seen to be unclean.

- The taps in the en suite bathrooms for residents were visibly worn and marked which reduced the potential for effective cleaning of these. This was particularly important given that two resident bedrooms used a shared en suite bathroom although it was acknowledged that one of these bedrooms was vacant at the time of this inspection. Some spots of mould were seen to be present on the ceiling of this vacant resident bedroom.

Judgment: Substantially compliant

Regulation 28: Fire precautions

This centre was seen to have appropriate fire safety systems in place such as emergency lighting, fire doors, a fire alarm, fire extinguishers and a fire blanket. Records provided during this inspection indicated that such systems were receiving maintenance checks by external contractors to ensure that they were operating as intended. For example, based on these records the fire alarm had received quarterly maintenance checks in January 2025, April 2025, July 2025, October 2025 and January 2026. Daily internal staff checks on the fire safety systems in place in the centre were also recorded as occurring throughout 2026 based on further records seen. However, during the inspection day the inspector observed that fire alarm sensors on the ceilings of two rooms were covered in tape which would reduce the effectiveness of these sensors. While this tape was removed before the end of the inspection after being highlighted to the person in charge, this had not been identified by the daily fire safety checks being carried out.

Aside from this, a training matrix provided confirmed that all staff working in the centre had completed training in fire safety. Further documentation provided also confirmed that staff and residents had taken part in regular fire drills in 2025 and 2026. The fire evacuation procedures to be followed in the centre were seen to be on display while all three residents had personal emergency evacuation plans (PEEPs) in place. These PEEPs had been reviewed during January 2026 and outlined the supports residents needed to evacuate the centre in the event of a fire occurring. Notes of two residents' meetings reviewed for 2026 referenced fire safety as being discussed with residents. One resident spoken with during this inspection was aware that if the fire alarm went off that they had to evacuate the centre. Such findings provided assurances that residents were aware of the procedures to be followed in the event of a fire.

Judgment: Substantially compliant

Regulation 8: Protection

From the documentation reviewed during the inspection, including incident reports going back to the start of October 2025, discussions with staff and residents along with observations during this inspection, no immediate safeguarding concerns were identified. Since the March 2024 inspection, three safeguarding matters had been notified from this centre to the Chief Inspector, the last of which was from February 2025. The inspector reviewed documentation relating to these three safeguarding matters with this documentation confirming that these matters had been subject to preliminary screenings in keeping with relevant national safeguarding policy. A training matrix provided during the inspection confirmed that all staff working in the centre had completed safeguarding training. The staff spoken with during this inspection were aware of who to report to in the event that a safeguarding concern did arise.

Judgment: Compliant

Regulation 9: Residents' rights

Staff members on duty during this inspection were observed and overheard to engage with residents in a respectful and pleasant manner throughout the inspection. Such staff also facilitated monthly residents' meetings. The inspector reviewed notes of two such meetings which had taken place in 2026 with these indicating that various topics were discussed with residents including complaints, maintenance issues, safeguarding and rights. Information on how to contact independent advocacy services was seen to be on display in the centre. The inspector was also informed that one resident was currently being supported by an independent advocate with regards to their future living arrangements.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hillview B OSV-0001516

Inspection ID: MON-0044615

Date of inspection: 05/03/2026

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
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: The Provider wishes to assure the Chief Inspector that any changes to PPIM going forward, will be submitted within 28 days.</p> <p>The statement of purpose will be updated to reflect the local centre structure.</p> <p>The provider is currently reviewing PPIM status for all Designated Centres and Chief Inspector will be notified of any changes as soon as they become apparent.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider wishes to assure the Chief Inspector that all 6-month reviews of quality care and standards will be conducted every 6 months in line with regulations</p> <p>The PPIM and PIC will work together to develop a tailored feedback questionnaire for residents and family members dedicated to Hillview B.</p> <p>The PIC wishes to assure the Chief inspector that regulatory actions noted under regulation 23 for IPC and resident finances are responded to elsewhere in this compliance plan response.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p>	

- The Statement of Purpose will contain the correct information as outlined in the centre's Registration certificate – to include PPIM's and the correct Registration end date.
- New floor plans have been drawn up by a qualified architect and are now fully in line with the requirements set out in the HIQA Registration Handbook.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:
 A full review of person served finances will be carried out to ensure that all receipts are double signed and residents sign in and out their bank card with staff.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- IPC will be discussed as a staple item at all Team Meetings and the IPC officer will provide training on hand hygiene.
- Deep cleaning schedules are now in place for the staff bedroom and the Utility room
- Cleaning of all vent's added to the cleaning rota.
- Utility room will be re-organised and additional storage sought
- All taps in all bathrooms will be replaced.
- Ceiling will be treated for mold and re-painted.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 Duct tape has been removed from sensors. PIC will ensure that staff visibly check the sensors for obstruction each day. When painting works take place in future, the PIC wishes to assure the Chief Inspector that these sensors will not be left covered.

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
Registration Regulation 7(3)	The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the person in charge of the designated centre) within 28 days of the change and supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of any new person participating in the management of the designated centre.	Not Compliant	Orange	06/03/2026
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each	Substantially Compliant	Yellow	09/03/2026

	resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/05/2026
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/06/2026
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	01/07/2026

	healthcare associated infections published by the Authority.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	05/03/2026
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	09/03/2026