



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

Issued by the Chief Inspector

Name of designated centre:	Mobhi Road
Name of provider:	Peter Bradley Foundation CLG
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	26 January 2026
Centre ID:	OSV-0001525
Fieldwork ID:	MON-0044676

About the designated centre

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

Mobhi Road is a designated centre based in a suburban North Dublin area which can support five individuals with acquired brain injuries. The designated centre is comprised of one three storey semi-detached building with an enclosed garden space to the rear. The ground floor of the premises are made up of an entrance hallway, a sitting room, an open plan kitchen and dining space with an small utility room, a main bathroom, and two residents' bedrooms. The second floor is comprised of three resident bedrooms all with en suite facilities, and a staff office and sleep over room. There is a second shared bathroom and another staff sleep over room which also acts as an office on the second floor of the building. The outdoor spaces included a driveway to the front with space for parking several vehicles, and to the rear a landscaped garden space with paved areas, smoking shelter and outdoor dining area. The designated centre provides 24 hour residential supports to residents through a staff team of rehabilitative assistants, team leader and a person in charge. The designated centre provides services to residents through a rehabilitative, person centered and rights based approach.

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
Monday 26 January 2026	10:30hrs to 17:00hrs	Sarah Barry	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which was carried out as part of the regulatory monitoring of the centre. It took place over one day and was carried out by one inspector. Using observations, engagement with residents and staff and reviewing records pertaining to the care and support provided in this centre, the inspector observed that residents were being provided with person centred care. Some improvements were required under Regulation 16: Training and Development and Regulation 3: Statement of Purpose.

The designated centre is a large three storey house, located in a suburban area of Dublin. The house consists of five bedrooms, three of which are ensuite, an open plan kitchen/dining area, a sitting room, two bathrooms and two staff office/sleepover rooms. To the rear of the house, there was a garden area which contained another room which the residents used for recreation and as another private space. The centre was close to local amenities and services including shops, restaurants and public transport.

The inspection was facilitated by the centre's person in charge and team leader. On arrival to the centre, the inspector was greeted by a member of staff and sat and had a cup of tea with one of the residents. At the time of the inspection, the centre was registered for five residents. However, on the day of the inspection, the service was home to three residents. The team leader informed the inspector that there had been a lot of changes in the centre in the last 12 months with residents transitioning in and out of the centre.

The centre was well-maintained, clean and homely. Pictures of the residents were displayed throughout the living areas downstairs. One resident spoke to the inspector about a change they wanted to make in their bedroom and how they had recently discussed this with the team leader. The person in charge confirmed with the inspector that the team leader had raised the resident's request to them and that work was already in progress regarding this.

The inspector had the opportunity to sit and speak with two of the residents over the course of the inspection. The third resident was unwell on the day of the inspection and the inspector just briefly greeted them. Residents spoke very positively about their experience of living in the centre. One resident said that the other residents and staff made the centre "a family". They spoke very warmly of the staff team and the support they received from them. One resident stated that if they had any concerns about anything that they could go to any of the staff team for support.

Throughout the inspection, the inspector observed staff supporting residents in a professional, person-centred and respectful manner at all times. For example, staff were observed knocking and asking a resident's permission before entering a

resident's bedroom. Residents appeared to be relaxed and happy in the company of staff. There was a very relaxed, homely atmosphere in the centre. Staff that the inspector spoke to were very knowledgeable of the residents' needs and the supports in place to meet those needs.

Residents engaged in activities of their choice and the inspector observed that residents lived very self-directed lives. The service operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences. The residents attended day services and educational courses on a part time basis. One resident had recently been successful in securing a place on two specialised educational courses that were of interest to them. Another resident was attending courses to further their skills to facilitate them to return to work.

Residents directed how they spent their days and lives spent in the centre had plenty of opportunities for independence each day. For example, residents completed the grocery shopping for the centre themselves with each resident shopping for their items. One resident spoke with the inspector about how they cooked dinner for all residents and staff on one night a week and how much they enjoyed this. They often prepared meals from their own cultural background and introducing these foods to the staff and residents was something the resident took great joy in. They were learning to adapt recipes to include the produce available to them. Equally, they told the inspector they enjoyed when staff gave them recipes of local dishes and following the recipe and learning how to prepare new dishes in this way.

The inspector spoke with residents who were curious about Health Information and Quality Authority (HIQA) and the inspection process. The inspector explained that an inspection report would be published in due course following the inspection and how they could access the report. The residents confirmed that they were happy for their comments and experiences to be contained within the 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 to each resident living in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Improvements were required under regulation 3: statement of purpose and regulation 16: training and development.

While there was a written statement of purpose in place, improvements were required to it to ensure it reflected the facilities in place in the centre.

Improvements were also required in the systems to regularly record and monitor staff training.

The provider had implemented management systems to ensure that the service provided to residents was safe and appropriate to their assessed needs. The person in charge and team leader had good oversight of the service and ensured that the staff team provided person-centred care to the residents living here.

While there was a small number of vacancies on the staff team on the day of the inspection, the management in the centre had ensured that there was continuity of staffing which enabled the building of relationships between staff and the residents they support. Staff knew residents very well and residents spoke very positively of staff.

The inspector found that the process followed during the most recent admission of a resident to the service was in line with the admission process.

There was an effective complaints procedure in place that was accessible and in a format that the residents could understand.

Regulation 15: Staffing

The inspector found that the centre had sufficient staff in place to meet the needs of the residents. While there were vacancies on the team of 1.5 staff, this was being covered by two consistent relief staff, covering minimal shifts. For example, in January, relief staff covered four shifts. The staff team in the centre was led by the person in charge and the team leader and consisted of neuro-rehabilitation assistants. There was three staff on shift throughout the day during the week and two staff during the day at the weekends. Two sleepover staff worked in the centre at night. Residents spoke very positively of staff and one resident spoke about the relief staff which demonstrated that they were familiar to the residents.

There were planned and actual rosters in place in the centre. A review of the roster for the month of January demonstrated that the provider and person in charge had ensured that planned staffing levels were maintained in the centre during this period.

Team meetings took place in the centre each month. The inspector reviewed the records of the last two team meetings, for the months of January 2026 and December 2025. There was a set agenda with topics including: residents' compliments and complaints, incident reports, safeguarding and residents' needs.

Judgment: Compliant

Regulation 16: Training and staff development

The provider and person in charge had systems in place to record and monitor staff training. However, these systems required review to ensure that they were accurately reflecting the training staff working in the centre had completed. The inspector reviewed the training matrix for the centre during the inspection. This matrix identified that one relief staff who was completing shifts in the centre had not completed eight of the mandatory training courses. This included safeguarding of vulnerable adults training and medication management.

However, the person in charge provided assurances to the inspector the day following the inspection, confirming that the staff member had completed the training mentioned above and the actual number of outstanding training was four. They were scheduled to complete these training courses in one instance later that week and the others were scheduled for the weeks following the inspection. The centre's management team provided assurances that anyone without the required training was never lone working in the centre.

There was a suite of training that the core staff team in the centre had completed. This included:

- First aid
- Safeguarding of vulnerable adults
- Epilepsy awareness
- Fire safety
- Human rights
- Diabetes management
- Skin integrity

A number of these trainings were completed specifically to support residents with their assessed needs.

The inspector reviewed the supervision records for three staff members. The registered provider had a policy in place indicating that staff should receive formal supervision four times a year. A review of the records demonstrated that supervision was occurring in the centre in line with this policy. Supervision was completed by a member of the centre's management and staff spoken with said this worked well. Staff stated they felt very supported by the management team in the centre and also the provider's local management team.

Supervision records demonstrated that there was a set format and a range of topics were discussed. This included training, advocacy, key working and safeguarding.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider and the person in charge had ensured that the centre was adequately resourced to deliver effective and person centred care to the residents. There was a full time person in charge in the centre, who was supported by a deputy, who was based in the centre full time. The person in charge was responsible for another designated centre and there were arrangements in place for this.

Staff spoken with felt supported in their roles by the person in charge and the management team in the centre. There was a clear commitment from the provider, person in charge and staff to continual quality improvement. There were a number of audits taking place in the centre, including an unannounced six monthly audit, medication management audit and a local services monthly report. The actions identified in these audits were added to the centre's quality improvement plan. The centre's quality improvement plan was reviewed at the meeting of the centre's clinical management team every three months.

The provider and service sought resident's feedback on their lived experience in the centre. The person in charge informed the inspector of a new process which was being put in place where residents' feedback would be sought formally every three months and the results of this feedback would be included in the centre's clinical management team meetings.

Families of residents feedback was also collected in the centre. This feedback was very positive with family members complimenting how the staff support residents and how they had created a Christmassy atmosphere in the centre.

There was an emergency evacuation plan in place in the centre which had been reviewed in December 2025. This included the actions for staff to take in the case of different events such as severe weather and medical emergencies. It also included the location staff and residents should relocate to in the event of an emergency.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The last year had seen a large amount of change in the designated centre. Two residents had moved in during that period and residents had also transitioned out of

the centre. On the day of the inspection, there was two vacancies in the centre and two people were in the very early stages of considering a move to the centre.

Residents had met the possible new residents and spoke with the inspector about how the transition process worked and how the possible new residents may move in or not, depending on what the potential new residents decided. Residents spoken with said they felt very supported by staff regarding past and future admissions to the centre.

The inspector reviewed the admission process in relation to the most recent admission to the centre. A pre transition case review meeting had taken place prior to the move, involving the resident, the person in charge and the team leader. A review of this record showed that it contained the transition plan for the resident's move. The resident visited the centre on multiple occasions before moving in and resident's key workers were also identified prior to the move, to provide support to the resident.

There was a written contract for the provision of services in place, which was signed by the resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had a statement of purpose in place, however, it did not accurately reflect the footprint of the designated centre. It was identified on the day of the inspection that the separate room in the back garden of the premises was not included in the floor plan of the centre. This room was used by the residents as a private space for therapeutic appointments and for rest and relaxation.

During the inspection feedback meeting, a member of the provider's quality team provided assurances that the provider would submit an application to vary the footprint of the designated centre to include this room and that this would be done quickly following the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

At the time of this inspection, there were no open complaints in the designated centre and none had been received in the previous year.

There was a complaints policy in place. This was in date and available in the centre. The policy outlined the process for managing complaints, including at the various stages.

There was a complaints box located in a communal area of the centre and accessible information displayed regarding complaints and the complaints officer. Complaints were discussed at team meetings.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre. Overall, the residents enjoyed a safe and quality service in this centre.

The registered provider ensured the designated centre was designed and arranged to align with the service's aims and objectives, as well as the number and assessed needs of all residents.

The provider had established systems in place to safeguard residents from harm and abuse. Staff spoken with demonstrated a clear understanding of safeguarding procedures, including their responsibility to report any allegation or suspicion of abuse.

There were no restrictive practices in place in the centre at the time of the inspection. Audits were completed regularly to ensure that no new practices in the centre were restrictive practices.

This inspection found that all residents were in receipt of person-centred care, and were supported to live healthy lives. For instance, the registered provider had provided appropriate healthcare for each resident.

Residents were supported to access opportunities for education, training and employment.

Residents' individual opinions were sought, listened to and their views helped define the service. The provider promoted openness and the human rights principles of fairness, respect, equality, dignity and autonomy in the service.

The provider had ensured that all fire equipment and building services were provided and maintained in line with the associated standard and by competent service personnel. Fire safety checks took place regularly and were recorded.

The service took a human rights-based approach to medicines management by placing a greater focus on residents' autonomy in managing their own medicines.

Regulation 13: General welfare and development

Residents were actively supported and encouraged to connect with family and friends and be included in their chosen community, in line with their wishes. One resident spoke with the inspector about their visits home and how an important part of their home visits was spending time catching up with various family members.

Residents engaged in a wide variety of activities, both inside and outside their home. One resident volunteered twice a week a local community garden. Staff had supported the resident when they initially began volunteering to ensure that the resident was comfortable with the public transport route.

Residents attended day services and educational courses on both a part time basis. One resident was completing a computer course one evening a week. Separately, they were also completing courses to assist them in returning to work. They have recently completed a course where they had learned the skills to create a CV and cover letter for applying for employment. As mentioned earlier in this report, one resident had recently secured a place on two courses which were specially designed in line with their disability.

Another resident told the inspector about the pottery and exercise classes they attended each week.

Judgment: Compliant

Regulation 17: Premises

The designated centre was found to be clean, warm and welcoming on the day of the inspection. The premises was centrally located in a community with access to local amenities, services and public transport. Access to public transport was very important to residents and they used public transport regularly.

Each resident had their own bedroom, with three bedrooms having an ensuite. Communal areas of the home were thoughtfully provided to encourage social interactions. A separate and modern designed kitchen area was equipped with suitable and sufficient cooking facilities and equipment, and all residents had access to adequate laundry amenities to launder their own clothes.

The residents spoken with said there was nothing they would change about the house, with the exception of a change one resident wanted to make in their bedroom. As mentioned earlier in this report, they had raised this with the team

leader who had escalated it to the person in charge. The person in charge provided assurances that steps had already been taken to address this request.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. Portable firefighting equipment was strategically located throughout the centre to cover the risk of fire.

Staff conducted daily, weekly and monthly checks to ensure that effective fire safety systems were maintained in the centre. Fire safety equipment included emergency lighting, a fire alarm, fire extinguishers, fire doors and a fire blanket. This equipment had been serviced by competent fire personnel, for example, the fire detection and alarm system had been checked in November 2025 and the annual servicing and testing of the emergency lighting system had also taken place in November 2025.

Residents had personal emergency evacuation plans in place outlining the process for evacuating the centre. All of these plans had been reviewed recently in December 2025. Residents also had personal evacuation plans in place, which they had a copy of in their bedrooms.

Fire drills were taking place in the centre and there was a schedule in place for the year ahead. This included fire drills during the day and during the hours of darkness when there was less staff working in the centre. A review of the records for the fire drills that were conducted in 2025 demonstrated that there were no issues with residents evacuating the centre. Alongside fire drills, a number of other drills were carried out. These included drills in the event of a power failure, medical emergency and severe weather event. These were to prepare residents should such an event take place and also training for staff.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents living in the centre were empowered to exercise their rights regarding the management of their medicines through a partnership approach with those involved in their care and support. All residents self-administered their own medication. They collected their medication weekly from a local pharmacy, either by themselves or, if they requested, with staff support.

Two residents had moved into the centre in the last year. Both residents had initially had their medications administered and stored by staff. Following their transition to

the centre, staff worked with the residents to support them self-administer their own medication.

One resident talked the inspector through their routine for administering medication. They showed the inspector where they keep their medication securely stored and showed the inspector which medication they take and at which time they take each one. The resident was very happy that they were now administering, collecting and storing their medication themselves.

The inspector reviewed the self-administering of medication guide that another resident had completed prior to beginning to self-administer their medication. It contained a list of supports that could be selected if the resident required or requested. The provider had ensured that while the resident was self-administering that safeguards were in place to support the resident. For example, on receipt of the medication from the pharmacy, the resident counted the medication independently and following this, two staff check the medication amounts also.

Judgment: Compliant

Regulation 6: Health care

The registered provider had provided appropriate healthcare for each resident. The person in charge had ensured that all residents had access to allied healthcare professionals as required.

In the main, residents managed their healthcare needs themselves. For example, residents checked their blood sugar levels themselves and self-administered their own medications. However, where residents had an identified healthcare need, there was a healthcare plan in place. These provided guidance to staff on how to support residents with their health, if required.

The inspector reviewed the healthcare plans for two residents and found that their healthcare needs had been identified and that they had good access to a range of allied healthcare professionals. This included ophthalmology, chiropody, general practitioners (GPs), physiotherapy, dentists and audiology.

Residents, where appropriate, were also engaging with national screening services, as per their choice.

Judgment: Compliant

Regulation 7: Positive behavioural support

At the time of this inspection, there were no restrictive practices in place in the designated centre. This was something that was under ongoing review by the centre's management team. The team leader had completed a review of restrictive practices in January 2026 and this found that none were in place. The person in charge had completed a separate restrictive practice audit, also in January 2026, and this confirmed the findings of the review carried out by the team leader. These assessments were being carried out on a quarterly basis in the centre.

There was a restrictive practice policy in place and this policy was available in the centre and in date.

Judgment: Compliant

Regulation 8: Protection

The service had put in place safeguarding measures to promote and protect residents' human rights and their health and wellbeing, as well as empowering residents to protect themselves. There were no active safeguarding concerns at the time of this inspection.

In feedback from residents, that the service had gathered in 2025, all residents said they felt safe in their home. Residents spoken with on the day of the inspection, said that if they had any concerns that they could go to any of the staff team. All staff had completed training in safeguarding vulnerable adults training.

Staff spoken with had a good knowledge of safeguarding procedures and requirements. They discussed the steps to follow in the event of an allegation of abuse, along with naming different types of abuse. Staff discussed safeguarding at their team meetings and at their December team meeting, staff discussed three scenarios when safeguarding applies and recalled seven types of abuse and neglect.

Similarly, at a recent residents meeting, residents discussed a scenario where there might be a safeguarding issue and how they approach it. Accessible information regarding safeguarding was displayed on the resident's notice board in the kitchen.

Judgment: Compliant

Regulation 9: Residents' rights

Residents are facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Residents were encouraged and supported about how they choose to live on a day-to-day basis in line with their personal values, beliefs and preferences.

Residents meetings took place in the centre every month. A review of the minutes for the last four meetings showed that a wide range of topics are discussed. For example, agenda topics included advocacy, safeguarding and protection, service provider updates and community activities.

Staff had completed training in the area of human rights. The inspector reviewed incidents of the staff advocating for residents. For example, staff felt that a resident would benefit from an assistive mobility device, to allow them greater independence. However, there was an extensive waiting list for the resident to access an assessment for this device. The service paid for the resident to access the assessment privately and this resulted in a positive outcome for the resident and they will be in receipt of their new accessible mobility device in the coming weeks.

The purchasing of groceries each week was managed by the residents. The residents were given a budget by the service each week to purchase groceries of their choice for the centre. The residents visited local supermarkets to complete the shopping. The service was exploring options to allow residents even greater independence with this. Residents had identified days where they cooked meals for their fellow residents and staff. As discussed previously in this report, one resident was facilitated to prepare meals from their cultural background.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mobhi Road OSV-0001525

Inspection ID: MON-0044676

Date of inspection: 26/01/2026

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Systems Strengthening Measures:</p> <p>To ensure ongoing compliance with Regulation 16, the following actions have been implemented:</p> <ol style="list-style-type: none"> 1. The Training Matrix has been reviewed and updated to reflect current staffing. 2. A monthly audit of the Training Matrix will be conducted by the Person in Charge (PIC) to ensure all mandatory training remains in date. 3. Automated reminders will be issued 8–12 weeks in advance of training expiry to allow sufficient time for re-booking. 4. Training compliance will form part of quarterly supervision meetings. <p>Timeframe:</p> <p>All systems are now in place and ongoing monitoring will continue as part of routine governance oversight.</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> <p>Immediate Action</p> <p>An application to vary registration in respect of the log cabin will be submitted to HIQA.</p>	

Updated and accurate floor plans will be included as part of this application.

Corrective Measures

The Statement of Purpose will be formally reviewed and amended to:

- Reflect the inclusion of the log cabin within the designated centre footprint
- Include updated floor plans clearly identifying all areas of the centre
- Describe the function and intended use of the log cabin
- Confirm how the space aligns with the assessed needs of residents
- Ensure consistency between the Statement of Purpose, floor plans, and actual practice within the centre

An application to vary all the above will be submitted to the Chief Inspector. As of submission of this response, the payment for the application to vary has been made and the application is in final stages prior to being submitted.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	27/02/2026
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	20/03/2026