



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

Issued by the Chief Inspector

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| Name of designated centre: | Teach Saoire |
| Name of provider: | St Hilda's Services |
| Address of centre: | Westmeath |
| Type of inspection: | Announced |
| Date of inspection: | 07 October 2025 |
| Centre ID: | OSV-0001834 |
| Fieldwork ID: | MON-0040015 |

About the designated centre

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

Teach Saoire respite centre provides overnight care and support to adults with an intellectual disability. The service can accommodate up to four people at a time. Short term respite placements are provided on a scheduled basis, and can be of varying durations. The centre is a two-storey house, with five bedrooms on split levels, a kitchen, dining room and large living area. The premises has a garden to the front and rear, and is located on the outskirts of a large town in Co. Westmeath. Residents who attend the service are supported by a staff team of social care workers and support workers. The staff team are managed by a person in charge, who is a Social Care Leader.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 4 |
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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 |
|--------------------------|----------------------|-----------------|------|
| Tuesday 7 October 2025 | 10:50hrs to 17:45hrs | Caroline Meehan | Lead |
| Wednesday 8 October 2025 | 10:05hrs to 12:45hrs | Caroline Meehan | Lead |

What residents told us and what inspectors observed

This announced inspection was carried out as part of a group inspection of 6 designated centres operated by this provider. Each centre was inspected independently and findings will be reported under each centre however, complaints, staff training, policies and procedures and staff recruitment were reviewed centrally in the providers main offices.

While in the main good practice was observed and residents enjoyed a good quality of life some improvements were required particularly in relation to governance and oversight, care planning and the quality of audits carried out by the provider. These matters will be discussed further, later in this report.

This centre provided residential respite services to adults, and four residents could be accommodated in the centre at any one time. There were 22 residents availing of services in this centre, from the local area. The centre was located on the outskirts of a rural town, and transport was provided to bring residents to and from day services in a nearby town.

The centre was a split-level property over three floors with five bedrooms, one of which was used for staff. Each resident chose their own bedroom when they stayed in the centre, and there was plenty of storage for their possessions in their rooms. The centre was clean and well-maintained, with sufficient number of bathrooms for residents' use. There was an open plan dining and sitting room, and facilities for example a television, comfortable seating, and a snooker table were provided. The centre was warm and welcoming, and there were lots of photographs displayed of activities and trips resident had taken part in over the past few months.

The inspector had the opportunity to speak with four residents together, who were staying in the centre on the first night of the inspection. Residents were very positive about their experiences in the centre, and of the staff who supported them. One resident said 'they loved it here', and another said 'all the staff were brilliant'. One resident said the best thing about respite was 'they always have fun, get to hang out with their friends', and all residents agreed they felt safe when they stayed in the centre. They also said they chose when they went to bed, and if they were not working the next day, they liked to stay up late.

Residents said they had a plan for the evening to go to basketball club and to drama classes, and said they got to choose what they wanted to do during their stay. Residents told the inspector they have a meeting when they came to respite, and talked about their choices, as well as talking about things like safety and doing fire drills. One resident told the inspector that when they first stayed in the centre, their friends helped them in getting to know how to evacuate the centre. It was evident that residents were relaxed in the centre, and very much enjoyed the time they spent there.

The person in charge facilitated the inspection, and they told the inspector that there was a focus on helping residents develop their independent skills, for example, with cooking, self-care and simple household chores. Later the inspector observed a staff sensitively guiding a resident with a cleaning task, providing verbal and gestural prompts to help them complete the task. Similarly, residents took care of their own possessions and money when they stayed overnight, and individual locked storage boxes were provided for their money.

At all times, the person in charge and staff member were observed to be respectful and kind in their interactions with residents, and it was evident that how the centre was organised, was based on residents' choices. For example, staff were heard to ask residents what room they wanted to stay in for the night, and to speak to residents about their plans for the evening. Admissions to the centre were organised around friendships and any individual resident preferences, and potential issues were identified and planned for.

Four residents' questionnaires were received on the day of inspection, and positive feedback was provided. For example, one resident said they were new to the centre, they had friends in the centre, staff were very kind, and that they loved it there. Other feedback included that the staff and their friends in the centre were all very good to them, that their room was comfy, and that they were treated very well when staying in the centre.

The following sections of the report outline the governance and management arrangements and how these arrangements positively impacted the quality and safety of services residents received while staying in this respite centre.

Capacity and capability

The provider had ensured the resources to provide effective care and support for residents were available in the centre, and overall residents were receiving a safe and effective service. However, improvements were required in the management systems to ensure effective monitoring of the centre, and to ensure effective communication regarding a safeguarding incident.

The provider had ensured sufficient staff were available in the centre to support residents, and staff had been provided with the necessary training to safely and effectively meet the needs of the residents staying in the centre.

There were effective and transparent procedures in place regarding admissions to the centre, and admission procedures took into account the need to protect residents.

While the centre was monitored through audits and reviews, improvement was required in the annual review process to ensure residents and families were consulted about this review, and to ensure recommendations arising from the

review were timely, specific, and measurable. The provider had not implemented the action from the previous inspection relating to the risk register in the centre, and this had evidently not been identified in audits carried out in the centre. Communication regarding a safeguarding referral to the safeguarding and protection team had also not evidently been made known to the team in the centre. Notwithstanding, there were a minimal amount of incidents in the centre, risks were being managed, and there had been no reported safeguarding incidents since 2023.

A full application to renew the registration of this centre had been received by the Office of the Chief Inspector.

Registration Regulation 5: Application for registration or renewal of registration

A full application to renew the registration of this centre was received by the Office of the Chief Inspector.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staffing levels and staff had the appropriate skills for their role in supporting residents, as they availed of respite services in this centre.

The inspector discussed the staffing arrangements with the person in charge. There were three staff employed in the centre, including the person in charge and two support workers. There were no staff vacancies in the centre. There were two staff on duty in the afternoon up to 9pm, one staff at night time in a sleepover capacity, and one staff in the morning. The service closed in the morning from approximately 9.30am, and reopened when residents returned to the centre, after their day service finished in the afternoon. At the weekends two staff worked on Saturdays; one staff from 11.00 hrs to 20.00 hrs and one staff all day in a sleepover capacity. One staff worked on a Sunday from 7.30 to 13.00hrs, and the centre was closed at this time when residents were discharged.

The inspector reviewed staff rosters for May, July and September of this year, and all rosters were being appropriately maintained. If required, staff from a relief panel were employed to fill vacancies due to planned or unplanned leave, however this was an infrequent occurrence from the rosters reviewed. Overall consistent staff were provided meaning, residents were provided with continuity of care and support.

Staff files were reviewed on the day in the main provider's office, and all documents as per schedule 2 of the regulations were available in staff records.

Judgment: Compliant

Regulation 16: Training and staff development

Appropriate training had been provided to staff in line with mandatory requirements and the needs of residents, and staff were appropriately supervised.

Training records were reviewed on the day of inspection at the provider's main office, and all staff had in date mandatory training completed, as well as additional training specific to the needs of the residents. This meant that staff had the knowledge and skills to, for example, safely respond to adverse incidents including safeguarding concerns, to fire safety issues, and to ensure appropriate infection prevention and control procedures were implemented.

Supervision was completed on a six monthly basis and was facilitated for staff by the person in charge. The inspector reviewed records of staff supervision for two staff, and the supervision provided opportunities for staff to raise any issues, as well as for discussion around their roles and any required improvements.

Judgment: Compliant

Regulation 22: Insurance

An up-to-date insurance certificate was submitted to the Chief Inspector as part of the application to renew the registration of this centre.

Judgment: Compliant

Regulation 23: Governance and management

While overall the provider had ensured the centre was suitably resourced, and was ensuring the delivery of care and support as per residents' needs, improvements were required in the oversight of the centre, in particular related to risk management, safeguarding reporting and audits.

A range of audits and reviews were completed in the centre including medicines management, infection prevention and control, fire safety, incident reviews, and a quarterly report was sent to the board of directors in relation to the outcomes achieved and planned in the centre. In the main, actions arising from these reviews were found to be complete. However, a significant discrepancy in the centre's risk register that had been an action from the previous inspection, was not identified in

audits, and evidently the provider's compliance plan following the last inspection had not been implemented. The system for communication regarding safeguarding and protection team correspondence also required improvement. Correspondence to and from the safeguarding and protection team following an incident in 2023 had not been made available by managers to the centre.

An annual review of the quality and safety of care and support had been completed in January 2025; however, residents and family had not been consulted as part of this review. While the person in charge outlined that a survey had been carried out, this was not recorded in the annual review, and when requested was not available for review on inspection. In addition, an action relating to person centred goals was not timely and clear, and the person in charge did not know what the steps documented to achieve this action meant. This meant that the required improvements had not been implemented.

Unannounced visits had been completed in April and October 2024 and in April 2025, and the inspector reviewed the report from the visit in April 2025. The reviewer had spoken with two family members and with residents as part of this visit and positive feedback had been received. Actions arising from this review were found to be complete including work to the garden, painting in the centre, and updated personal emergency evacuation plans.

There was a clearly defined management structure, and staff reported to the person in charge. The person in charge worked in this centre only, and had eight supernumerary hours for administrative work. The person in charge reported to the person participating in management who reported to the operations manager, and onwards to the chief executive officer. The service was governed by a board of directors.

Suitable resources had been provided including sufficient staff, transport shared with day services, a well-maintained premises, and staff training. A staff member stated they can raise concerns with the person in charge regarding the quality and safety of care and support, and the person in charge provided good support.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were transparent procedures for admissions to the centre, and the admission procedures took into account the need to protect residents.

Admissions for respite stays to the centre were planned and were based on residents' known friendship groups, and any specific preferences of residents. While there were no specific safeguarding risks, the person in charge had identified where potential risks may arise, and respite stays were planned around these. For example, where a resident may prefer to stay with female residents only, or where a

resident may prefer a quieter environment. This meant that the safety of all residents was considered in all admissions to the centre.

Most residents attended day services with the provider, and residents' personal plans were shared with day services and the centre. The staff team linked with families and day services if there were changes in residents' needs. Families took responsibility to ensure medicine prescription records were kept updated by the prescribers. In addition, the staff team linked with families every three months approximately, to discuss residents' wellbeing and any changes to their needs, and records were available in files on these consultations. In addition, an annual medical review was completed for each resident with their general practitioner.

Prior to a resident's first stay in the centre, opportunities to visit the centre were provided. The inspector reviewed a transition plan and compatibility report for one resident who recently started staying in the centre, and the resident had visited the centre with their family twice before staying overnight, and no compatibility concerns were noted at the time.

The inspector reviewed contracts for the provision of services for two residents, and since the last inspection the contract had been updated, and now specified that internet was included in the fees charged to residents. The contracts also included the services to be provided, the fees to be charged and residents had signed these contracts.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the centre, and included for example, the total staffing complement, the services and facilities provided, and the arrangements for dealing with the development and review of each residents' personal plan. The details in the statement of purpose were reflective of the arrangements in the centre on the day of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies were reviewed at the provider's main office, and all policies as per schedule 5 of the regulations were available and had been reviewed within the past three years.

Judgment: Compliant

Quality and safety

Residents were receiving a good quality of care and support, based on their wishes and needs.

Good practice was identified in the rights of residents to choose how they wished to spend their break in this respite centre, and this was reflected in the activities they took part in, including going to activity and sports clubs, various leisure activities, and visiting community amenities. Improvement was required in assessment of need and personal planning processes to ensure all residents' needs were identified and planned for, and to ensure a written plan of care was in place.

Residents were protected when they stayed in the centre, and safe and suitable practices were in place in fire safety, medicines management, infection prevention and control, and incident management.

Regulation 13: General welfare and development

Residents were provided with appropriate care and support, in line with their own wishes, and their identified needs.

All residents attending this respite centre, also attended day services, and transport was provided to and from the respite centre. Residents were also supported during their stay to attend sports and social clubs they were members of. For example, on the evening of the inspection all residents were going to their basketball club, as well as a drama class.

The inspector met the four residents staying in the centre on the first day of the inspection and they told the inspector they get to choose the activities they do during their stay. Residents also said if they prefer not to take part in activities that was okay too. Staff met with residents on their first night in the centre, and planned these activities. From a review of these meetings, a range of community activities were chosen. These included for example, bowling, cinema, shopping, walks, visiting a castle, going to the circus, and out for ice cream.

A number of photo posters were displayed of recent trips and activities residents had taken part in over the past few months. These included, for example, visits to a sensory garden, a castle, music shows, a football match, the driving range, and day trips to historical parks.

Overall the inspector found the time residents spent in respite was planned around their interests and wishes, and residents told the inspector they enjoyed the opportunities offered to them in the centre.

Judgment: Compliant

Regulation 20: Information for residents

A residents guide was available and was submitted to the Chief Inspector as part of the application to renew the registration of the centre. The residents guide contained all of the required information including, the procedure for making complaints, the terms and conditions related to residency, and the arrangements for the residents' involvement in running the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Incidents were being reported and managed appropriately in the centre, and risks in the centre had been assessed with satisfactory control measures in place.

The inspector reviewed incident records for 2024 and 2025. There had been no incidents reported in 2025. Three minor incidents had occurred in 2024, and where required, first aid had been administered and families informed. The person in charge had reviewed all incidents. Where needed additional actions had been taken and were complete. For example, implementing control measures for a risk of falls for a resident.

Individual risk assessments were in place for residents, and control measures were found to be implemented. For example, providing staff support for crossing a road, using a non-slip mat in the shower, and staff supervision in the kitchen when using the cooker. It was evident from the minimal level of adverse incidents, that control measures were effective in keeping residents safe.

There was an up-to-date safety statement in the centre, and risk assessments related to the centre were developed. The person in charge maintained a risk register; however this was not reflective of the level of risk, as assessed in the risk assessments. For example, a number of risks in the risk register were rated as high risk, however risk assessment rated these low to medium. This was discussed with the person in charge who amended the risk register by the second day of inspection, reflective of the current risk assessments. This issue has been further discussed in regulation 23.

Since the last inspection guidance was on display on the flushing of infrequently used outlets for the prevention of legionnaires disease, in line with the risk assessment.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate procedures were in place for the prevention and control of infection, and all actions from the previous inspection were complete.

The inspector was shown around the premises by the person in charge, and all areas of the centre were observed to be clean and well-maintained. As per the compliance plan from the last inspection, all taps were clean with no residue, which meant these were conducive to cleaning, and the extractor fan was also observed to be clean. The cleaning schedule had been updated to include all aspects of the environment, and there were no items on the cleaning schedule that were not relevant to the centre. Cleaning schedules included morning, evening, weekly, and post-discharge tasks, and all records were observed to be complete since August 2025.

Food storage areas were observed to be clean and well-organised, and colour-coded chopping boards were available. A guide was available for use of the colour-coded mop systems for specific areas of the centre. There was suitable facilities for hand washing and hand sanitising, and sufficient personal protective equipment stocks available.

Risk assessments for supporting residents with Covid-19 or an infectious respiratory condition were available in residents' files, which meant there was a clear plan in place to minimise the risk of cross-infection to residents, staff and visitors

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire safety systems in place including arrangements to evacuate the centre in the event of a fire.

The inspector observed the centre had fire doors throughout, a fire alarm, call points, emergency lighting, fire extinguishers, and a fire blanket. All exits were clearly marked and the fire evacuation routes both inside and outside the premises were clear from obstruction. Day and night-time evacuation plans were developed

and clearly displayed in the centre. An emergency pack was readily available for use during emergency evacuations.

Residents' support needs had been assessed, and personal emergency evacuation plans (PEEP) were available, and there was sufficient staff on duty both day and night to help residents evacuate the centre if needed. All PEEP's had been recently reviewed and updated. One resident showed the inspector where the assembly point was in the front garden, and another resident told the inspector their friends helped them learn the evacuation procedure when they first started staying in the centre.

The inspector reviewed equipment service records, and all fire equipment had been serviced recently, with quarterly checks completed by an external company on the fire alarm and emergency lighting.

Regular fire drills were completed throughout the year, and had included a night-time drill, and residents had been supported to evacuate the centre safely and efficiently. Staff completed daily, weekly and monthly fire safety checks including escape routes, fire doors, emergency lighting, fire alarm, fire equipment, and electrical equipment. All staff had completed training in fire safety and training certificates were available in the fire folder.

Overall it was evident that staff and residents had been prepared to respond in the event of a fire, and there were suitable systems to detect fire, raise the alarm, contain fire, and if required to use fire-fighting equipment.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were suitable and safe arrangements in place for medicine management.

The inspector reviewed medicine records for two residents. Since last inspection, the dosage of medicines in prescription sheets were clearly documented, and the rationale for the administration of PRN (as needed) medicines were clearly stated. PRN prescription records also included the maximum dosage in 24 hours to be administered. All prescription and administration records from a sample reviewed since June 2025 were complete. All medicines were signed by the prescriber.

Medicines were supplied by families, and were observed to be appropriately stored in a locked medicine press. The medicine key was securely stored when not in use. Medicines requiring disposal, were returned to families.

The inspector reviewed records of medicines stock for five residents, and all medicines received into the centre, and returned to families on discharge were documented, with no discrepancies noted from the sample of records reviewed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

While most residents' needs had been assessed, and personal plans were available, improvement was required specifically where a change of a resident's need had arisen, and in personal plans to guide practice.

The inspector reviewed four residents' files. Assessment of need documents had been completed relating to residents' health, social and personal needs, and most information was up-to-date, and guided practice. However, in one case, the person in charge was not aware why the resident had been prescribed a medicine, and subsequently it emerged the resident had a significant health event the previous year. Therefore, the health assessment had not been reviewed based on the changing need of the resident, and a care plan to guide practice, was also not available. In addition, a written personal plan to support a resident with their mental health need did not guide practice. This was discussed with the person in charge, who clearly outlined the support provided to the resident, and the inspector was assured that appropriate support was being provided in this regard.

Assessments and personal plans were informed by an annual medical review completed by each resident's general practitioner, and allied health care professionals where required, for example, a speech and language therapist.

Judgment: Substantially compliant

Regulation 8: Protection

Residents were protected in the centre, and there were no ongoing safeguarding concerns.

The Chief Inspector had been notified in 2023 of one allegation of abuse, and the incident had been managed appropriately at the time. However, evidence that the incident had been reported to the safeguarding and protection team was not available in the centre on the day of inspection, and was not retrievable when requested from senior management during the inspection. This has been discussed and actioned under regulation 23. The inspector reviewed records of incidents for 2024 and 2025, and no safeguarding incidents had occurred.

Staff had been provided with training in safeguarding, and a staff member described the actions to take should a safeguarding incident occur in the centre.

As mentioned, the need to protect residents was considered in admission procedures in the centre. Residents managed their own money, and had access to locked boxes in their own bedroom, to securely store their money during their stay.

Judgment: Compliant

Regulation 9: Residents' rights

Residents chose how they wished to spend their time, and their friendship preferences were considered when planning respite stays. Residents had been provided with a range of information on the support provided to them in the centre, as well as on human rights, and on safety.

As mentioned, residents told the inspector they chose how they wished to spend their time when they stayed in respite, and they could do preferred activities, attend their clubs, or if they wished could stay in the centre. Residents also told the inspector they chose the room they stayed in, their meals, and they went to bed whenever they chose themselves. There was lots of choices of activities provided both in the centre, and in the community, and it was evident from speaking with residents that the choices they made was the basis of how the centre was run on a day-to-day basis.

Each resident had been given the opportunity to have their personal plan explained to them including care plans, and risk assessments, and residents had signed that they were satisfied with these plans. Contracts of care were also signed by residents, and these included details of how to make if complaint. Residents had signed written consent forms for medicines, photograph use, transport, trips, and for respite services.

Information was provided to residents at the time of admission and residents had a chat on admission together and decided on their plans for their stay. Records were maintained of these chats, and staff had discussed topics, for example, human rights, fire safety, HIQA guidance, as well as discussing a monthly theme, for example, self-care in October 2025. Residents' personal information was securely stored, and the facilities in the centre meant that residents' privacy and dignity in terms of personal care was maintained.

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 5: Application for registration or renewal of registration | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 22: Insurance | 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 | Compliant |
| Quality and safety | |
| Regulation 13: General welfare and development | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Teach Saoire OSV-0001834

Inspection ID: MON-0040015

Date of inspection: 08/10/2025

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 |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Audit practice and procedure has been revised and implemented on the 3rd November 2025 (to include risk register, safeguarding incident, reporting and communications).</p> <p>The service provider will implement a tracker to ensure oversight of all actions going forward. This tracker will be an Agenda Item on Senior Management Team Meetings and monitored by the Compliance Manager.</p> <p>A survey has been carried out for each centre 10/9/25 in order to establish the views of relatives regarding the services and supports provided. The survey results will be attached to the Annual Review as evidence of incorporation of views. Proof of consultation with residents going forward will be provided using Individual Unique Identifiers.</p> | |
| Regulation 5: Individual assessment and personal plan | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Service have established a plan that any service user who has been away from respite care for over a year must have a comprehensive Health Assessment completed prior to accessing respite. Additionally, a full medical history will be obtained from their GP and/or family (commencing 31/12/25).</p> | |

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 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 | 03/11/2025 |
| 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 | 03/11/2025 |
| Regulation 05(1)(b) | The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, | Substantially Compliant | Yellow | 31/12/2025 |

| | | | | |
|---------------------|--|-------------------------|--------|------------|
| | personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis. | | | |
| Regulation 05(4)(a) | The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1). | Substantially Compliant | Yellow | 31/12/2025 |