



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

Issued by the Chief Inspector

Name of designated centre:	B Canices Road
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Unannounced
Date of inspection:	11 February 2026
Centre ID:	OSV-0002333
Fieldwork ID:	MON-0045471

About the designated centre

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

B Canices Road is a designated centre operated by Saint Michael's House located in North County Dublin. It provides community residential services to four adults who have varied support requirements. The centre is a two-storey house comprising of a kitchen/dining room, a sitting room, a large garden, a staff sleep over room/office, a shared bathroom and four bedrooms. The centre is staffed by a person in charge and social care workers. The centre has its own vehicle to support residents to access their community, and good transport links are also available nearby.

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
Wednesday 11 February 2026	08:50hrs to 15:30hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

The purpose of this unannounced inspection was to monitor the care and welfare, and support arrangements for residents living in the centre and assess compliance with the regulations. From what residents told us and what the inspector observed, it was evident that residents living in this designated centre were leading active lives as members of their local community, and that the service was a person-centred one which had focus on their human rights.

The inspection was completed over the course of one day and was facilitated by the person in charge by engaging with the inspector, and promptly providing all requested documentation. Through careful observation, direct interactions, a thorough review of documentation, and discussions with residents and key staff the inspector evaluated residents' quality of life. Ultimately, the inspector observed a high level of compliance with the regulations.

The designated centre comprised of one two-storey building, located in a residential suburb northside of Dublin City. The house comprised of five bedrooms, three of which were fitted with en suite facilities, a kitchen / dining room, two sitting rooms, a utility room, one main bathroom, and a relaxation room to the rear of the designated centre. The designated centre was registered to accommodate four residents, and the inspector had the opportunity to meet and spend time with three residents throughout the course of the inspection.

The inspector observed that the designated centre was clean, tidy, and decorated with residents' personal items, including family photographs and memorabilia. Additionally, photographs of residents participating in various activities were displayed throughout the home. The person in charge also ensured that the centre's certificate of registration, complaints policy, and easy read information regarding safeguarding was on display.

Residents' bedrooms were laid out in a way that was personal to them, and included items that were of interest to them. The inspector observed that residents could access and use available spaces both within the centre and garden without restrictions. There was adequate private and communal space for them as well as suitable storage facilities, and the designated centre was found to be in good structural and decorative condition.

Residents told the inspector they were very happy living in their home, and felt safe. Warm interactions between the residents and staff members caring for them was observed throughout the duration of the inspection. On the day of the inspection the inspector observed residents to be relaxed, and comfortable in the designated centre, staff engaged with them in a very kind and friendly manner, and it was clear that they had a good rapport.

One resident chatted to the inspector while relaxing in the sitting room watching television. They were observed to be content, and told the inspector they were happy. Another resident showed the inspector their bedroom. They told the inspector they loved living in their home, and that they got along with their housemates. They spoke about plans they had made for the day, which included going shopping. They told the inspector they had no worries or concerns, and did not want to change anything about their home.

Staff throughout this inspection were observed to interact with residents in a respectful and supportive manner, and residents were supported to engage in meaningful activities on an individual basis. The inspector had an opportunity to look at some of the residents' personal plans, which included photos of activities residents had engaged in during the year to date. Staff members on duty were observed and overheard to be pleasant and respectful with residents throughout the inspection. Residents were observed to seek staff out should they require support, and staff were observed to respond appropriately and to be familiar with residents' needs.

The person in charge spoke about the high standard of care all residents received, and had no concerns in relation to the wellbeing of any of the residents living in the centre. However, they spoke about the challenges pertaining to one resident's recent changing medical needs. On the day of this inspection the resident was availing of external rehabilitation services following their hospital discharge. The person in charge and service manager spoke to the inspector about future planning plans for the resident, and staff visited the resident on a weekly basis.

Staff on duty spoke with the inspector regarding the residents' assessed needs, and described training that they had received to be able to support such needs, including safeguarding, safe administration of medication, and managing behaviour that challenges. The staff members on duty were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and dislikes, and told the inspector they really enjoyed working in the centre and were happy with levels of support they received from management.

In summary, residents told the inspector they felt safe, and were happy living in the centre. Staff described meaningful opportunities for residents to engage in activities they enjoyed, and the inspector observed residents taking part in activities they enjoyed at home, and to leave the centre to engage in activities in the community. Residents were supported to stay in touch with important people in their lives, and to make choices and decisions about their day-to-day lives.

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.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that residents were safe and received a high quality service in the centre, and that any risks were identified and progressed in a timely manner. The centre was well resourced. For instance, the premises was well maintained, staffing levels were sufficient, and residents were actively engaged with members of the provider's multidisciplinary team services. However, improvements were required under Regulation 4: Written policies and procedures, and this is discussed further in the main body of this report.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The centre was managed by a full-time person in charge who had sole responsibility for this designated centre. There was a regular core staff team in place, and they were very knowledgeable of the needs of the residents. The staffing levels in place in the designated centre were suitable to meet the assessed needs and number of residents living in the centre.

The staff team were in receipt of regular support and supervision. They also had access to regular refresher training, and there was a high level of compliance with mandatory training. Staff had received additional training in order to meet residents' assessed needs. The inspector spoke with a number of staff over the course of this inspection and found that staff were well-informed regarding residents' individual needs and preferences in respect of their care.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents, and the governance and management systems in place were found to operate to a high standard in this centre. A six-monthly unannounced visit of the centre had taken place in November 2025 to review the quality and safety of care and support provided. Subsequently, there was an action plan put in place to address any concerns regarding the standard of care and support provided.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described what the service does, who the service is for, and information about how and where the service is delivered.

The person in charge was aware of their regulatory responsibility to ensure all notifications were submitted to the Chief Inspector of Social Services, in line with the regulations.

Improvements were required by the provider to ensure that written policies and procedures on the matters set out in Schedule 5 were reviewed and updated where necessary every three years.

Overall, it was found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

On the day of this inspection, the provider ensured there were sufficient staffing levels with the appropriate skills, qualifications, and experience to meet the assessed needs of the residents at all times, in accordance with the statement of purpose and the size and layout of the designated centre. The inspector noted that the staff team were well qualified, and dedicated to delivering care that upheld residents' rights and ensured their safety.

The staff team was comprised of the person in charge and social care workers. The inspector examined the planned and actual staff rosters for December 2025, January 2026, and February 2026. It was found that regular staff were employed, and the rosters accurately represented the staffing arrangements, including the full names of staff on duty during both day and night shifts.

On the day of the inspection, one full-time social care worker position was vacant. The inspector noted that the position had been advertised, and the provider was actively working to maintain continuity of care for residents by utilising a small panel of regular relief and agency staff. This approach ensured that, despite staffing vacancies and both planned and unplanned absences, residents continued to receive care from skilled staff who were familiar with their individual needs and preferences.

During the inspection, the inspector spoke with three staff members on duty, and found that all were highly knowledgeable about the residents' support needs and their responsibilities in providing care. Residents were familiar with the staff, and felt comfortable interacting and receiving care. The inspector also observed staff engaging with residents, both socially and in activities inside and outside the centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received appropriate training and education, ensuring they had the necessary knowledge and skills to effectively meet the residents' assessed and changing needs.

The inspector reviewed the staff training records maintained by the person in charge, and found that it was effective in regularly monitoring staff training. All staff had completed a variety of training courses, ensuring they had the necessary knowledge and skills to support residents effectively. This included mandatory training in areas such as fire safety, managing behaviour that challenges, and safeguarding vulnerable adults. The inspector also noted that refresher training had been booked for staff members, and this was noted on the training matrix.

In addition and to enhance quality of care provided to residents, further training was completed, covering essential areas such as manual handling, food safety, safe administration of medication, feeding, eating, drinking, and swallowing, infection prevention control, and Children First.

Consistent with the provider's policy, all staff were in receipt of quality supervision. A comprehensive 2025 supervision schedule, created by the person in charge, was reviewed and found to ensure that all staff were in receipt of quarterly formal supervision and ongoing informal supports tailored to their roles.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the centre was adequately resourced to deliver effective care and support to residents and to ensure that they had a good quality of life in their new home. For example, staffing levels were appropriate to their needs, and multidisciplinary team services were involved in the development of residents' care plans.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The designated centre was managed by the person in charge who reported directly into the service manager. The person in charge worked directly with residents, but also had protected time to carry out their management, administrative, and regulatory duties and responsibilities.

There were good management systems in place to ensure that the service provided in the centre was safe, consistent, and effectively monitored. The provider and local management team carried out a suite of audits, including audits on medication, personal plans, safeguarding, staffing, training, fire, infection prevention and control, risk management, and the premises. Audits reviewed by the inspector were comprehensive, and where required identified actions to drive continuous service improvement.

The inspector reviewed the action plan created following the provider's most recent six-monthly unannounced visit, which was carried out in November 2025. The action plan documented a total of 22 actions. Following review of the action plan, the inspector observed that the majority of actions had been completed, and that they were being used to drive quality improvement, and enhancement.

There were effective arrangements for staff to raise any concerns. Staff spoken with told the inspector that they could easily raise concerns with the person in charge. In addition to the supervision arrangements in place, staff also attended monthly team meetings which provided a forum for them to raise any issues or concerns.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had previously submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose on the day of inspection, and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was also available to residents and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of the premises confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their regulatory responsibility to ensure notifications were submitted to the Chief Inspector of Social Services, in line with the regulations.

Prior to and during the course of the inspection the inspector completed a review of notifications submitted to the Chief Inspector and found that the person in charge ensured that all relevant adverse incidents were notified in the recommended formats, and within the specified time frames.

In addition, the inspector observed that learning from the evaluation of incidents was communicated promptly to appropriate people, and was used to improve quality and inform practice.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures are essential to guide staff to consistently provide safe and effective person-centred care. The inspector found that the provider had prepared written policies and procedures on the matters set out in Schedule 5. However, the inspector noted that the provider had not ensured the policies and procedures required by the regulations were reviewed and updated where necessary every three years. For instance the following policies were overdue review:

- Admissions, including transfers, discharge and the temporary absence of residents
- Incidents where a resident goes missing
- Provision of behavioural support
- Residents' personal property, personal finances and possessions
- Visitors
- Staff training and development
- Medication management
- The handling and investigation of complaints.

This necessitated review and consideration by the provider.

Judgment: Not compliant

Quality and safety

This section of the report provides an overview of the quality and safety of the service provided to the residents living in the designated centre. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations, and in a manner which ensured the delivery of care was safe and person-centred.

The inspector found the atmosphere in the designated centre to be warm and relaxed, and residents appeared to be very happy living in the centre, and with the support they received. A walk around of the centre confirmed that the design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable, and homely environment. The provider ensured that the premises, both internally and externally was of sound construction, and kept in good condition. There was adequate private and communal spaces, and residents had their own bedrooms, which were decorated in line with their personal tastes and preferences.

The provider had implemented a range of good infection prevention and control measures. There was a policy available that was reviewed at planned intervals. This policy clearly outlined the roles and responsibilities of staff members, and gave clear guidance with regard to the management of specific infection control risks. The policy also guided comprehensive cleaning and monitoring of housekeeping in the designated centre, and these practices were observed on the day of this inspection.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medicine audits, medicine sign out sheets, and ongoing oversight by the person in charge. Residents' needs and abilities to self-administer their medicines had been assessed, and associated care plans were prepared on the supports they required.

It was found that residents had an up to date and comprehensive assessments of need on file. Care plans were derived from these assessments of need. Care plans were comprehensive, and were written in person-centred language. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met. Support plans included personal intimate care, personal safety, positive behaviour support and healthcare.

Where required, positive behaviour support plans and psychology support plans were developed for residents. Staff were required to complete training to support them in helping residents to manage their behaviours that challenge. The provider and person in charge ensured that the service continually promoted residents' rights to independence, and a restraint-free environment.

The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times. Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal intimate care plans to guide staff and the support of a designated safeguarding officer within the organisation.

Overall, residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual and collective needs.

Regulation 17: Premises

The inspector observed that the premises conformed to the standards outlined in Schedule 6 of the regulations.

Each resident had their own bedroom, which was decorated according to their personal style and preferences. For example, bedrooms featured family photos, artwork, soft furnishings, and memorabilia that reflected their individual tastes and

interests. This approach supported the residents' independence and dignity, while acknowledging their uniqueness. Additionally, every bedroom was provided with ample and secure storage for residents' personal belongings.

The provider recognised the importance of residents' property, and had created the feeling of homeliness. For example, wall art, soft furnishings, photographs of residents, and decorative accessories were displayed throughout the home, which created a pleasant and welcoming atmosphere.

Residents were able to freely access and use the available spaces within the centre and its gardens. Facilities were well maintained and in good working order. There was sufficient private and communal space for residents, along with appropriate storage facilities.

Overall, the designated centre was found to be clean, bright, nicely furnished, comfortable, and appropriate to the needs and number of residents living in the designated centre. Residents told the inspector that they were very happy with their home.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had prepared written policies and procedures on infection, prevention and control (IPC) matters which were readily available for staff to refer to.

The provider had established procedures for the ongoing and reinforcement of effective infection prevention and control practices. These measures were designed to protect both residents and staff from the risk of infection, thereby enhancing the overall safety of the designated centre. For instance, comprehensive cleaning schedules were in place for both day and night-time routines. The inspector observed day staff diligently completing cleaning tasks as per the checklist throughout the duration of this inspection.

Furthermore, day staff were required to complete weekly deep cleaning duties, which included cleaning all curtains, residents' bedrooms, and equipment in the designated centre. These tasks were essential in promoting strong infection prevention and control measures, and ensured a clean and safe environment for all residents, visitors, and staff alike.

All staff received appropriate training and regular updates in line with best practice guidance. Staff spoken to were knowledgeable about how to reduce the risk of infection and understood the procedures to follow in the event of an outbreak. For example, staff members were familiar with the provider's protocols pertaining to the management of laundry and linen.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate practices and arrangements for the management of residents' medicines, including for the ordering, storage, and administration of medicines.

The inspector reviewed the practices and arrangements for residents living in the designated centre. It was observed that the residents' medicines were securely stored, and clearly labelled with relevant information such as expiry dates. The inspector also reviewed three residents' medicine administration records. It was noted by the inspector that these documents contained the necessary information, and evidenced that residents received their medicines as prescribed.

Assessments of capacity to self-administer medicines had been completed for residents. These assessments, and associated person-centred medicine plans, detailed the level of support that each resident required. Staff explained to the inspector how one resident self-medicated, and also showed the inspector easy-to-read documents that had been created to provide additional guidance and support to the resident.

Staff were required to complete safe administration of medication training before they administered medicines. On the day of this inspection all staff had completed this training. There were also effective arrangements for the oversight of medicine practices, including regular stock checks, audits, and checklists, to ensure that the provider's policy was adhered to and that any discrepancies were identified.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three residents' files and saw that files contained up-to-date and comprehensive assessments of need. These assessments of need were informed by the residents, their representatives, and the multidisciplinary team as appropriate. The assessments of need informed comprehensive care plans, which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on file relating to the following:

- Communication
- Emotional wellbeing
- Physical and intimate care
- Mental health

- General health.

Each resident was assigned a keyworker and they supported the resident to engage with and participate in decisions about their own lives and the running of their home. Residents were actively engaged in the person centred planning process, and person centred plans were made up of the following three sections:

- Assessment of need
- All about me
- My life meeting.

The inspector reviewed minutes from my life meetings for three residents. On review, the inspector saw evidence that residents were supported to discuss previous goals set, set goals for the year ahead, celebrate accomplishments, and review core and wellbeing outcomes under support plans.

Staff spoken with demonstrated full awareness of residents' personal plans and the care support plans that were in place to empower the residents to live as independently as they possibly could.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that effective arrangements were in place to provide positive behaviour support for residents with assessed needs in this area. For example, all residents had up-to-date positive behaviour support plans and psychology support plans on file. The inspector reviewed one positive behaviour support plan and one psychology support plan, and found that these were very detailed, comprehensive, and developed by an appropriately qualified person. In addition, each plan identified potential triggers and setting events, alongside proactive and preventative strategies designed to minimise the risk of behaviours that challenge from occurring.

Residents were connected with members of the provider's multidisciplinary team, including a senior clinical psychologist, who actively monitored incidents, and collected data in order to inform interventions and provide positive behaviour supports to residents.

Staff spoken with throughout this inspection were knowledgeable of support plans in place, and the inspector observed positive communications and interactions throughout the inspection between residents and staff. Furthermore, systems were in place to ensure regular monitoring of the approach taken to behavioural support, and staff did not engage in practices that may constitute institutional abuse.

There were no restrictive practices used in this centre, and the inspector found that the provider and person in charge were promoting residents' rights to independence and a restraints free environment.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern. In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

Staff spoken with were knowledgeable about abuse detection and prevention and promoted a culture of openness and accountability around safeguarding. Staff spoken with throughout this inspection knew the reporting processes for when they suspected, or were told of, suspected abuse. It was evident to the inspector that staff took all safeguarding concerns seriously.

At the time of this inspection there were no safeguarding concerns open. However, the inspector found that previous safeguarding concerns had been reported and responded to as required. For example, interim and formal safeguarding plans had been prepared with appropriate actions in place to mitigate safeguarding risks. The inspector reviewed six preliminary screening forms, and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice.

Following a review of three residents' care plans the inspector observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with residents' personal plans and in a dignified manner.

Residents experienced a service where they were protected and kept safe. They were empowered to express choices and preferences and were involved in all aspects of decision-making in relation to safeguarding.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for B Canices Road OSV-0002333

Inspection ID: MON-0045471

Date of inspection: 11/02/2026

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 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> • Admissions, including Transfers, Discharge and the Temporary absence of residents Policy – Policy under review, with new policy version available by 01/06/2026 • Incidents where a resident goes missing: This is a local policy developed by each designated centre to reflect the local area, the location of the service and the staffing arrangements in place. If there is an individual for whom this is a relevant concern, an individualised risk assessment and risk management plans are put in place with the Accident & Incident Management Policy initiated as required. <p>There will be a specific Missing Persons Policy in place by June 30th, 2026</p> <ul style="list-style-type: none"> • Provision of Behavioural Support – Currently under review by the Positive Behaviour Support Committee. A new version of the Positive Behaviour Support Policy will issue following the completion of the review by May 31st, 2026 • Residents' Personal Property, Personal Finances and Possessions – Financial Monies Policy reviewed and renamed as Supporting the Management of Money & Possessions Policy. In place and in date. • Visitors Policy – In place and In date • Staff Training and Development Policy – Policy under review, and new Policy version will be available by 31/03/2026 • Medication Management Policy – Policy under review, and new policy version will be issued by 30/04/2026 	

- Handling and Investigation of Complaints – The current Complaints Policy conforms with the HSE Complaints Policy, is currently under review and a new policy will be issued by 30/04/2026
- All policies relevant to Residential Services will be collated and held centrally in the Quality Safety & Risk Department with reminders with review dates sent to Policy Owners four months in advance of policies up for renewal. Collation and relevant notifications to Policy Owners will be completed by 10/4/2026

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 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	01/06/2026