

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

## Issued by the Chief Inspector

Name of designated centre:	Abode Doorway to Life CLG
Name of provider:	Abode Doorway to Life CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	17 November 2025
Centre ID:	OSV-0002411
Fieldwork ID:	MON-0045013

## About the designated centre

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

This centre is part of a large-purpose built facility located on the outskirts of Cork City. Full-time residential and respite services are provided in this centre for a maximum of 10 residents, of both genders, from the age of 18 to 65 years, with physical and sensory disabilities. There are ten individual resident bedrooms provided while other rooms in the centre include offices, bathrooms, a residents' lounge and a dining area. Staff support to residents is provided by the person in charge, nursing staffing, social care workers and care assistants.

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

Number of residents on the date of inspection:	8
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 17 November 2025	10:25hrs to 18:55hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

Seven residents were met during this inspection with the inspector speaking with five of these. The atmosphere observed in the centre during this inspection was either quiet or sociable. Warm interactions from staff towards residents were noted during the inspection.

This centre was registered for a maximum of 10 residents and could provide both residential and respite care. During the course of this inspection, seven full-time residential residents were present in the centre along with one respite resident with the inspector meeting or seeing seven of the eight residents that were present. Of these residents, the inspector had one-to-one conversations with three residents and spoke briefly with two other residents. Two more residents were greeted by the inspector but these residents did not interact with the inspector. In addition to residents, the inspector also had the opportunity to speak with three members of the staff and the person in charge.

Located in the same building as a day services run by the provider, the inspector spent the initial hour of the inspection conducting a premises walkthrough of the centre. During this time, things were quiet in the centre with staff seen moving in the halls of the centre going into different resident bedrooms to do some cleaning, residents generally were not seen in communal areas. The inspector was later informed that most residents were not in the centre as they were either in employment, away for the centre or attending day services. However, while the inspector was doing his initial walkthrough, he met a resident who was introduced to the inspector by the person in charge.

This resident showed the inspector their bedroom and told him how the centre had given them protection and independence before describing the centre as "a nice place to live". This resident also talked about how improvements had been in the centre which had helped them before commenting positively on the support that they received from staff. If the resident was unhappy about anything, they said that they could go to any member of staff who would try to help. It was further mentioned by the resident that there could be a fear of the Health Information and Quality Authority (HIQA) but that they had no such fear and believed that every sector should have a regulator.

After completing his initial walkthrough, the inspector held an introduction meeting with the person in charge. The inspector then spent some time reviewing specific documentation. After reviewing these documents, it was the afternoon so the inspector did another walkthrough with the premises. As with his initial walkthrough, residents were mostly not present in the communal areas of the centre. However, one resident was present in the centre's dining room who had a chat with the inspector. This resident told the inspector that they had been at their day services earlier in the day where they did music which they had enjoyed.

The resident could not remember how long they had been living in the centre but said that it had been a long time before saying that "I love it here". When asked what they loved about living in the centre, the resident responded by saying "feel safe here". The resident also indicated that staff working in the centre were nice to them and that if they were unhappy with anything they could go to staff or their key worker. When the inspector asked what their key worker did for them, the resident said that their key worker helped them.

Later on in the afternoon, the inspector spent some time reviewing documentation while sitting in one of the centre's hall areas. The atmosphere continued to be largely quiet but during this time though, the inspector met another resident as they were moving through the hall area. This resident greeted the inspector who introduced himself to the resident. The resident then said that they wanted to ask the inspector something so invited the inspector to their bedroom so they could speak with the inspector in private. The inspector then accompanied the resident there. Once there, the resident advised that they were not sure what HIQA did and asked the inspector to explain this.

The inspector informed the resident that HIQA's job was to check if residents were safe and happy in their homes and did this by speaking with people, observing practices and reviewing documentation. The resident thanked the inspector for this and then agreed to the inspector asking them some questions about their life in the centre. In response to the questions asked the resident indicated that they had gone for a coffee earlier in the day and that they felt safe living in the centre. When asked if they liked living in the centre, the resident responded by stating that it was "a different environment" to where they lived before.

Before the end of the inspection, the inspector also briefly spoke to two other residents in the dining area of the centre. One of these residents appeared happy and was seen smiling as they told the inspector about recently starting living in the centre. This resident seemed very chatty and asked the inspector questions about his work. The other resident briefly met was met near the end of inspection indicated to the inspector that they had been at work earlier in the day. This resident was sat with others present in the dining room at this time with the atmosphere noted to be quite sociable.

Throughout the inspection day the inspector did spend time in the hallway areas of the centre with the intention to meet residents and observations happening in the centre. Given that residents were either away from the centre or not in communal areas for a large portion of the inspection, limited interactions were noted. However, in what was seen and overheard, the staff on duty interacted positively and warmly with residents. For example, when a respite resident arrived at the centre in the afternoon to commence their stay, they were warmly greeted by staff present. On another occasion, staff were heard to warmly greet a resident as they entered their bedroom area.

In summary, the feedback received from residents during this inspection was largely positive. Residents spent some time away from the centre either at work or attending day services. Staff present in the centre were noted to interact with

residents warmly. Some regulatory actions were identified during this inspection but these were found not to pose a high risk to residents of the centre. These regulatory actions will be discussed later in this report.

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

## Capacity and capability

Progress had been made with regulatory actions from the previous inspection. Some regulatory actions were found though relating to staff employment histories and aspects of the monitoring of the centre.

This designated centre was registered until February 2027 and had last been inspected on behalf of the Chief Inspector of Social Services in August 2024. That inspection did find some regulatory actions but the provider submitted a compliance plan response to these actions outlining the measures they would take to come back into compliance. As the August 2024 inspection focused on specific regulations, a decision was made to conduct the current inspection to follow up on actions from the previous inspection and to assess some regulations that were not considered during the August 2024 inspection. Overall, the current inspection found progress with previously identified actions but the inspector was not assured that full employment histories had been obtained for all staff as required. Some other regulatory actions were identified on the current inspection, some of which had not been identified by the provider's monitoring of the centre. However, overall, this inspection found no high concerns which indicated that residents were well supported.

## Regulation 14: Persons in charge

The person in charge appointed for this centre informed the inspector that they were working full-time. The person in charge was also responsible for this designated centre only and, based on documentation previously provided to the Chief Inspector, they had the necessary qualifications and experience as required by this regulation to hold the post of person in charge. Discussions with the person in charge during this inspection indicated that they had a good knowledge of the general workings of the centre. The person in charge also responded appropriately to all information requests made during this inspection.

Judgment: Compliant

### Regulation 15: Staffing

Under this regulation, staffing in a centre must be in keeping with the needs of the residents and the centre's statement of purpose. The centre's statement of purpose had been reviewed in September 2025 and outlined the minimum staff levels required to support residents. The statement of purpose also indicated that residents were to be supported by a mix of nursing staffing, social care workers and care assistants but during the introduction meeting for the inspection, the inspector was informed that there was one social care worker vacancy in the centre. This vacancy contributed to some agency staff (staff sourced from an agency external to the provider) being used in the centre. The inspector reviewed planned and actual staff rotas from 1 September 2025 on and found that staffing was being provided in a manner consistent with the statement of purpose. Such rotas indicated that there was a core staff team in place although the inspector did note that there had been times when the person in charge and the provider's Chief Executive Officer (CEO) had worked front-line shifts in the centre to ensure appropriate staffing levels were maintained. The inspector was informed that the CEO was based in the building which this centre was part of and was familiar to the residents.

In addition to specific staffing arrangements, specific documentation must be obtained for all staff working in a designated centre (including agency staff). This documentation includes evidence of identity (including a recent photograph), written references and full employment histories. Some of this documentation was found not to be in place at the time of the August 2024 inspection. During the current inspection, it was indicated that this required documentation was being kept for all staff within the centre. As such, the inspector reviewed seven staff files for staff employed directly by the provider and sourced from the external agency. When reviewing these early into the inspection, the inspector noted that all contained evidence of Garda Síochána (police) vetting but that some required documentation was not present for some staff. Such matters were highlighted to the person in charge. Before the end of the inspection, the person in charge had provided the inspector with most of the outstanding documents and, overall, the maintenance of such staff documentation had improved since the August 2024 inspection. However, taking into account the additional documentation that was provided and other verbal information given, the inspector was not assured that full employment histories had been contained for two agency staff members.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

A directory of residents was being maintained for the centre which was made



available to the inspector on his request during the current inspection. This directory of residents included details of individual residents availing of the centre. The inspector reviewed the details for three such residents and found required information for each of these residents was stated. This included details of residents' representatives and residents' dates of admission to the centre.

Judgment: Compliant

## Regulation 23: Governance and management

No high concern were highlighted during this inspection and, overall, a good level of compliance was found with the regulations. This indicted that good supports were being provided to residents. There was also evidence that any issues which were raised were reviewed and followed up on by management of the centre as referenced under Regulation 34 Complaints procedure and Regulation 8 Protection. During the August 2024 inspection of the centre, it was highlighted that there had been some negative dynamics between some staff working the centre which had not impacted residents. On the current inspection, the inspector was informed that there had been some changes in circumstances which contributed to such dynamics not being an issue. It was also notable that residents and staff spoken with raised no concerns with the inspector with feedback from these noted to be positive overall.

Documentary evidence provided during the inspection, also confirmed that the provider was conducting specific regulatory requirements. These included conducting an annual review for the centre in August 2025 which assessed the centre against relevant national standards. The report of this annual review included consultation with residents of the centre. In addition, since the August 2024 inspection of the centre, the provider had made arrangements for an individual external to the provider to conduct unannounced visits to the centre. Such unannounced visits are specifically required under this regulation to be carried out every six months. Based on reports provided, these unannounced visits had last been carried out in December 2024 and June 2025 with actions plans put in place to respond to any areas for improvement identified.

Aside from such regulatory requirements, an audit schedule was in place for the centre that set out specific audits that were to be done at specific months of the years. Having such a schedule in place can provide for systematic monitoring of the services provided to residents. The inspector reviewed the audit schedule versus completed audit records for the centre since September 2025. From this, it was noted that audits in areas such as cleaning, personal plans and incidents had been completed as scheduled. However, it was noted that monthly finance audits were carried out for residents but these did not identify some recording issues in this area that are referenced in Regulation 12 Personal possessions. In addition, some expired products in the centre, as discussed under Regulation 27 Protection against infection, had not been identified prior to this inspection despite the inspector being informed that such matters were to be checked. This indicated that aspects of the

monitoring systems in place need some improvement to ensure that relevant matters were identified and addressed in a timely manner.

Judgment: Substantially compliant

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

Under this regulation all residents should have a contract for the provision of services that sets out the terms on which residents should reside in this centre. During this inspection, the inspector reviewed contracts for one residential resident and one respite respite. Both of these contracts were signed to indicate that they had been agreed to and included key information such as the services to be provided to residents and information about the fees to be charged. Aside from such contracts, this regulation also requires that any new resident admitted to a centre should be given the opportunity to visit the centre before being admitted. On the day of inspection, it was highlighted that one resident had recently started living in this centre on a full-time basis. The inspector spoke with this resident who confirmed that they had been present in the centre before moving in on a full-time basis.

Judgment: Compliant

### Regulation 3: Statement of purpose

As part of the inspection process, a copy of the centre's statement of purpose was provided to the inspector. This document was found to have been reviewed during September 2025 and contained most of the information required by the regulations. This included details of the admission criteria for the centre, fire precautions and emergency procedures, how residents could access religious services and how residents could access education, training, and employment. This regulation also requires though that the sizes of rooms in the centre be included in the statement of purpose. Despite this, the statement of purpose provided did not include the sizes of two boiler rooms that were part of the centre. In addition, individual sizes for some rooms, notably en-suite bathrooms were not clearly stated although they were included in overall sizes for residents' bedrooms.

Judgment: Substantially compliant

### Regulation 30: Volunteers

During the introduction meeting for this inspection, the inspector was informed that

two volunteers were involved with this centre. Documentation provided for both volunteers confirmed that key documentation was being maintained for both volunteers. This included Garda vetting and written roles and responsibilities. The person in charge also outlined how these volunteers were being supervised with a supervision log provided indicating that these volunteers had been supervised during July 2025 with other supervision meetings scheduled for January 2026. Such findings were consistent with this regulation's requirements which requires that volunteers receive supervision.

Judgment: Compliant

### Regulation 34: Complaints procedure

Information about how to raise complaints, including details of the centre's complaints' officer and appeals process, was seen to be on display at different points in the centre. Systems were in operation for the recording of complaints. The inspector reviewed complaints records for 2025 and noted that these records contained details of the nature of the complaints and follow-up action taken in response to such complaints. For example, in reviewing one complaint made, staff members were spoken with around this complaint with records of these staff discussions maintained as part of the complaints documentation provided to the inspector. When reviewing such documentation, it was also noted that the outcome of the complaints and the satisfaction level of the complainants was also being consistently recorded. This was an improvement from the August 2024 inspection.

Judgment: Compliant

### Quality and safety

Some actions were identified related to expired products and documentation relating to residents finances. It was observed though the premises provided was clean and provided with fire safety systems and Wi-Fi Internet.

No immediate safeguarding concern was identified during this inspection and documentation provided indicated that previous safeguarding matters had been responded to appropriately. Safeguarding training had been provided to staff in addition to training in fire safety. Appropriate fire safety systems were seen to be present in the centre along with space for visitors while the premises was seen to be clean on the day of inspection also. This premises had also been provided with Wi-Fi Internet and media such as televisions. It was observed though that some expired products were present in the centre. These included some face masks which had expired. Aside from this, some residents were given support with their personal

finances but the inspector did note some inconsistencies regarding documentation in this area.

### Regulation 10: Communication

The inspector was informed by the person in charge and a member of staff that this centre was equipped with Wi-Fi Internet access. The resident bedrooms visited during this inspection were seen to have access to media devices. For example, one resident's bedroom had a television and a laptop. When reviewing records relating to another resident, it was indicated that the resident had a tablet device with the inspector informed that this resident used this tablet to help them communicate.

Judgment: Compliant

### Regulation 11: Visits

Based on the layout of the centre and the availability of other rooms within the footprint of the centre beyond residents' bedrooms, there was space available for residents to receive visitors in private if they wished. A staff member spoken with also informed the inspector that residents received visitors to this centre.

Judgment: Compliant

### Regulation 12: Personal possessions

Laundry facilities were seen to be present within this centre. While the inspector did not observe any residents doing laundry during this inspection, the person in charge outlined how some residents did their own laundry while support was provided to other residents for this. When visiting residents' bedrooms, the inspector noted that they were provided with facilities to store their clothes and personal belongings such as wardrobes. The provider's policy related to personal possessions, as reviewed in February 2024, indicated that inventories of residents' personal possessions was to be maintained. The inspector reviewing such inventories for two residents. Both of these logs had not been reviewed in over 12 months and while they did list items that residents owned, there was limited details provided. For example, one resident was listed as having a tablet without the make of this tablet or an approximate value indicated. The details contained in these inventories offered limit narrative details or specifics to identify the items that residents owned in some instances.

Aside from residents' personal possessions, the inspector was informed that all residential residents of this centre had their own bank accounts but that support

was given to some of these residents to support them with their finances. Accordingly, the inspector reviewed individualised protocols for managing two residents' finances. These protocols were specific to the individual residents but did indicate that residents' finances were to be checked daily. The inspector was also informed that such checks were to be signed for by two staff and that receipts were to be kept and signed for one resident who was supported with their transactions. The inspector subsequently reviewed financial records for both residents and noted on the majority of dates since 1 September 2025, both residents were recorded as having daily finance checks completed. However, in the same time period, such daily checks had not been documented on three days for one resident and six days for the other resident. In addition, for one resident it was noted that some recent transactions were either not receipted or receipts that were maintained were not signed. Despite this, it was acknowledged that the recorded balances in financial records reviewed added up.

Judgment: Substantially compliant

### Regulation 17: Premises

The premises that made up this centre was part of a larger building, some of which was not registered as being within the footprint of this centre. For the part of this building which were part of this centre, it was seen that, overall, this building was presented in a clean and reasonably maintained manner given its overall size. There were ten individual bedrooms available for residents. When the inspector visited two residents' bedrooms, he observed that hoists were present to support the needs of residents. Based on the layout of the centre and the floor plans provided previously to the Chief Inspector, all resident bedrooms also had their own bathrooms while communal areas for the centre were provided via a dining room and a residents' lounge. A kitchen was also present in the centre but it had been previously identified that residents could not access this. This was recognised by the provider as being a restrictive practice based on notifications submitted to the Chief Inspector. In response to this, the provider had put in place another kitchen area in the residents' lounge for their use.

Judgment: Compliant

### Regulation 27: Protection against infection

Signs on hand hygiene and wall-mount hand sanitiser dispensers were seen to be present at multiple points in the centre. Hand hygiene and hand sanitiser are important features in promoting infection prevention and control with training records provided indicating that staff working in this centre had completed training in areas such as hand hygiene. The provision of personal protective equipment (PPE),

such as face masks, can also be important for infection prevention and control if required. While supplies of such PPE were seen to be present in the centre, most of which were in date, some of the PPE had expired. For example, one box of face masks was indicated as having expired in April 2025. In addition, when reviewing eye wash stations in the centre, the inspector noted bottles of saline eye wash that had expired in March 2025 while a dressing in a first aid box was marked as having expired in March 2019. Other contents in the same first aid box were seen to be in date.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Based on observations during this inspection, the centre was equipped with fire safety systems including a fire alarm, emergency lighting, fire extinguishers and fire doors. Documentation reviewed indicated that such systems were subject to regular checks to ensure that they were in proper working order while multiple unobstructed fire exits were seen during this inspection. Further records read by the inspector since August 2025 indicated that fire drills were being conducted on a monthly basis at varied times of the day with different levels of staff. These drill records indicated that compartmentalised evacuation was carried out for the centre with low evacuation times recorded. A staff who had recently commenced working in this centre outlined how they had observed a fire drill since starting working in the centre while all staff had completed fire safety training based on training records provided. This was an improvement from the August 2024 inspection.

During the August 2024 inspection, it was also observed that a specific area on the first floor of the centre was free from electrical items. This area had been recommended to be kept free from electrical items following observations during an August 2023 inspection and subsequent input from a competent person. On the current inspection it was observed that the specific area on the first floor was largely free from electrical items but the inspector did observe that an exercise bike was present in this area which was plugged into the wall. This was highlighted to the person in charge during the feedback meeting for this inspection.

Judgment: Substantially compliant

## Regulation 8: Protection

This regulation requires that residents are protected from all forms of abuse. Since the August 2024 inspection, the inspector had received three notifications of alleged abuse from the centre at the time of the current inspection taking place. Documentation provided around these notifications on the current inspection,

confirmed that these allegations had been appropriately screened with safeguarding plans put in place where required. Such plans outlined measures to ensure the safety of residents and further documentation provided indicated that these safeguarding plans had been accepted by a relevant statutory body. Further records provided indicated that all staff working in this centre had received training around safeguarding residents from abuse. The three staff members spoken with during this inspection demonstrated a good awareness of how to report any safeguarding concerns with information about who to report such concerns to seen to be on display in the centre. One of these staff were also queried around the different types of abuse that can occur with this staff member presenting as knowledgeable in this area. The staff and residents spoken with raised no safeguarding concerns while no concerns were observed by the inspector during the inspection day nor indicated in documentation reviewed such as incident reports since 1 September 2025 on.

However, in the days following the inspection, a further notification was received from the centre relating to an alleged safeguarding matter. The notification indicated that that the matter notified had allegedly taken place the week before the inspection, was initially reported to a party external to the provider and that management of the centre only became aware of this the day after the inspection. The notification submitted indicted that this matter was being investigated with the outcome of this requested to be provider to the Chief Inspector.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant



# Compliance Plan for Abode Doorway to Life CLG OSV-0002411

Inspection ID: MON-0045013

Date of inspection: 17/11/2025

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staff file audit to be developed and completed by PIC each quarter.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Increased detail to be included in financial audits including a check of all transactions in a previous month instead of a sample.  First aid box audit record sheets to be updated to include action plan and follow up.  First aid box check to be added to main audit folder for oversight.  CNM1 has added first aid box check to her IPC audit.  Full Centre wide re- audit completed on all first aid items and necessary additions made.  PIC met with designated first aid box audit staff to highlight discrepancies found and clarify requirements.	

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>Statement of purpose to be reviewed to include sizes of all rooms, including boiler rooms and ensuite bathrooms.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Full review and update of all residents' inventories to be completed, including more detail on items listed.</p> <p>Residents inventory will be added to the list of audit items in monthly and quarterly care plan audits.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Full center wide audit completed on all PPE supplies including in hallways.</p> <p>Audit of PPE supplies to be developed and implemented.</p> <p>First aid box audit record sheets to be updated to include action plan and follow up.</p> <p>First aid box check to be added to main audit folder for oversight.</p> <p>CNM1 has added first aid box check to her IPC audit.</p> <p>Full Centre wide re- audit completed on all first aid items and necessary additions made.</p> <p>PIC met with designated first aid box audit staff to highlight discrepancies found and clarify requirements.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Exercise bike has been removed from the hallway.</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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/01/2026
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	16/03/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre	Substantially Compliant	Yellow	16/03/2026

	to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	16/03/2026
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	18/11/2025
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	16/03/2026