



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

Issued by the Chief Inspector

Name of designated centre:	Portlaoise Area 1
Name of provider:	Health Service Executive
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	19 January 2026
Centre ID:	OSV-0002490
Fieldwork ID:	MON-0046949

About the designated centre

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

Portlaoise Area 1 is a designated centre operated by the Health Service Executive. This centre can provide residential care for up to seven male and female residents, who are over the age of 18 years with an intellectual disability. The centre comprises of two houses, located a few kilometres from each other in Co. Laois. One house is located in a rural setting near a town, while the second house, is located on the outskirts of a town. Both houses provide residents with their own bedroom, some en-suite facilities, bathrooms and communal use of kitchen and dining areas, sitting rooms, utility and each house has well-maintained rear and front gardens. Each house has its own transport, providing residents with access to local amenities. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 19 January 2026	10:00hrs to 16:30hrs	Anne Marie Byrne	Lead
Tuesday 20 January 2026	09:45hrs to 14:45hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced follow-up inspection to assess the provider's compliance with the regulations, and was facilitated by the person in charge, and the assistant director of nursing. The inspector also had the opportunity to meet with four members of staff over the course of the two days, and with three of the residents that lived in this centre. While there were examples of where care and support was being provided to a good standard, since the last inspection in June 2025, a decline in compliance was found across several areas that the provider was inspected against. Some of the findings required immediate and urgent actions to be issued, which will be discussed in more detail later on in this report.

This centre comprised of two houses, one of which was rurally based a few kilometres from a town, while the other was located within that town. The first house visited by the inspector was a bungalow dwelling, and was home to five residents. Until recent to this inspection, this house had a long standing bed vacancy, and a few days prior to this inspection, a new resident had been admitted to that house, bringing it to maximum capacity. Here, each resident had their own bedroom one of which was en-suite, there were three bathrooms, a large dining and kitchen area, conservatory, sitting room, and utility. The house was spacious in size, very clean, well-maintained, and nicely furnished. There was a large rear and front garden that was well-maintained, and provided areas for residents to sit out and relax during the good weather. The second house visited was home to two residents who had lived there together for a number of years. This was also a bungalow dwelling, and residents again had their own bedrooms, shared a bathroom, had a sitting room, kitchen and dining area, utility, and staff office. Due to the aging profile of these two residents, the provider had identified that this premises may not be suitable to meet the future assessed needs of these two residents, and were in the early stages of trying to secure a new premises for them. Although this house did provide a comfortable living environment, deep cleaning routines and general up-keep works did require review. Furthermore, issues were identified in both of these house in relation to fire doors. This will be discussed again later in the report.

The care and support needs required by these seven residents differed in each house. In the house that was home to five residents, many of them had high support needs in relation to manual handling, three of them were full-time wheelchair users, four of them were non-verbal, many had assessed health care needs, some required robust skin integrity management, four of them had sensory needs, they required full support with their intimate and personal care, one required enteral feeding, others required support at mealtimes, some had an assessed falls risk, all required high levels of supervision, with three of them requiring two staff to support them with most aspects of their care. The resident recently admitted to this house had much lower care and support needs than their peers, requiring support from staff in relation to an identified health care need, social support, and supervision when mobilising due to a previous history of falls. The layout of this

house did allow for residents who were wheelchair users to have the space to comfortably manoeuvre, and there was also a large bathroom with a shower table and assisted bath for these residents to use. The assessed needs of the two residents in the second house were lower, and they primarily required care and support in relation to their communication needs, aspects of their personal and intimate care, and as they were both very socially active, they each required one-to-one staff support during the day.

Upon the inspector's arrival to the first house, they were greeted by a nurse and by the recently admitted resident. There was a very calm and relaxed atmosphere in this house, with everyone getting on with their morning routines. The resident that greeted the inspector at the door, told the inspector they had moved in a few days ago, and were getting on well. They spoke of how they were getting familiar with staff, and showed the inspector their bedroom. Here, they had installed ALEXA, and were awaiting a new dresser table so that they could utilise this for additional storage. They spoke of how they had lived alone for many years, but that due to an incident that happened, they had been in hospital for many weeks prior to their admission to this service. They spoke of how they also had epilepsy and of how they managed this, as they experienced very frequent seizures. They told of their love for music and liked to play the harmonica, which they done so for the inspector. They also spoke at length about their family, and of the employment they had held right up until the aforementioned incident happened. They brought the inspector around a brief walk-around of the centre, showing her the communal areas, and the sensory nook within the main hallway. They said they did have some initial concerns moving to this centre given the high support needs of their peers, but so far, reported they were liking the centre, and were very happy to have their family come visit them since they moved in. Two of the other residents that lived in this house had already left for their day service, with the remaining two residents present at the centre when the inspector arrived. One was in the kitchen being supported by a staff member with their breakfast, while the other was in the conservatory watching television while their enteral feed was in progress. The inspector had previously met with these two particular residents on previous inspections. Staff who were on duty told the inspector that both residents had been keeping well, with one having returned in recent weeks following discharge from hospital. Staff were maintaining regular observations of this resident to ensure they were eating, sleeping and drinking well, and had seen an overall improvement in this resident since they had returned home to the centre. When the inspector visited the second house, they didn't get an opportunity to meet with the two residents that lived there, as both had already gone out for the day with their supporting staff.

Due to the assessed needs of the residents living in the first house visited, health care was a fundamental aspect of service that was required by these residents. Nursing support was available to these residents both day and night, and each staff member that the inspector spoke with over the course of the two days, were well aware of the individual health care needs that each resident had, and of the daily observations required to ensure they were receiving the care and attention they required. Due to their mobility status, high risks were associated with residents' skin integrity, and effective pressure area care implemented by staff had ensured that no resident had experienced any skin integrity issues. Many others had risks associated

with their nutritional and respiratory care, which again was well managed and observed by staff, also resulting in no issues arising in relation to this. Staff spoke with great knowledge about each of these residents, and their interactions with them were observed to be friendly, warm, kind and respectful. Improvement to these residents' assessments and personal planning arrangements had been made since the last inspection, which was noticeable to the inspector upon review of these documents. However, for the resident who was recently admitted, interim guidance documentation around a very important aspect of their care and support wasn't developed and available to staff upon their admission. This will also be discussed in more detail later on in the report.

The type of social care provided within each house varied based on the assessed needs of these residents. For the two residents that lived together, they were very socially active and liked to get out daily with staff, regularly accessing many of the local amenities close-by to them. They had one-to-one staff support available to them, and access to the transport that they required to enable them to be as socially active as they wished. In the other house, two residents attended day service during the week, with one of them also spending each weekend at home with their family. Since the last inspection, four of these residents in that house continued to present with sensory needs. Staff scheduled sensory based activities for these four residents as they knew some responded well when going for drives, others liked one-to-one time with staff, an external massage therapist visited the centre regularly, there were specific sensory activities identified for them on their individual activity planners, and when residents' meetings were occurring, staff were there to advocate for residents who were unable to verbally participate. As was identified on the previous inspection, one resident in particular responded well to a more quieter environment, and had utilised the vacant bedroom as a sensory area for themselves, while the centre wasn't operating at maximum capacity, so as to regulate themselves back to baseline from the general noise and coming and goings from the communal area of this house. Since the recent admission to this house, their sensory area was relocated to the communal sitting room and staff were supporting them to adapt to this change of environment. While residents' sensory needs in this particular house have been long-standing, the re-assessment of this aspect of their care was not completed since the last inspection, despite the provider assuring within their compliance plan response that it would be done.

There was a well-established team working in both houses, who were supported by the person in charge, and an on-call system. Since the last inspection of this centre, the same staffing arrangement had remained for both houses. While this had worked well while the centre had a bed vacancy, in light of the recent admission, the provider had failed to conduct a review of staffing levels, to identify if any changes were required, so as to meet the assessed needs of all residents, now that it was back to operating at maximum capacity. Furthermore, in one of these houses, issues had arose the previous month in relation to transport, which had an impact on service provision. In light of the recent admission, the provider had also not reviewed transport arrangements, prior to their planned transition.

While some of the improvements identified upon this inspection were of local level, there were considerable failings at provider level that required significant review, so as to bring this centre back into compliance with the regulations.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

The last inspection of this centre in June 2025 did identify a number of substantial compliance's with the regulations. Although the provider submitted a compliance plan in response to these, a number of the actions that the provider assured the Chief Inspector that they would be undertaking, were found not be to satisfactorily implemented. Upon this inspection, an overall decline in compliance with the regulations was found, which resulted in three separate immediate actions being issued with regards to fire safety, risk and medication management. An urgent action was also issued in relation to the review of this centre's staffing and transport resources.

The person in charge held the overall responsibility for this service, and had just recently returned to work from a period of extended absence, and were in the process of updating themselves around changes that had occurred within the centre during that time. They held regular meetings with their staff team to discuss residents' specific care and support arrangements, and also were in frequent contact with their line manager about operational issues.

There was a well-established staff team working in both houses, many of whom had supported these residents for quite a period of time. Agency staff often supported the staffing arrangement for this centre, and only those familiar with the service and the assessed residents were allocated to do so. The inspector did get to speak with an agency staff member who was on duty both days of this inspection, and they were found to be very knowledgeable of the residents' assessed needs. In one house, two staff were on duty during the day, with a waking staff member on duty at night. In the second house, three staff were on duty during the day, with two waking staff on duty at night. However, in advance of a new admission which brought this centre to maximum capacity, the provider had failed to review staffing and transport arrangements for this service, to identify if any changes to these resources were required, prior to this admission.

Upon the last inspection, the inspector did raise concerns around the future planning of this service, as one of these houses had not operated at full capacity for a number of years, and supported four residents with sensory needs. At the time of that inspection, one resident in particular, regularly utilised the vacant bedroom for sensory time. Furthermore, around the same time as that inspection, the admission of another resident had just occurred, who also had sensory needs. In their

compliance plan response to the Chief Inspector, the provider committed to conducting a service review, with due consideration to be given to the assessed sensory needs of the four residents that already lived there. They also assured that any new admission would be in accordance with the admissions policy, compatibility and capable environment assessments. This inspection found that these actions had not been adequately implemented by the provider.

Regulation 14: Persons in charge

The person in charge held a full-time position and was present each day in both houses to meet with the residents and their staff team. They were supported in their role by their line manager and staff team, and had good knowledge of the residents' assessed needs, and of the operational needs of the service delivered to them. This was the only designated centre operated by this provider in which they were responsible for, with current governance and management arrangements affording them the capacity to fulfil their managerial duties.

Judgment: Compliant

Regulation 15: Staffing

Although there were many positive aspects found in relation to the staffing for this centre, the provider had failed to review this arrangement in light of the centre recently returning to operating at maximum capacity.

A few days prior to this inspection, a new resident was admitted to one of these houses. This resident had social care support needs, which were known to the provider from pre-assessment. Despite this, the provider had failed to review the staffing levels in this house to identify if any changes were required to the staffing arrangement, so as to adequately meet this aspect of this resident's care, prior to their admission. An urgent action was given to the provider to complete a full review of this centre's resources, to include, staffing, which will be addressed in more detail under regulation 23.

Judgment: Not compliant

Regulation 16: Training and staff development

Following on from the outcome of the previous inspection in June 2025, the provider did review the training requirements for this centre, ensuring staff had up-to-date

training to carry out their duties. Where refresher training was required from time-to-time, the person in charge scheduled this accordingly.

One of the outcomes from the provider's service provision review in July 2025, was the requirement for sensory based training to be scheduled for staff, in response to the sensory needs of residents residing in one of the houses. At the time of this inspection, this training had not been completed.

Judgment: Substantially compliant

Regulation 23: Governance and management

One of the areas of improvement identified upon the last inspection in June 2025, was the requirement for the provider to carry out a review of the future service provision for this centre, with due to consideration to be given to one of these houses returning to operating at maximum capacity, as all four residents living in that house at the time, had assessed sensory needs. Within their compliance plan response, the provider committed to sensory re-assessments of these four residents, to include, their environmental needs, by August 2025. They also assured to complete a future planning review, and that it would focus on whether any further admissions to this house would impact on care delivery, sensory needs and socialisation of the four residents that already lived there. They had also committed to reviewing the behavioural support arrangements for one resident who regularly used the vacant bedroom for sensory time.

A future planning service review meeting was conducted in July 2025, and attended by members of local and senior management. At the time this meeting was held, residents' sensory re-assessments had not been completed, and were still not completed at the time of this inspection, with no known date yet identified as to when they would be completed. Furthermore, the behavioural support review of one resident had not been completed, with the last such review having occurred in January 2025. Despite this, the outcome of that future service review meeting led to the provider's decision to operate this house to maximum bed capacity. The minutes from this meeting were reviewed by the inspector, which primarily focused on the environmental layout of the vacant bedroom, requirement for staff sensory based training, and specific profile of person for potential admission. There was no evidence that in the absence of up-to-date sensory re-assessments, consideration had been given to comprehensively reviewing the sensory needs of the four residents that already lived there, or to the review of the potential impact on their care delivery and socialisation, in informing the decision to operate this house at maximum capacity.

There were also considerable failings on the part of the provider to adhere to their own admissions policy. A few days prior to this inspection, a new admission to the aforementioned house occurred. Pre-admission assessments were conducted with this resident, where it was highlighted to the provider that considering the complex

care and support needs of the four residents that already lived in that house, the resident planned for admission may not be compatible for transition. This concern was raised by local management with the provider, and prior to the resident's admission, similar concerns were also raised by the resident themselves and by their family in relation to this. Despite this, no compatibility assessments were completed by the provider, which was not in accordance with their own admission policy, or in line with their compliance plan response, whereby, they had assured the Chief Inspector that any further admissions would be subject to such an assessment.

Significant concerns were also raised upon this inspection with regards to the provider's review of their resources for this centre, before returning to operating at maximum capacity. Ahead of the planned admission of a new resident to this centre, no review of this centre's staffing or transport resources were completed by the provider, to ensure the centre was adequately resourced to meet the needs of this resident, particularly with regards to their social care. Subsequent to this inspection, an urgent action was issued to the provider to complete a review of these specific resources, and a satisfactory response was received in relation to this.

Since the last inspection, the provider did review how six monthly provider-led visits were being conducted, which was evidenced in the last visit completed in July 2025. However, monitoring systems in-between these visits did require further review by the provider. For example, much of the areas requiring improvement identified by the inspector upon this inspection, were not detected by the provider themselves through their own monitoring and oversight arrangements, prior to it being brought to their attention upon this inspection.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all incidents were notified to the Chief Inspector, as and when required by the regulations.

Judgment: Compliant

Quality and safety

Residents' assessed needs were well-known by staff in this centre. Staff caring for these residents were confident in their roles, and knew what to do, should any change occur to the status of residents' assessed needs. However, this inspection did observe where improvement was required to other aspects of this service.

Fire drills were often occurring, with the records of these demonstrating that staff could support residents to evacuate in a timely manner. All staff had up-to-date training in fire safety, and all fire exits in both houses were maintained clear. Each resident also had an evacuation plan in place, and since the last inspection, a revision of the fire procedure had been completed. However, over the course of this inspection, issues were found with regards to a number of fire doors, availability of evacuation aids, and the previously identified improvement required to emergency lighting had not been satisfactorily addressed.

Improvements had been made to residents' assessments and personal plans since the last inspection, with documentation better reflecting the care delivered daily, and there was also evidence of on-going re-assessment. Despite this progress, re-assessments of residents' sensory needs had not yet been completed, even though the provider had made appropriate referrals, and committed to completing these by August 2025.

Since the last inspection, action had been taken to improve the incident reporting culture within the centre, but further improvement was still required. More so of concern, was the lack of urgency in developing interim guidance documentation for staff, with regards to the risk management of one resident's epilepsy management, despite the well-known frequency of their seizure activity. Medication management was generally satisfactory, with prescription and administration records well-maintained and legible. Since the last inspection, the person in charge had ensured the improvements required were made to enteral feeding prescriptions. However, this inspection did find improvement required to medication storage arrangements, and also with regards to the review of a certain practice relating to controlled drug checks.

Improvements were also found in relation to aspects of residents' general welfare and development, which had been impacted by the lack of suitable transport arrangements, particularly to one house. This was found to have impacted some residents who responded well to going out for drives, and also in the delivery of good quality social care for a resident that was recently admitted to this centre. Although staff had endeavoured to optimise residents' daily activities with the resources that were available to the centre, this did require urgent review by the provider, as outlined under regulation 23.

Regulation 13: General welfare and development

One of these houses was home to two residents, and in response to their social care needs, they each had access to one-to-one staff support during the day, which had a positive impact on ensuring they were able to get out and about to enjoy the activities that they liked to do. They regularly had opportunities for social engagement, and to be able to maintain links with their local community.

In the other house, many of these residents had assessed sensory needs and responded well to more sensory based activities. There was much promotion of this

by staff in-house and records were maintained of residents' daily activities, to include, listening to music, sensory play time, therapy massage, and one-one activities with staff. One resident who previously used a vacant bedroom for sensory time, was now relocated to the sitting room area to do so. They were being supported by staff to adapt to this new arrangement, and had a sensory tent which they used almost every evening. Although staff did endeavour to plan meaningful activities for these residents, this house typically had two wheelchair accessible vehicles available to them. However, in recent weeks, only one of these vehicles was in use which had compromised residents' opportunities to get out and about. For example, from the activity records available, one resident who had assessed sensory needs and responded well to going for drives, only had the opportunity to do so once since the start of January. Furthermore, with regards to the resident that was recently admitted, although they had been supported to go on a shopping trip and attend mass since they moved in, unsuitable transport arrangements had meant much of their time since they moved in, had been spent at the centre.

Judgment: Substantially compliant

Regulation 17: Premises

The centre comprised of two houses, one of which was rurally located near a large town, and was home to five residents. This house was very spacious, rooms were bright and comfortably furnished, and the house was well-maintained. Due to the assessed mobility needs of these residents, halls and doorways were large enough to cater for residents who were full-time wheelchair users. The layout and design of bedrooms also allowed for the equipment needed by these residents, in accordance with their assessed needs. Where maintenance works were required, the provider had arrangements in place for these to be quickly rectified.

The second house was located within the town, and was home to two residents. However, improvements were observed by the inspector to be required to the overall cleaning and up-keep of this house. For example, deep cleaning of the kitchen and utility was found not to be done to a high standard, dining chairs were well-worn, two radiator covers required repair and/or replacement, and many rooms would have benefited from redecoration works.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

In general, there was a good response to risk in this centre, and good communication was maintained between staff and local management around any

new control measures required. However, some areas were identified upon this inspection that did require the attention of the provider to review.

The resident that was recently admitted to this centre had a history of very regular seizures, which was known to the provider from the resident's pre-assessment. Despite this knowledge, no interim guidance was put in place at the time of their admission, so that it would be immediately available at the centre for staff to refer to. A few days after this admission the resident did experience a seizure. Although their assessments and personal plans were still within the required 28 days for development, there was a lack of recognition of the risk posed by not having this interim guidance available, specific to this resident's regular seizure management. An immediate action was issued on the day of inspection for this guidance to be put in place, which was completed.

Following the outcome of the previous inspection in June 2025, emphasis had been placed on reviewing the incident reporting culture within this centre; however, the inspector found that this still required improvement. Over the course of this inspection, there were incidents found by the inspector, which had not been identified and reported through this centre's incident reporting system. There continued to be a low number of incidents reported through this system, which required further review to ensure this system was being appropriately used so as to effectively support risk management activities within this service.

Since the last inspection, there had been improvement made to the risk assessments pertaining to residents' specific risks. Although the risk register for the centre had also been subject to a similar review, it still required further improvement to ensure it fully supported the person in charge in relation to their on-going monitoring of specific risks relating to this centre. This was particularly observed in relation to risk pertaining to staffing, fire safety, medication management, and admission process.

Judgment: Not compliant

Regulation 28: Fire precautions

Safe fire safety practices were promoted in this centre; however, there were areas that required the attention of the provider to review.

During a walk-around of one of the premises, one fire door was found not to be closing properly, and there was also a gap found to the bottom of another fire door that required review. A walk-around of the second premises found that several fire doors were also not closing properly. Despite regular fire safety checks of these fire doors being carried out by staff, these issues had not been identified. An immediate action was issued for these to be addressed by close of the inspection, which was completed.

The last inspection of this centre found that emergency lighting to both sides of one of these houses required review. Although the provider had made better provisions for outdoor electrical lighting in these areas, the specific issue relating to emergency lighting to that house had not been addressed.

As part of the evacuation plan for one of these houses, the use of evacuation pads had been assessed as one of the potential methods of evacuation for three residents. However, this house only had two evacuation pads available, should this method of evacuation be required by all three residents in the event of a fire.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Following on from the last inspection, the person in charge addressed the improvements that were required to the prescribing of enteral feeding regimes, with clearer and better maintained records in relation to this prescription. Of the prescribing and administration records reviewed by the inspector, these were found to be well maintained and legible. Medication management continued to be an aspect of this service that was subject to regular monitoring, and staff had up-to-date training in medication management.

However, in one of these houses it was observed that a cabinet containing medications was not locked. An immediate action was given in relation to this, which was rectified on the day of inspection.

Some residents were prescribed controlled drugs, which were double locked, and there were routine counts of these medicines completed twice daily by staff. However, the inspector did observe a practice, whereby, control drug checks were pre-signed by staff, which posed a potential risk to safe medication management, requiring the review of the provider to address.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The last inspection of this centre did identify that some improvement was required to residents' assessments and personal plans. The person in charge had undertaken a number of actions in relation to this, and many of such documents reviewed by the inspector were found to be of a higher standard, and better informed staff on the specific care and supports that residents required. The re-assessment of residents' needs was also routinely carried out by staff, which was very much

evident in the assessments and personal plans of one particular resident, who had recently returned back to the centre following discharge from hospital.

Based on the number of residents with sensory needs living in one house, the previous inspection also identified the requirement for the review of residents' sensory needs, with due consideration to be given to environmental factors that potentially could impact this aspect of their care. The provider did commit within their compliance plan response to re-assess residents' sensory needs by August 2025, and referrals were made to the appropriate persons to have these completed. However, despite regular follow-up by the person in charge, these re-assessments were still not completed at the time of this inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Many of these residents had assessed health care needs, requiring care and support in relation to their skin integrity, epilepsy, nutritional care, respiratory care, and also had manual handling care needs. These particular needs were well-known by staff who cared for these residents, and their adherence to residents' specific daily health care interventions, had positive outcomes for these residents. In one house, full-time nursing support was required by many, which was consistently provided. There was good allied health professional involvement, who provided support to this centre with the review of residents' health care needs. Staff also maintained good oversight of the various medical appointments that these residents often had to attend, and ensured they were supported to attend. Since the last inspection, improvements had been made to the personal planning arrangements for residents' health care needs, which were maintained under very regular review by the person in charge.

Judgment: Compliant

Regulation 8: Protection

Procedures were in place to guide staff on how to identify, report, response to, and monitoring any concerns relating to the care and welfare of these residents. All staff had up-to-date training in safeguarding, and at the time of this inspection, there were no active safeguarding concerns in this centre.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Portlaoise Area 1 OSV-0002490

Inspection ID: MON-0046949

Date of inspection: 20/01/2026

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A comprehensive review of staffing levels and skill mix was completed. The social care needs of the newly admitted resident was assessed and staffing levels increased to meet the need of all residents accommodated in a person-centred manner. Staffing adjustments have been included on the roster.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A review of the specific training needs of the centre has taken place and is ongoing. A standardised service training matrix has been incorporated to include additional training requirements based on the resident's needs. Sensory assessments have been completed with two residents and other residents will have sensory assessment completed. Staff training based on the outcome of these assessments will be undertaken. The provider is currently in the process of arranging for the remaining assessments and staff training to be completed by an appropriate trainer.	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The transport arrangements were reviewed. The centre now has two fully operational vehicles available to meet the social and recreational needs of residents.</p> <p>A review of a residents' behaviour support needs was carried out by the Clinical Psychologist in conjunction with the P.I.C in January 2026.</p> <p>The annual reviews of the quality and safety of care are completed. Six monthly unannounced audits are completed and corrective action plans from a part of these formal audits. The PPIM has increased their frequency of visit to the Centre in the intervening periods between formal site visits to review the quality and safety A copy of these reviews and actions for improvement are documented and reviewed with the PIC.</p> <p>Compatibility assessment and capable environment assessments were carried for the new resident.</p> <p>A comprehensive review of staffing levels and skill mix has been completed and staffing levels increased to meet the need of all residents accommodated.</p> <p>The actions taken at that time and to date have been to implement extra staffing on 3 weekdays and 1 weekend day per week to facilitate social activities.</p> <p>A more suitable residential facility has been identified, and the resident is in the early stages of transition to new, more suitable premises within another Service.</p> <p>Sensory assessments have been completed for 2 residents. Sensory assessments for remaining service users have been secured for 3rd March 2026 with occupational therapy department and following these assessments a full-service review will be scheduled as a matter of priority to review resources already in place and implement recommendations as required. Staff training based on the outcome of these assessments will be undertaken.</p> <p>All further potential admissions have been postponed until the OT intervention and subsequent service review takes place as agreed.</p> <p>A review of the Centre's admission policy and statement of purpose will be undertaken in advance of any future admissions to ensure that policy is adhered to. A local and Senior Management meeting will be held in regards to any future admissions, taking into consideration the completed comprehensive sensory assessments and needs of current residents, staffing and resource management and the impact of a further admission on the care and socialisation of all residents.</p>	

Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The transport arrangements were reviewed by the provider and a car was sourced. The centre now has two fully operational vehicles available to use to meet and social and recreational needs of residents.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A comprehensive review of maintenance, deep cleaning and regular cleaning was undertaken. The cleaning procedure and schedule has been reviewed by the PIC with staff to ensure it is clearly understood and all areas are cleaned appropriately. The PIC will complete checks to ensure the cleaning procedures are implemented</p> <p>Dining chairs and radiator covers will be repaired/replaced as required.</p> <p>The repainting and decoration of rooms is being organised and a planned program of repainting will be undertaken.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>CNM2/ P.I.C will undertake Risk Management Refresher Training.</p> <p>The risk register will be reviewed to ensure it accurately reflects the care and support arrangements and the operational matters being managed and overseen by the P.I.C to ensure a proactive and timely approach in responding to open risk on the risk register</p>	

and risks that require ongoing monitoring.

Annual review of risk register in conjunction with Risk Officer to be implemented and ongoing. The PIC will review the risk register on a regular basis to ensure it accurately reflects and supports the management of incidents and associated risk ratings. Open risks will be monitored frequently and updated to reflect progress on controls required and being implemented.

A specific risk assessment, protocol and care plan is now in place to guide staff interventions to respond to the management of seizures. Individualised risk assessments and controls will be developed for any newly admitted resident on the day of admission to ensure guidance is in place to direct staff actions.

The responsibility for reporting and documenting of all incidents by staff continues to be discussed with the staff team by the PIC to ensure incidents are responded to and managed through the Centre's risk management policy and procedures.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: A review of the external emergency lighting was completed by the maintenance department and electrician. Emergency lighting will be installed where required.

A review of all the P.E.E. Ps has been carried out, and an additional evacuation pad has been ordered.

The fire doors have been checked and adjustment made to ensure all fire door are closing correctly. The completion of fire safety checks has been discussed with staff to ensure accuracy of the checks and reporting.

Regulation 29: Medicines and pharmaceutical services	Not Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Security of medications has been reviewed. All staff involved in the administration of medicines will be required to complete medication management training on HSE Land.

A staff nurse meeting has been held in relation to safe medication management with particular emphasis on control drugs management and securing medications at all times.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The CNM2 will continue to provide care plan support, guidance and one to one educational session with staff. All staff to attend care plan training.

Sensory assessments have been completed with two residents and other residents will have sensory assessment completed.

The provider is currently in the process of arranging for the remaining assessments and staff training to be completed by an appropriate trainer

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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	23/01/2026
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	26/01/2026

Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	01/05/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/05/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	27/01/2026
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.	Not Compliant	Orange	01/04/2026

Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	20/01/2026
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	01/04/2026
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/03/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	20/01/2026
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration	Not Compliant	Orange	20/01/2026

	of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, 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.	Substantially Compliant	Yellow	01/04/2026