



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

Issued by the Chief Inspector

Name of designated centre:	Oldcourt DC
Name of provider:	St John of God Community Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	13 May 2025
Centre ID:	OSV-0002878
Fieldwork ID:	MON-0044548

About the designated centre

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

Oldcourt DC is a designated centre operated by St. John of God Community Services CLG. Oldcourt DC consists of two community houses within a two mile radius of each other. One of the houses is a detached bungalow in a housing estate near a large town in Co. Wicklow. It is situated within walking distance of local shops, the community centre, library, chemist, doctors surgery and a church. The house has four single bedrooms, with a sitting room, kitchen, staff office, and bathrooms. The second house is a detached two story house located in a different housing estate and also within close proximity to many local amenities. It has a small open garden to the front with side access to a large walled garden to the back. The house has four bedrooms, sitting room, conservatory, staff office and bathrooms. Oldcourt provides residential care 24 hours a day, seven days a week. The staff complement includes a person in charge, a social care leader, social care workers and staff nurses. Staffing levels are based on the support needs of the residents at a particular time and can be adjusted accordingly.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Tuesday 13 May 2025	09:45hrs to 16:30hrs	Karen McLaughlin	Lead
Tuesday 13 May 2025	09:45hrs to 16:30hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing regulatory compliance in the designated centre. It was carried out as part of the regulatory monitoring of the designated centre.

Oldcourt designated centre is made up of two community based houses which are located a short distance from each other. Each house that makes up the centre are located close to many services and amenities, which were within walking distance and good access to public transport links. The centre had the capacity for a maximum of eight residents, at the time of the inspection there were 7 residents living in the centre full-time.

During the inspection, inspectors had the opportunity to meet with three residents in the first house and two residents in the second house. Residents were unable to provide verbal feedback about the service, therefore inspectors carried out observations of residents' daily routines and of their home and support arrangements. In addition to this inspectors carried out a review of documentation and had conversations with key staff, to form judgments on the residents' quality of life.

On arrival to the centre, inspectors were greeted by a staff member on duty, who informed the person in charge who made themselves available throughout the course of the inspection.

The inspectors were shown around both premises by the person in charge and the supervisor; they were both knowledgeable and familiar with the assessed needs of residents.

Overall, the inspection found both houses in the centre to be clean, bright and homely. The provider had endeavoured to make the living arrangements for residents as homely and personalised as possible throughout.

Each resident had their own bedroom which was decorated in line with their preferences and wishes, and inspectors observed the rooms to include family photographs, and memorabilia that was important to each resident.

Residents were observed receiving a good quality person-centred service that was meeting their needs. They were supported by a familiar staff team who knew them well and understood their communication styles and individual support needs. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner.

Inspectors spoke with two staff on duty on the day of inspection. They both spoke about the residents warmly and respectfully, and demonstrated a rich understanding

of the residents' assessed needs and personalities, and a commitment to ensuring a safe service for them.

In summary, the inspection found that the residents enjoyed living in the centre and had a good rapport with staff. The residents' overall well-being and welfare was provided to a good standard.

The next two sections of this report will 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 care in the centre.

Capacity and capability

The purpose of this inspection was to monitor levels of compliance with the regulations. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre. The person in charge met the requirements of Regulation 14.

The registered provider had implemented management systems to monitor the quality and safety of services provided to residents including annual reviews and six-monthly reports.

There was a regular core staff team in place and they were very knowledgeable of the needs of the residents. The staffing levels in place in the centre were suitable to meet the assessed needs and number of residents living in the designated centre. Inspectors spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge provided support and formal supervision to staff working in the centre.

The registered provider had developed a comprehensive written statement of purpose. However, improvements were required to accurately represent the most current footprint of the designated centre.

The following section of this report will focus on how the management systems in place are contributing to the overall quality and safety of the service provided within this designated centre.

Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre that met the requirements of Regulation 14 in relation to management experience and qualifications.

There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was or off-duty or absent.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that adequate staffing with the appropriate skills, qualifications, and experience was maintained, in alignment with the statement of purpose and the centre's size and layout.

The staff team included the person in charge, social care leader, nursing staff, and social care workers. On the day of the inspection, there were four staff members on duty during the day and three staff members at night, all in a waking capacity. Although there were three vacancies open for social care workers, inspectors observed that these positions had been advertised. The person in charge was actively working to maintain continuity of care for residents by utilising a small panel of regular relief staff.

Additionally, the person in charge maintained planned and actual staff rosters. Inspectors reviewed these rosters for April and May 2025 and found that the staffing arrangements were accurately reflected, including the full names of staff members on duty during both day and night shifts.

Inspectors spoke to two staff members, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of the individuals who lived in the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to appropriate training as part of their continuous professional development, and to support the delivery of care to residents.

Inspectors reviewed the training records for staff working in the centre. All staff were up to date in training in required areas such as safeguarding vulnerable adults, manual handling and fire safety. Refresher training was available as required to ensure that adequate training levels were maintained.

Staff had also completed human rights training to further promote the delivery of a human rights-based service in the centre.

Supervision records reviewed were in line with organisation policy. The inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

The person in charge was suitably qualified and experienced. They had oversight of three additional designated centres that were located in the same region. A supervisor was appointed at local level in the designated centre to support the person in charge in fulfilling their regulatory responsibilities. The supervisor was not included in the roster, instead they had their own separate hours to carry out defined responsibilities including rostering and supervision of staff. The person in charge reported to a programme manager.

A series of audits were in place including monthly local audits and six-monthly unannounced visits. Audits carried out included a six monthly unannounced audit, risk management audit, medication management audits and an annual review of quality and safety. Residents, staff and family members were all consulted in the annual review.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a vehicle for transport which was assigned for the centre's use.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose is one of the most important documents that a provider is required to have in relation to its services. It is where the provider clearly sets out what the services does, who the services is for and information about how and where the service is delivered.

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

However, a review of the floor plans included in the statement of purpose was required as they did not accurately represent the most current footprint of the designated centre. Specifically, a shed that had been re- purposed as a utility room, at the rear of one home, was not accurately depicted on floor plans included in the statement of purpose.

Judgment: Substantially compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

Overall, a good quality of service was provided to all residents, and during this inspection, inspectors observed residents expressing their choices to staff regarding what they wanted to do and when they needed support. However, improvements were required in relation to premises, risk management procedures, protection against infection, and fire precautions.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received. However, not all actions identified on the centre's last inspection had been addressed. Additionally, storage in both houses was poor and required attention.

There were a number of improvements required to ensure that the measures and arrangements in place, to support infection control precautions and procedures, were effective at all times and mitigated the risk of spread of healthcare-associated infection to residents and staff. For example, aspects of the premises required

attention in order to mitigate infection risks. In addition, improvements were required regarding the designated centre's household cleaning schedules and infection prevention and control (IPC) audits.

Furthermore, an urgent action was issued verbally on the day of inspection, and in writing the following day, regarding the fire containment measures in the centre. The inspectors saw that actions, identified from an audit in 2021 to enhance the containment measures in the designated centre, had not been progressed. The 2021 audit had set a six month time frame to address the containment issues. The inspectors saw that the utility room (outdoor shed) did not have the appropriate measures in place to detect, contain and extinguish fire should one start.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans, which outlined the associated supports and interventions residents required.

Staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

The provider and person in charge understood that positive risk-taking was central to good practice and was a key aspect of all residents' growth and development. All residents had individual risk assessments on file. However, these required review by the person in charge to ensure that clear documentation, included accurate risk rating and appropriate risk assessments supported residents and staff to mitigate against identified known risks.

Some residents required support to manage behaviours of concern. However, positive behaviour support plans had not been prepared for residents who had behavioural support needs. The provider had not used positive behavioural supports to reduce the risk of behaviours of concern from occurring.

Regulation 10: Communication

The inspectors saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes. Residents had communication care plans in place which detailed that they required additional support to communicate. Each resident had an up-to-date communication passport which described their communication style and supported their communication needs.

Visual supports required by residents were readily available in the designated centre. Folders containing pictures to support residents to understand and make decisions in areas such as menu planning were available to all residents. Furthermore, a weekly activities board was accessible to all residents.

Inspectors saw that staff were familiar with residents' communication needs and care plans.

Staff were also in receipt of communication training which supported and informed their communication practice and interactions with residents living in this centre.

Staff were observed to be respectful of the individual communication style and preferences of the residents as detailed in their personal plans and all residents had access to appropriate media including; the Internet and television.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the designated centre was designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Since the previous inspection, some of the identified maintenance issues had been addressed and completed. For example, in one home, the kitchen underwent refurbishment, creating a more accessible space for residents. Additionally, the conservatory was de-cluttered, and damaged furniture was replaced. However, inspectors noted a number of outstanding issues that had not been resolved. Specifically, the utility room remained cluttered, the kitchen flooring showed visible damage and required repair, and a number of radiator covers were damaged and warped, necessitating replacement. These ongoing maintenance concerns highlighted areas that still required attention to ensure the environment remained safe and suitable for all residents.

Each resident had their own bedroom, which was decorated according to their personal style and preferences. For example, bedrooms featured family photos, artwork, soft furnishings, and memorabilia that reflected their individual tastes and interests. This approach supported the residents' independence and dignity, while acknowledging their uniqueness. Additionally, every bedroom was provided with ample and secure storage for residents' personal belongings.

The registered provider had not ensured that all matters outlined in Schedule 6 of the regulations were adequately addressed. Specifically, during the inspection, it was noted that storage facilities were insufficient across both homes in the designated centre. Inspectors found resident equipment stored in the utility room of one home, while excess personal protective equipment and combustible materials were improperly stored in the hot press of another home. These issues required a review and corrective action by the provider.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had an "Integrated Risk Management" policy in place, which was last reviewed in July 2024, and was reviewed by inspectors. The provider had ensured that the policy included all necessary information in accordance with regulatory requirements. For instance, it contained detailed information on managing the unexpected absence of a resident, accidental injuries, self-harm, and outlined the systems in place within the designated centre for the assessment, management, and ongoing review of risk.

All residents had individual risk assessments on file, outlining the identified risks, existing control measures, and any additional actions needed to further mitigate those risks. Inspectors conducted a detailed review of four individual risk assessments and found that improvements were necessary. For instance, one risk assessment related to physical harm from missed or delayed medication was rated as low risk (green). However, upon review, inspectors found that missed or delayed medication had occurred on seven separate occasions. Another risk assessment concerning potential physical harm from self injurious behaviours, such as head-banging, was also rated as low risk (green). However, upon review, inspectors noted that this behaviour occurred on a daily basis, often multiple times throughout the day. Inspectors determined that individual risk assessments did not appropriately reflect the identified risks, rendering them ineffective in guiding the management of the residents' care.

Additionally, this further presented a risk to the effective management and assessment of risks within the designated centre, as it directly impacted the ability to monitor and address risks appropriately.

Judgment: Substantially compliant

Regulation 27: Protection against infection

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

However, on the day of the inspection inspectors found that the provider had not fully complied with the requirements of Regulation 27 and the National Standards for Infection Prevention and Control in community services (2018), and a number of actions were required to bring the centre into full compliance.

On the day of inspection, inspectors identified inadequate practices and management of known infection hazards and risks, which compromised the effective implementation of infection prevention and control (IPC) measures designed to safeguard both residents and staff from infection. For instance, a shed re-purposed

as a utility room in one home was found to be in need of a thorough deep clean. Inspectors observed that the room was visibly unclean, with a large amount of cobwebs present. The space was also very cluttered with personal protective equipment and residents' equipment, hindering the staff's ability to maintain appropriate infection prevention and control (IPC) measures. Furthermore, there were no hand-washing facilities available for staff in this room, impeding their ability to comply with effective infection prevention and control (IPC) protocols after handling residents' laundry.

In another home visited by inspectors, it was evident that a comprehensive deep clean was required to maintain appropriate standards of hygiene. Inspectors noted that the area behind a television cabinet was visibly unclean. In addition, to the rear of the home inspectors observed a large volume of discarded cigarette butts on the ground, which had not been adequately cleaned for some time. This lack of cleanliness not only reflected poor general housekeeping but also posed a risk for the accumulation of dust and pathogens, undermining effective infection prevention and control (IPC) practices and required considerable review by the provider and person in charge.

During the inspection, inspectors requested to review records of fridge temperature checks, as well as documentation related to reheating foods. Inspectors were informed that the provider issued a communication that designated centres were no longer required to maintain these records, which are critical for ensuring the safe storage and handling of food to prevent food borne illness. The absence of these records meant it was unclear if compliance with food safety standards was being effectively implemented.

Furthermore, inspectors determined that improvements were necessary in both the designated centre's household cleaning schedules and infection prevention and control (IPC) audits. For example, certain cleaning duties, such as the cleaning of utility rooms, were not included in the cleaning schedules, leaving areas potentially vulnerable to contamination. Inspectors also observed discrepancies where cleaning tasks were marked as completed, yet these tasks had not been carried out on the day of the inspection.

Additionally, an infection prevention and control (IPC) audit conducted in April 2025 stated that the environment was free from clutter and clean. However, inspectors found that the audit failed to accurately document issues and concerns, highlighting a need for more thorough and accurate record-keeping to ensure ongoing compliance and safety.

Judgment: Not compliant

Regulation 28: Fire precautions

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. These were all subject to regular checks and servicing with a fire specialist company and servicing records maintained in the centre.

All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly, which simulated both day and night time conditions.

The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated

However, the provider had not implemented appropriate arrangements to prevent, detect and contain fire in the shed used to wash and dry residents clothes and bedding. Under this regulation, the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the risk was adequately addressed.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

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

- Intimate care
- Mobility
- Medication management
- Skin care
- Feeding, eating, drinking, and swallowing (FEDS).

Inspectors also reviewed two residents' personal plans, which were in an accessible format and detailed goals, wishes and aspirations for 2025 which were important and individual to each resident. Examples of goals set for 2025 included going on a holiday, returning to day service, meeting friends for coffee and improving health.

The provider had in place systems to track goal progress. For example, goals were discussed with residents during key working, person-centred planning meetings and annual circle of support planning meetings, which were also attended by residents' siblings and day service staff. In addition, photographs of the resident participating

in their chosen goals and how they celebrated were also included in their personal plan.

Inspectors reviewed one resident's key working minutes held in April 2025 and saw evidence that the following agenda items were discussed and recorded:

- Yearly goal review
- Weekly activity
- Issues arising
- Positive topics
- Food preferences.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had not ensured adequate support arrangements were in place in the care and support of residents' who had assessed behavioural support needs. Where behavioural related incidents occurred, not all residents had positive behaviour support plans in place, which outlined clear interventions to be implemented by staff, as and when required.

For example, inspectors were shown evidence that a positive behaviour support referral for a resident had first been made in April 2021. However, on the day of inspection a positive behaviour support plan plan was not and had not been in place for the resident. The resident continued to exhibit behaviours that required therapeutic intervention to protect the resident from the potential harmful impact of their actions. A tracking log was started on the 27/03/2025 to monitor the frequency of the residents presenting behaviours, following a review on the day of inspection gaps were evident on the recording sheet and it was unclear if the behaviour had not been recorded or if it had occurred that day. Another entry recorded on the 06/04/2025 stated the behaviour had occurred many times but with no definitive number. There was no written guidance to support staff to correctly and consistently carry out this task.

Overall, the provider had not taken appropriate or timely action to alleviate the causes of behaviours and therefore there were no clear plans or time frames in place to address the issues in order to effectively improve the quality of life for residents affected.

There were some environmental restrictions implemented within the centre, which included the use of a travel vest in use while on transport. However, some restrictive practices in use in the centre had not been notified to the Chief Inspector of Social Services, including the use of a locked press.

Judgment: Not 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Not compliant

Compliance Plan for Oldcourt DC OSV-0002878

Inspection ID: MON-0044548

Date of inspection: 13/05/2025

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 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: <ul style="list-style-type: none">Email sent to architect on 13.05.2025 requesting new floor plans including the utility room shed,New plans in place since 09.06.2025 and added to the Statement of purpose.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">All actions have been added to the maintenance system, including removing rusty swing chair & replace peeling on bath,Utility room shed cleared on 15.05.2025,Covers for wheelchairs sourced and in place 19.05.2025,Radiator covers repainted on 06.06.2025,Quote received from Hollyfort on 13.06.2025 to repair kitchen floor gapping, sent through to procurement for approval on 13.06.2025Hot Press was cleared on 13.05.25. Potential options for expanding storage will be considered in proposed renovation works for expanding the upstairs bathroom space. The premise was last evaluated and surveyed in April 2025 with the latest updates from Maintenance dated the 12.05.25	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> All immediate risks identified have been reviewed, with revisions currently ongoing. Comprehensive risk assessments being reviewed by SCL/PIC and will be completed by 30.07.2025. The review will focus on ensuring risk ratings accurately reflect the frequency and severity of incidents and the risk matrix will be re-evaluated to guide this process. 	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> Utility room shed cleared from clutter and additional stock of PPE/ cleaning products 15.05.2025, Fridge/ freezer temperature checks in place 20.06.2025, Meat probes have been purchased and will be implemented by end June 2025, Utility room shed area added to the cleaning checklist 11.06.2025, Emptying ashtray of cigarette butts added to cleaning checklist 11.06.2025, Quote received from Hollyfort 13.06.2025 to install handwashing facilities in the utility room shed and emailed to procurement for approval, Maintenance request submitted 30.05.2025 to add wall-mounted hand sanitizer to the utility room shed. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> Fire extinguisher in place in utility room shed 13.05.2025 and added to company yearly schedule for inspection, Sharp linking the fire alarm panel to the utility room shed 23.06.2025, Drier in utility room shed not in use until above actions completed, Wires behind living room television cleared and new wire cabling in place 26.05.2025. 	

Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • Localized plan for resident headbanging compiled on 05.06.2025 as agreed by MDT at meeting on 08.05.2025. Plan finalized with team, • Referral to psychology submitted on 20.05.2025 for resident headbanging, waiting for it to be picked up, • All staff already signed up for refresher PBS training, which will be completed by end 2025, as per training calendar, • Psychology involved in creation of BSP for resident face slapping. PIC followed up again and reactive strategy completed 20.06.2025. Psychology will meet with team by end July to finalize plan, • All restrictive practices including the locked press have been reviewed and will be notified to HIQA as required. 	

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 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	30/09/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2025
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.	Substantially Compliant	Yellow	30/07/2025
Regulation 27	The registered provider shall	Not Compliant	Orange	30/09/2025

	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.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Red	13/06/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	13/06/2025
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	09/06/2025
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or	Not Compliant	Orange	31/07/2025

	her representative, and are reviewed as part of the personal planning process.			
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Not Compliant	Orange	31/07/2025