



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

Issued by the Chief Inspector

Name of designated centre:	Walk C
Name of provider:	WALK CLG
Address of centre:	Dublin 12
Type of inspection:	Announced
Date of inspection:	26 May 2025
Centre ID:	OSV-0003406
Fieldwork ID:	MON-0038541

About the designated centre

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

Walk C comprises three residential homes for up to nine people and aims to support residents to live socially inclusive lives. Two of the houses in the centre aim to deliver a service for those with dementia. Staff are trained to support each person living in the house and ensure the identified goals in the care plan are being worked on. In each home that makes up the centre, residents are provided with an individual bedroom, shared kitchen, living and dining spaces, bathrooms and gardens. Each home that makes up the centre is also situated near local community and leisure facilities such as pubs, cafés, fitness centres and churches.

The following information outlines some additional data on this centre.

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

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 26 May 2025	09:10hrs to 16:20hrs	Kieran McCullagh	Lead
Monday 26 May 2025	09:30hrs to 16:20hrs	Karen McLaughlin	Support

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

Inspectors determined that, overall, residents received high-quality care provided by a familiar staff team who delivered it with kindness and respect. However, there were areas of non-compliance found relating to the notification of incidents. Furthermore, improvements were required under a number of other regulations, including governance and management, premises, and fire precautions.

The inspection was completed over the course of one day by two inspectors and was facilitated by the person in charge and person participating in management for the duration of the inspection. Through careful observation, direct interactions, a thorough review of documentation, and discussions with residents, family members, and key staff inspectors evaluated residents' quality of life.

The centre was registered to accommodate nine residents, it comprised of three homes; two houses and one apartment. In the first house, one inspector commenced the inspection and met with the person in charge here. They also had the opportunity to meet with two of the residents who lived there. Both residents, showed the inspector around the house and their respective bedrooms.

The other inspector commenced the inspection at the second house and met with the person participating in management and team leader. This property was a single occupancy dwelling and they were greeted by the resident and the staff on duty. The resident happily chatted with the inspector and spent time showing them their photo collection and talking about their family members. In addition, they took the inspector on a walk through of their home and showed the inspector their bedroom. The resident appeared happy, relaxed, and at ease with the inspectors presence and the home was noted for being clean and tidy

In the afternoon, both inspectors visited the third house in this designated centre. They were greeted by a staff member on duty and shown around by them. Inspectors had the opportunity to meet with the three residents who lived there and a family member came to speak to the inspectors in person. They told the inspector that they were happy with the quality of care their sibling received and that the 'service is brilliant.' They also commented that there was good communication between staff and the family.

Residents were observed to have busy and active lives. For instance, inspectors observed residents coming and going from their homes during the day, attending day services and making plans for the evening. Residents were engaged and involved in activities in their locality including attending local art classes and exercise

classes. One house benefited from visits from a music teacher and another resident was involved in a local lawn bowling club.

Residents from all three homes told inspectors they were happy with their homes. One resident commented 'I like the people' (with reference to staff), another said they liked their bedroom and bathroom and another said they were happy with the meals provided and enjoyed helping with the cooking.

In preparation for the inspection, some residents completed surveys to share their perspectives on life within the centre. The feedback received was positive and reflected a strong sense of satisfaction and wellbeing among residents. Survey responses indicated that residents felt safe and secure, were pleased with the quality and comfort of the premises, and expressed satisfaction with the food provided.

Inspectors saw that all three houses were clean and well-presented both internally and externally. There was adequate private and communal spaces. The provider had endeavoured to make the living arrangements for residents as homely and personalised as possible throughout. Residents' bedrooms were nicely 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.

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

Capacity and capability

This section of the report presents the inspection findings regarding the leadership and management of the service, and evaluates how effectively it ensured the provision of a high-quality and safe service.

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and to contribute to the decision-making process for the renewal of the centre's registration. Overall, a good quality of service was provided to all residents. However, improvements were required in relation to the notification of incidents and governance and management. This is discussed in detail in the main body of this report.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The centre was managed by a full-time person in charge who had sole responsibility for this designated centre. The person in charge met the requirements of Regulation 14 and were supported in their role by team leaders, and a person participating in management. They reported directly into the Director of Supported Living Services.

There was a regular core staff team in place and they were knowledgeable of the needs of the residents and had a good rapport with them. The staffing levels in place in the centre were suitable to meet the assessed needs and number of residents living in the centre.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. Inspectors observed that the number and skill-mix of staff contributed to positive outcomes for residents using the service. For example, inspectors observed residents being supported to participate in a variety of home and community based activities of their own choosing. Warm, kind and caring interactions were observed between residents and staff. Staff were observed to be available to residents should they require any support and to make choices.

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

The provider ensured that the building and all contents, including residents' property, were appropriately insured. The insurance in place also covered against risks in the centre, including injury to residents.

Some improvements were required in relation to the governance and management systems in this designated centre. Specifically, the person in charge failed to report three day and quarterly notifications to the Chief Inspector of Social Services, in line with regulatory requirements. A six-monthly unannounced visit of the centre had taken place in May 2025 to review the quality and safety of care and support provided. Subsequently, there was an action plan put in place to address any concerns regarding the standard of care and support provided. In addition, the provider had completed an annual report of the quality and safety of care and support in the designated centre for 2024. However, this review did not ensure residents and their representatives/family were consulted with.

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

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking the renewal of registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included in the application.

In addition, the provider had ensured that the fee to accompany the renewal of registration of the designated centre under section 48 of the Health Act 2007 (as amended) was paid.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of the designated centre.

The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information. Inspectors reviewed the May 2025 planned and actual staff rotas. The rotas were well maintained, and showed the names of staff and the hours that they worked.

Residents were in receipt of support from a stable and consistent staff team. Staffing levels were in line with the centre's statement of purpose and the needs of the residents. On the day of the inspection, one full-time social care worker position was vacant. Inspectors noted that the position had been advertised, and the provider was actively working to maintain continuity of care for residents by utilising a small panel of regular relief staff.

During the inspection, inspectors spoke with a number of staff members on duty and found that all were highly knowledgeable about the residents' support needs and their responsibilities in providing care. Residents were familiar with the staff and felt comfortable interacting and receiving care.

Inspectors also reviewed three staff Schedule 2 files, and found that the required information and documents including vetting disclosures, copies of qualifications, and evidence of identity, were available.

Judgment: Compliant

Regulation 16: Training and staff development

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

Inspectors reviewed the staff training records maintained by the person in charge and found that it was effective in regularly monitoring staff training. All staff had

completed a variety of training courses, ensuring they had the necessary knowledge and skills to support residents effectively. This included mandatory training in areas such as fire safety, managing behaviour that challenges, and safeguarding vulnerable adults.

In addition and to enhance quality of care provided to residents, further training was completed, covering essential areas such as human rights, manual handling, infection prevention and control (IPC), and food safety.

Consistent with the provider's policy, all staff were in receipt of quality supervision. A comprehensive 2025 supervision schedule, created by the person in charge, was reviewed and found to ensure that all staff were in receipt of bi-annual formal supervision, ongoing informal supports tailored to their roles, and monthly staff meetings. Staff spoken with told inspectors that they were satisfied with the support and supervision they received.

Judgment: Compliant

Regulation 22: Insurance

The service was sufficiently insured to cover accidents or incidents. The necessary insurance documentation was submitted as part of the application to renew the centre's registration and was also made available for inspectors to review on the day of this inspection.

Upon review, inspectors confirmed that the insurance policy covered each building, their contents, and residents' personal property.

Additionally, the insurance also provided coverage for risks within the centre, including potential injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors noted that while clear lines of authority and accountability were in place within the designated centre, this inspection highlighted a number of key areas where improvements were required in oversight and local management systems. Specifically, enhancements were needed in the notification of incidents, outstanding maintenance issues, and fire precautions.

The designated centre was managed by a capable person in charge, who, with the support of team leads, and a person participating in management, possessed a thorough understanding of residents' and service needs. There were adequate

arrangements for the oversight and operational management of the designated centre at times when the person in charge was off-duty or absent. Furthermore, all residents benefited from a knowledgeable and supportive staff team.

Effective management systems ensured the centre's service delivery was safe, consistent, and appropriately monitored. A comprehensive suite of audits, covering fire safety, housekeeping, infection prevention and control (IPC), and medication, was conducted by the provider and local management team. The inspectors review of these audits confirmed the audits' thoroughness and their role in identifying opportunities for continuous service improvement.

An annual review of the quality and safety of care had been completed for 2024. However, residents and their representatives/family members had not been consulted as part of this annual review, which was not in line with Regulation 23(1)(e). This required consideration and review by the provider and person in charge.

Inspectors reviewed the action plan created following the provider's most recent six-monthly unannounced visit carried out in May 2025. Following review, inspectors observed that the majority of actions had been completed and that they were being used to drive continuous service improvement.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Inspectors found that improvements were needed so that there were effective information governance arrangements in place to ensure the designated centre complied with notification requirements at all times. This had been previously identified during the last inspection conducted in October 2023.

Prior to the inspection, it was identified that the required notifications to the Chief Inspector of Social Services were not submitted as mandated. Specifically, the person in charge failed to report incidents involving the use of restrictive procedures such as physical, chemical or environmental restraints during quarters one, two and three of 2024, as required by Regulation 31(3)(a). Inspectors requested that these were notified to the Chief Inspector retrospectively.

Additionally, during the inspection inspectors were informed of a recent safeguarding incident that had not been notified within the required time period. The person in charge did not provide written notification to the Chief Inspector within three working days, as required by Regulation 31(1)(f).

This necessitated thorough review and consideration by the person in charge to ensure that all relevant adverse incidents were reported to the Chief Inspector in the

recommended formats and within the specified timeframes, in order to mitigate the risk of concern or harm to residents.

Judgment: Not compliant

Quality and safety

This section of the report provides an overview of the quality and safety of the service provided to the residents living in the designated centre.

Overall, a good quality 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, and fire precautions.

Staff were well informed about each resident's individual communication needs. Throughout the inspection, inspectors observed that staff demonstrated flexibility and adaptability in their use of various communication strategies. A strong culture of listening to and respecting residents' views was evident within the service. Residents were actively supported and encouraged to communicate with their families and friends in ways that suited their preferences.

Residents were supported to make decisions about how their home was decorated and residents' personal possessions were respected and protected. Inspectors found the atmosphere in the centre to be warm and relaxed, and residents appeared to be very happy living in their home and with the support they received. A walk around of each premises confirmed that the design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. However, some minor maintenance works were identified during this inspection which required attention and repair.

Inspectors found evidence that the provider was ensuring the delivery of safe care while balancing the right of residents to take appropriate risks to maintain their autonomy and fulfill the provider's requirement to be responsive to risk. The organisation's risk management policy met the requirements as set out in Regulation 26. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. Individualised specific risk assessments were also in place for each resident. It was noted that these risk assessments were regularly reviewed and gave clear guidance to staff on how best to manage identified risks.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. However, some improvements were required to detect, contain and extinguish fires in two properties visited by inspectors. Specifically, one property required appropriate fire escape signage and another property's utility room room required a fire door with a self-closing mechanism.

There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal emergency evacuation plans were reviewed regularly to ensure their specific support needs were met.

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

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

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

Regulation 10: Communication

The provider demonstrated respect for core human rights principles by ensuring that residents could communicate freely and were appropriately assisted and supported to do so in line with their assessed needs and wishes. Throughout the duration of the inspection inspectors observed residents freely expressing themselves, receiving information and being communicated with in the best way that met their assessed needs.

Inspectors observed that residents in this designated centre were supported to communicate in line with their assessed needs and wishes. For instance, 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.

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

Furthermore, staff were in receipt of communication training which supported and informed their communication practice and interactions with residents living in this centre and as observed by the inspectors during the course of the inspection.

Judgment: Compliant

Regulation 17: Premises

Inspectors found the atmosphere in each home visited to be warm and calm, and residents appeared to be very happy living in the centre and with the support they received. Inspectors carried out a walk around of each home within the designated centre, which confirmed that each premises was laid out to meet the assessed needs of the residents.

The issues identified during the previous inspection regarding some of the premises had been fully addressed. Specifically, ceilings had been repainted, and bedroom flooring had been replaced. However, during this inspection, inspectors noted some additional maintenance requirements. Specifically, the absence of a door on all mop storage units posed a risk of cross-contamination and required review. Additionally, a shower in the en-suite of one property was found to be dripping and required repair. Furthermore, the smoking shed at the rear of another property was found to be extremely cluttered and required reorganisation and a deep clean.

Residents had their own bedroom which was decorated to their individual style and preference. For example, residents' bedrooms included family photographs, pictures, soft furnishings and memorabilia that were in line with the residents' preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences. In addition, inspectors noted that residents could access and use available spaces both within the centre and garden without restrictions.

Residents had access to facilities which were maintained in good working order. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be clean, comfortable, homely and overall in good structural and decorative condition.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place, which was reviewed as part of the inspection. The provider had ensured that the policy was up-to-date and 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. Inspectors completed a review of four individual risk assessments and found that each detailed comprehensive existing and additional control measures required to further mitigate those risks. For example, where risks were identified for a resident relating to behaviours that challenge, the provider had put a number of appropriate controls in place some of which included the provision of staff training in positive behavioural supports. In addition, the resident was provided with a positive behaviour support plan. Staff spoken with on the day of this inspection were knowledgeable of residents' individual risk assessments and all control measures in place.

The provider had ensured that all vehicles used to transport residents were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment, and driven by persons who were properly licensed and trained.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had established fire safety management systems in place to safeguard residents from fire risks. These systems comprised staff fire safety training, regular maintenance of fire detection and suppression equipment, and scheduled fire drills.

Fire equipment was routinely serviced, and staff conducted daily fire checks in all three homes. However, inspectors noted a need for certain enhancements to the fire safety management systems in place. For instance, one property inspected lacked appropriate fire escape signage to guide residents and staff during evacuations. This had previously raised as a concern in the last inspection conducted in October 2023. Additionally, another inspected property was found to have utility room doors without proper fire doors or self-closing mechanisms, posing a risk to both residents and staff. This required review by the provider and person in charge.

All residents' had personal emergency evacuation plans (PEEPS) in place. Inspectors reviewed three of these which were personalised to meet the individual assessed needs of the resident.

Inspectors reviewed fire safety records maintained in the designated centre, including fire drill records and found that regular fire drills were completed as per the provider policy, and the provider had demonstrated that they could safely evacuate residents under both day and night time circumstances

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Inspectors observed that arrangements were in place to deliver positive behaviour support to residents with identified needs in this area. For example, residents had up-to-date positive behaviour support plans on file. Inspectors reviewed three residents' support plans and found that information was comprehensive and detailed, with all plans developed by appropriately qualified individuals. Additionally, plans incorporated anticipatory strategies and proactive measures to minimise the risk of behaviours that challenge.

Staff received training in managing behaviour that is challenging and participated in regular refresher courses based on best practices. Staff members were knowledgeable about support plans in place, and inspectors observed positive communication and interactions between residents and staff throughout the inspection. Additionally, systems were in place to regularly monitor the behavioural support approach, and staff avoided practices that could be seen as institutional abuse.

There were a number of restrictive practices used in this centre. Inspectors completed a review of these and found they were the least restrictive possible and used for the least duration possible. These had not been reported to the Chief Inspector, however this has been addressed under Regulation 31: Notification of incidents.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had established systems to safeguard residents from abuse. For instance, a clear policy was in place, providing staff with explicit guidance on the appropriate actions to take in the event of a safeguarding concern. Furthermore, all staff had completed safeguarding training equipping them with the skills necessary for the prevention, detection, and response to safeguarding issues.

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

Intimate care plans had been prepared to support staff in delivering care to residents in a manner that respected their dignity and bodily integrity. Inspectors viewed three of these plans. Residents' intimate care plans detailed the steps to maintain their autonomy and dignity. Intimate care plans were person-centred and detailed residents' preferences regarding their care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Walk C OSV-0003406

Inspection ID: MON-0038541

Date of inspection: 26/05/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> - Maintenance – <ul style="list-style-type: none"> o By June 30th a maintenance review and prioritization of work to be done as measured by report to the facilities and procurement manager. o By July 31st those maintenance priorities are uploaded onto the maintenance system with timelines of completion. As measured by the electronic maintenance system. - Fire <ul style="list-style-type: none"> o By July 31st professional advice on necessary fire exit signage will be confirmed, costed and installed in all properties that are not compliant with the regulatory standard. As measured by a commissioning report from the facilities and procurement manager. <p>During the period prior to this report and implementation, there will be interim signage added to house 2 and house 3 identified in the report.</p> <ul style="list-style-type: none"> - Annual Report <ul style="list-style-type: none"> o By June 30th the author of the annual review will be informed of the need to better reference in that document the levels of consultation people supported and their families so that the 2025 annual reviews meet regulation 23 (1)(e) as measured by the 2025 annual reports. 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> - Quarterly returns <ul style="list-style-type: none"> o By June 30th all outstanding quarterly notifications for 2024 are submitted as 	

<p>measured by the HIQA portal records.</p> <ul style="list-style-type: none"> o By July 31st all Team Leaders and people participating in management will be taken through a demonstration on submitting notifications and the timeline of notification requirements on the portal as measured by an email confirmation of attendance and calendar entry. o By June 30th calendarize the quarterly returns and be clear on who's responsibilities this lies with. PIC to confirm that these have been submitted independently if Team lead or Person Participating in Management is involved. As measured by HIQA portal records. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - Please see actions in regulation 23 - By June 30th Mop shed doors, shower and smoking shed noted in body of report to be included in the review and report for maintenance, as measured by maintenance report 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire doors in utility room</p> <ul style="list-style-type: none"> - By June 30th the facilities and procurement manager will have a cost for the installation of two fire doors for the utility room and back door as measured by the quote - By July 31st a business case for funding will has been written and submitted internally or externally, if necessary as measured by the business case document <p>By September 30th doors are installed as measured by certificate of installation.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	31/07/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/07/2025
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation	Substantially Compliant	Yellow	30/01/2026

	with residents and their representatives.			
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/07/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2025
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	30/06/2025
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure	Not Compliant	Orange	30/06/2025

	including physical, chemical or environmental restraint was used.			
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