

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

Issued by the Chief Inspector

Name of designated centre:	Dungarvan Residential Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	16 June 2025
Centre ID:	OSV-0003508
Fieldwork ID:	MON-0038417

About the designated centre

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

Dungarvan Residential Services is a registered residential disability service in Co. Waterford which provides long-term residential care and one transition respite bed for up to 15 adults, both male and female, although the current residents are all female. The service is provided up to and including retirement age to adults with a primary diagnosis of mild to moderate intellectual disability, autism and behaviours that challenge. The centre consists of three detached single-storey houses, in different locations in a seaside town and is in close proximity to all local services and amenities. Each house has a safe accessible garden. There are day services/ workshops allied to the centre, which are tailored to the residents' different needs and preferences. The staff team comprises of nursing support, social care workers and healthcare assistants. Local amenities in the area include walkways, shops, restaurants, cafes and clubs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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 16 June 2025	07:50hrs to 18:30hrs	Sarah Mockler	Lead

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 decision making in relation to renewing the registration of the designated centre. Overall, the inspection findings indicated that the residents that lived in the centre were well cared for, safe and had a good quality of life. Residents were encouraged to maintain their independence and to have autonomy to make decisions around their care and support. However, some improvements were needed in some specific Regulations. This included improvement in staff training, staffing levels and premises conditions.

The inspector used observations, conversations with staff, conversations with residents, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

The centre had capacity to accommodate 15 residents. The inspector had the opportunity to meet and speak with 13 residents across the day of inspection. In addition, to speaking with residents and staff, the inspector also had the opportunity to speak with a volunteer, a day service manager and a family representative.

The designated centre comprises of three separate homes located in separate locations in a large town in Co. Waterford. The inspector visited all three properties and completed a walk around of all areas of each home.

The first home visited was a large detached bungalow building. The inspector was welcomed in by a staff member and met with the five residents on arrival to the home. It was early in the morning and all residents were up, dressed and waiting to speak with the inspector. The inspector sat in the sitting room with the residents and each resident showed the inspector around their individual rooms.

All residents eagerly told the inspector about their lives. They told the inspector about college courses they were completing, their day service, hobbies they enjoyed, competing in Special Olympics, their weekend activities and their day-to-day routine. It was evident that residents were encouraged to engage in a wide range of activities in line with their interests and had busy active lives. The inspector heard one resident explain how they independently travelled on public transport. One resident specifically spent time with the inspector telling them about a compliant they had made and what was happening in relation to this. They were attending a meeting in relation to this later in the week with an advocate. The resident showed the inspector the outfit they intended to wear for the meeting.

When residents were asked directly about living in the home, they stated that they 'liked' or 'loved' living there. Residents appeared happy and content, were seen to freely move around their home and were seen to be very comfortable in each others presence. There was one staff present to support the residents at this time. The inspector observed the residents directly engage in conversations with the staff

member. The staff member had worked with the residents for a number of years and it was evident that both the staff member and residents were familiar and comfortable with each other.

The inspector completed a walk around of all aspects of the premises with the residents and person in charge. Each resident showed the inspector around their room. Four residents had an individual bedroom (one bedroom had en-suite facilities) which were very much decorated to their specific preferences with lots of personal items, pictures and other items on display. One bedroom was shared between two residents at separate times. This room had limited personal items on display. Residents had access to a number of bathrooms in the home. In terms of communal space there was a front conservatory area, a sitting room and kitchen. Also in the home was a room allocated for storage, a utility room, office and a staff sleepover and office room. A number of minor maintenance works were required in this home due to the age of the premises and general wear and tear. Overall, the home was well kept, homely and very clean.

Later in the morning the inspector visited the second home which was located a short distance away. This centre accommodated five residents. In the centre the inspector met with three residents and later in the day the inspector met with a fourth resident from this home in their day service. The three residents were waiting in the sitting room when the inspector arrived. The three ladies were attending day service later in the morning in line with their specific preferences. A staff member was present to support the residents had this time. The staff member was very familiar with the residents and told the inspector that they had worked in the organisation for 35 years.

The residents in this home were eager to tell the inspector about their life. They immediately told the inspector that it was their preference not to get up early five mornings a week for day service. The three residents were at an age where they were considering semi-retiring from the day service. At the time of inspection, the provider had made staff available in the home on three mornings a week to facilitate the residents to stay in their home for a longer period of time in the morning. The provider was in the process of exploring how this would be accommodated across the five days.

Residents seemed very comfortable in their home and in each others company. They told the inspector they watched specific television programmes together. Residents enjoyed partaking in swimming and residents had medals in relation to this which they showed the inspector. One resident really enjoyed knitting and showed the inspector some of their work. They had received a thank you note from an organisation whereby the resident had donated knitted blankets too. When asked if they liked living in the home all residents stated they did. The two residents the inspector did not meet at this time were recent new admissions to the centre. The inspector asked the residents about this and all residents were in agreement that the new residents had settled in well.

The fourth resident from this home was at day service and requested to meet the inspector there which was facilitated. The resident spoke about settling into their new home and that they were happy there.

The three residents showed the inspector around their individual bedrooms, which were again well kept and very much personalised. Residents showed the inspector photographs and personalised cushion covers and items that were important to them. The person in charge showed the inspector the rest of the home. Again the two remaining bedrooms were very well presented. The residents had access to a sitting room, kitchen come dining area and activity room. Also in the home was a laundry room, a staff sleepover room and five separate bathrooms. Outside the garden was well kept and residents had contributed to this area. Some very minor maintenance work was required in the kitchen following some water damage.

In the afternoon the inspector visited the third home associated with the designated centre. There were four residents living in this home and one vacancy. All residents in this part of the designated centre had retired from their day service and were supported to engage in activities from home. Two staff were present to support the residents at this time. All residents were sitting around a kitchen table and engaged in an activity. Music was playing on a tablet device. This had been a recent present for one of the residents. The staff team asked the residents what music they wanted and residents were observed to sing along with the music playing. The residents were very comfortable and were seen to converse with the staff present. One resident had gone swimming earlier in the day and enjoyed telling the inspector about this activity.

The residents lived in a very large purpose built bungalow in a residential area. Two residents showed the inspector around their bedrooms. They had large bright rooms with en-suite facilities and all tastefully decorated. All other resident bedrooms in the home were presented in a similar manner. The residents had access to a large sitting room, kitchen dining area, separate laundry area. There was one main bathroom in the home and it was allocated for use for one resident. One bedroom was vacant and the sixth bedroom was used as a staff sleepover room. There was also a separate office space. The garden was very well kept. The residents proudly told the inspector they were growing vegetables and these raised beds could be seen from the kitchen area.

The family representative and volunteer spoken too were very complimentary of the service being provided. The following was stated during one of the phone calls, "everything is perfect", "the staff team think of everything".

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre and were presented to inspectors on the day of the inspection. 14 surveys were returned to the inspector and reviewed. The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre, including; the staff, activities, people they live with, food and the premises. These questionnaires also captured residents' views on aspects of care and support that could be improved. For

example, one resident had stated "I would like to get up later in the morning during the week". As previously stated the provider was aware of this.

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

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall, there were systems in place to monitor the level of care and support being provided in the centre and residents were kept safe. However, improvements were required in staff training, staffing levels and governance and management to ensure the level of quality of care could be sustained on a ongoing basis.

As previously described there were some changing needs within some homes within the designated centre that required a review of staffing levels. Although the provider was in the process of reviewing this, suitable actions were to be decided and implemented to rectify this. In addition, staff training needs required review to ensure staff has access to the most up-to-date and relevant training to enable them to deliver care in line with best practice.

Although there were a number of systems in place for oversight at provider and local level. Some minor improvement was required in the provider level oversight of the centre to ensure it was in line with the requirement of the regulations.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed information submitted by the provider to the Chief Inspector of Social Services with their application for renewal of registration of the centre. The provider had failed to make the application in line with the required time frame. The provider is required to submit an application to renew the registration six months prior to the registration end date. They are informed of this process (in writing) and are provided with a date to when the registration to renewal must be submitted to the office of the Chief Inspector. Additionally a reminder (in writing) is also provided four weeks prior to the deadline. However, the provider had failed to submit their application to renew their registration by the required date.

In addition when the renewal pack was submitted it was incomplete and did not have the required documentation enclosed. For example, a number of key documents were unsigned and the floor plans were not submitted. Further review of the process in place to ensure timely submission of regulatory documentation required improvements.

Judgment: Not compliant

Regulation 15: Staffing

The provider was striving to ensure there were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times.

The provider had core staff teams in place in all houses. In addition there was a large relief panel available to cover staff vacancies. Additionally agency staff were used when relief or regular staff could not cover shift. The inspector reviewed rosters for May and June 2025 and found that for the most part regular agency and relief were in place. On the day of inspection there was an agency staff working in one of the homes. They were very familiar with the residents' and worked in the centre on numerous occasions. It was evident that the provider was striving for continuity of care for the residents.

However, as previously stated residents told the inspector that they wanted to remain in their home in the morning time. Due to staffing levels in place this was not always possible. Some actions had been taken by the provider and residents now had the opportunity to remain in the home three mornings a week. However, provider had recognised that further action was required in this area.

The Inspector reviewed three staff records and found that they contained all the required information in line with Schedule 2, including evidence of professional references and vetting by An Garda Síochána.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix that was in place to track the completion of staff training within the designated centre. It was found that all staff had training in key areas such as safeguarding, fire safety, and manual handling. Staff were scheduled for regular refresher training in these areas. However, the same system was not applied to medicine management training or infection prevention and control training.

On review of the training records for medicine management it was found that some staff had not completed training since 2017. Staff were not required to complete refresher training in this area. They were required to complete an in-house competency assessment on a yearly basis. The system for ensuring staff had the most up-to-date knowledge in this area required review to ensure it was in line with best practice. Additionally, in relation to the training completed in infection prevention and control, all staff completed this training as a once off module. Some staff had completed this training in early 2020 and there was no system in place to ensure refresher training was completed at regular intervals.

The inspector reviewed the systems in place for training in areas related to residents' specific assessed needs. For example no staff had training in managing diabetes and only six out of 14 staff had training in epilepsy.

Staff were in receipt of support and supervision through annual employee reviews. The inspector reviewed three staff member's documentation in relation to this support. The detail in these documentation evidenced that all aspects of the staff role was reviewed. For example, areas such as residents needs, personal planning process, policies and procedures, regulatory responsibilities, training and decision making were reviewed as part of this process.

Judgment: Not compliant

Regulation 23: Governance and management

Overall, there were systems in place to monitor the level of care and support being provided in the service. There were a number of systems of oversight both at local and provider level.

There was a clearly defined management structure in place with the staff team reporting to the person in charge, who in turn reported to the Chief Executive Officer (CEO). There was a vacancy for a person participating in management in the centre and as an interim measure some of the staff team now reported directly to the CEO. The person in charge had sole remit over this designated and was supernumerary to the staff team.

The provider had in place a series of audits both at local and provider level. For example, at local level, regular Infection Prevention and Control (IPC), medication management, restrictive practice audits and personal planning audits were completed. For the most part these audits were identifying areas of improvement.

As part of the inspection process the inspector requested a copy of the annual review and the last two six month provider audit. The inspector reviewed the provider audit dated December 2024 and found it had identified the need to review staffing arrangements. However, the six monthly unannounced audits were not

occurring in line with the regulations. The most recent six monthly was dated April 2025 with the one prior to his occurring 10 months previous in June 2024.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Office of the Chief Inspector under the regulations were reviewed during this inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact residents. It was noted that not all required notifications had been submitted as required in line with the statutory requirements. For example, the provider had not submitted all notifications in relation to the use of minor restrictive practices within the service and notifications in relation to suspected allegations of abuse.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.

The inspector found there was a culture of openness and transparency that welcomed feedback, the raising of concerns and the making of suggestions and complaints. For example, two recent complaints, as brought about by residents, were managed in a person-centered and effective manner. The residents were aware of the process of how to make a complaint and told the inspector about this. Advocacy was sought and obtained to help residents with this process and to ensure the residents will and preference was accurately reflected.

On the day of the inspection there was one open complaint (the other complaint mentioned above had been recently closed). The inspectors reviewed the documentation in relation to this complaint and found it was maintained by the person in charge and found that complaints were followed up, investigated, and managed in a timely manner, as per the provider policy.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre presented as a comfortable home and provided person centred care to the residents. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and staff, reviewing healthcare documentation, fire safety documentation, risk and safeguarding documentation. The inspector found good evidence of residents being well supported in the all of areas of care and support. Some minor improvements were required in relation to premises conditions.

Residents healthcare needs were being well met within the centre. The provider had put considerable focus in this area in the last 12 months which included comprehensive audits of care and support in this area. This ensured that residents were in receipt of the best possible care.

Residents safety was prioritised with good practices observed in risk management, safeguarding and fire safety.

Regulation 17: Premises

As previously described the designated centre comprises of three separate buildings located a short driving distance from each other. All homes are in close proximity to local amenities.

The inspector completed a walk around of all three homes and found for the most part that the homes were well maintained, clean and homely. Some of the homes associated with the designated centre had some minor areas of wear and tear, and required some minor improvements in relation to maintenance. This included, minor peeling laminate in one kitchen, damaged water damaged kick boards in another kitchen, a shower room with a water damaged door and insufficient ventilation, tiling in bathrooms that required filling following removal of equipment and or curtains, and removal of curtain runner from the centre of one resident's bedroom.

The inspector saw each residents bedroom and they were clean and personalised. All residents who were asked stated that they liked their rooms. There was sufficient access to communal spaces within all the homes. Garden areas were well presented.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents' guide had been reviewed as part of the registration of this centre. It was found to contain all information as required by the Regulation. For example, the residents guide outlined how to make complaints if a resident was unhappy with any aspect of the care and support provided.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy contained all information as required by the Regulation. The provider and person in charge were identifying safety issues and putting risk assessments and appropriate control measures in place. Risk assessments considered each individual's needs and specific preferences. The inspector reviewed individual and general risk assessments in place in relation to slips, trips and falls, medication, IPC, fire and health related needs. Risk control measures were found to be in place. For example, one resident's risk assessment was updated following the introduction of a new walking aid. All risk assessments were linked to corresponding care plans to ensure control measure aligned.

Arrangements were also in place for identifying, recording, investigating and learning from incidents, and there were systems for responding to emergencies. The inspector reviewed all incidents that had occurred in 2025. Overall, the number of incidents were low and well managed.

Judgment: Compliant

Regulation 28: Fire precautions

There was suitable fire equipment in place and systems to ensure it was serviced as required. On the walk around of the premises the inspector saw fire extinguishers, emergency lighting, smoke detectors and the fire alarm. Fire containment measures were in place and effective. There were automatic door closures in place to ensure that doors would close in the event of an emergency. There were adequate means of escape. All fire equipment was being regularly serviced. For example, the inspector saw records that the emergency lighting and fire alarm panel were serviced in March 2025. There was a procedure for the safe evacuation of residents and staff, which was prominently displayed.

Each resident had a personal emergency evacuation plan (PEEP) which was clear in relation to any supports they may require. All PEEPs were reviewed following fire drills to ensure they accurately reflected residents' needs.

Fire drills were occurring regularly in the centre and being completed at different times. The inspector reviewed nine fire drills that occurred in 2025 across all three properties. The fire drills evidenced that all residents could evacuate in a timely manner with minimal supervision.

Judgment: Compliant

Regulation 6: Health care

The registered provider took measures to ensure the residents' healthcare needs were met. Healthcare assessments were in place and reviewed regularly with appropriate healthcare plans developed from these assessments.

The inspector reviewed 17 individual healthcare plans in place for three residents. The residents had detailed plans in place to describe the support they required in the management of a range of assessed needs. For example, there were care plans in relation to epilepsy, diabetes, foot care, oral health, mobility, anxiety and managing cholesterol. All plans were regularly updated and reviewed with all plans updated in quarter one or two of 2025. As previously stated healthcare plans were also linked with associated risk assessments to ensure staff had the required information to support the resident in an effective manner.

All residents had a general health and wellbeing plan which detailed the general supports in place to maintain residents health. A detailed document in relation to health appointment reminders was maintained on each residents file to ensure appropriate follow up and attendance at medical appointments was facilitated.

The inspector saw evidence that residents were facilitated to attend appointments in relation to all National Screening Programs.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems to safeguard residents from abuse, which were underpinned by a written policy.

Staff had also completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were aware of the procedure for responding to and reporting safeguarding concerns.

The inspector found that safeguarding concerns had been appropriately reported and notified to the relevant parties. Safeguarding plans had also been prepared, as required, which outlined the measures to protect residents. The inspector reviewed

two safeguarding plans that were in place and found that suitable measures were in place.

Intimate care plans had also been prepared to support staff in delivering care to residents in a manner that respected their dignity and bodily integrity.

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	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dungarvan Residential Services OSV-0003508

Inspection ID: MON-0038417

Date of inspection: 17/06/2025

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.

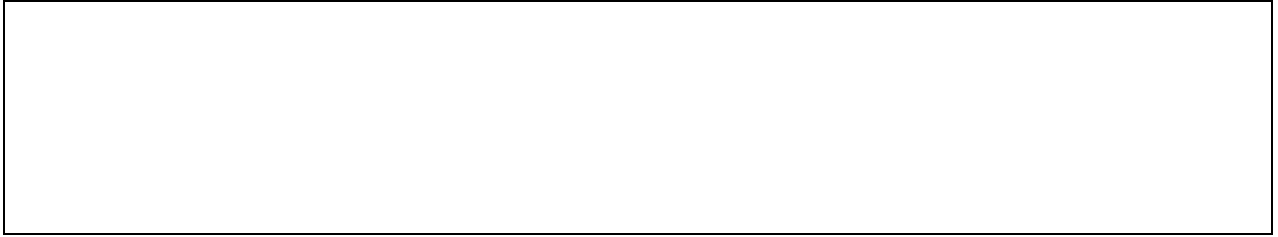
Section 1

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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: A new procedure to put in place to ensure that applications for registration or renewal of registration is in compliance and within timelines. The procedure will ensure that a checklist for timelines and signed documents is developed.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Further recruitment initiative to be developed to reduce the reliance on agency staffing and also to have in place additional staffing for the morning roster of one of the homes in the Designated Centre. The recruitment of additional members of staff will put in place arrangements for residents to remain in their home for 5 mornings Monday – to Friday i.e the opportunity to have a delayed start to day services. Currently the weekly roster facilitates this requirement for 3 mornings each week and the recruitment of additional staff members will facilitate and provide for residents to remain in their home for 5 mornings each week. The Disability Support Application Management Tool setting out the requirement will be advanced to the HSE in order further support this requirement.	

Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Refresher Training ON Medication Management is to be introduced for members of Staff where administration of medication is a requirement. A three year cycle for refresher training will be put in place and the annual competency assessment to remain in place. Regular training for members of staff supporting residents who present with diabetes and epilepsy will be provided.</p> <p>The quality committee of the services to review on all refresher training requirements and refresher requirements including Infection Prevention Control</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>A review of notifications across the Designated Centre to be completed and in this regard the restrictive practice of the locked press in the shared room to be included on the restraints register and notified to the Authority.</p> <p>The Service will provide notice in writing within 3 working days of adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A schedule will put place to implement works in areas within the designated centre where wear and tear and maintenance improvements including minor peeling laminate in one kitchen, damaged water damaged kick boards in another kitchen, a shower room with a water damaged door and insufficient ventilation, tiling in bathrooms and removal of a damaged external raised flower bed. The works will be completed by 31st October 2025.</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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Not Compliant	Orange	22/07/2025
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.	Substantially Compliant	Yellow	30/09/2025
Regulation 16(1)(a)	The person in charge shall	Not Compliant	Orange	31/12/2025

	ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.			
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	31/10/2025
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	16/07/2025
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	Not Compliant	Orange	31/07/2025

	centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
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