



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

Issued by the Chief Inspector

Name of designated centre:	Arranmore
Name of provider:	St John of God Community Services CLG
Address of centre:	Dublin 8
Type of inspection:	Announced
Date of inspection:	21 January 2026
Centre ID:	OSV-0003591
Fieldwork ID:	MON-0040800

About the designated centre

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

Arranmore is a designated centre operated by St. John of God Community services and is situated on a campus based setting in South Dublin. It is a large one storey property that provides residential services for a maximum of nine residents. There is one dining area, kitchen, nine bedrooms, a staff office, a medication room and a TV lounge. There are three accessible bathrooms. There is a small grassy and paved area to the back of the building where residents, staff and family members can sit. There is also access to day services on the campus. Residents are supported 24/7 by nursing staff, healthcare assistants and social care workers. Residents have access to multidisciplinary supports in the organisation such as; social workers, physiotherapists, occupational therapists, speech and language and psychology, as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 21 January 2026	08:20hrs to 15:20hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This was an announced inspection to inform decision making in response to the provider's application to renew the centre's registration. The inspector had the opportunity to meet with all of the residents who were living in the centre. One resident spoke with the inspector about their experiences of living there. Most of the residents required support with their communication and many communicated using other modes such as facial expression, vocalisations and body language.

The inspector used observations of interactions between residents and staff, along with a review of documentation and conversations with staff members, to gather information on the quality of the service. Overall, this inspection found that residents were in receipt of a very high standard of care which was meeting their assessed needs in a person-centred manner and was enabling them to have a good quality of life.

The designated centre is located on the provider's campus close to Dublin City Centre. The centre's statement of purpose sets out that it provides care and support to residents who have an intellectual disability and high medical needs including those who require palliative care. The centre provides a nursing-led model of care and the staff team is complemented by social care workers, health care assistants, household staff and a chef. This complement ensures that residents' social care needs and specific dietary needs can also be met.

The centre is a single storey building, designed to be accessible to the residents, many of whom have physical disabilities. There are nine resident bedrooms which are equipped with required aids such as hospital beds and ceiling tracking hoists. Residents have access to three bathrooms which are also equipped with aids such as shower trolleys and hoists.

In recent years the facilities in the centre have been expanded to include a sensory room and a family room. Residents share a dining room and a sitting room and a kitchen is also available for meals to be prepared. The inspector saw on the day of inspection that the facilities of the centre were very clean and well-maintained. The centre was found to be warm, comfortable and homely.

The inspector met the person in charge on arrival to the centre and was introduced to the shift lead and the staff team on duty. Many of the residents were in bed when the inspector arrived and the atmosphere of the centre was found to be quiet and relaxed. The inspector observed the staff handover and was told of the plans for the morning to assist the residents in getting ready for their day. Some of the residents attended day services while others availed of supports from the designated centre in line with their assessed needs and preferences.

The inspector saw that there was a gentle and relaxed pace to the morning routine. Residents were assisted to get ready for the day as they woke and there were sufficient staff on duty to provide support in a person-centred manner. One resident woke up but then chose to go back to bed and their wish was respected.

Positive and respectful interactions were observed between staff and residents. The inspector met one resident on their way to the bathroom. They were being supported by a staff member who introduced the resident to the inspector. The staff member responded to the resident's vocalisations and facilitated a positive interaction with the inspector. The staff member was also noted to take care to close the doors to the dining room, where there was maintenance underway, so as to reduce the noise travelling down the corridor towards residents' bedrooms.

Staff were seen to take care to uphold residents' rights to privacy and dignity. They were seen to knock before entering bedrooms and bathrooms. Bathroom doors were kept closed when in use. Residents were supported to bring their clothes to the bathrooms with them and to change there, with their pyjamas being placed in their own laundry baskets. Throughout the day staff members were heard engaging with residents in a positive manner. Staff members sang songs to residents while assisting them with personal care and encouraged residents to engage in conversations during mealtimes.

The residents' morning routines were completed in line with their preferences on the day. Some residents chose to have breakfast in their bedrooms. The inspector saw one resident being supported with breakfast and two other residents being supported with their lunch. Staff members were seen to assist residents in a manner which upheld their dignity and autonomy. Staff members engaged with residents throughout the mealtimes, chatting to them about the day and their plans and supporting residents to be independent in feeding where appropriate.

Staff members were also heard complimenting residents as they left the centre to attend day service. There was good communication between the staff team throughout the morning routine, with staff checking with each other that residents had all the items they needed before leaving for day service.

In the afternoon some of the residents, who had not gone to day service, went out for lunch with the support of the staff team. Another resident remained in the centre due to their assessed needs. The inspector observed the staff team providing nursing care to the resident.

Overall, this inspection found that residents were living in a warm and comfortable home and were being supported by a staff team who knew their needs and preferences well. Care and support was being delivered in a person-centred and rights-informed manner which was upholding residents' rights to autonomy, dignity and privacy.

Capacity and capability

This section of the report describes the governance and management arrangements of the centre. The inspection found that there were effective leadership, governance and management arrangements in place and clear lines of accountability. These measures along with the implementation of a stable, consistent and suitably-qualified staff team were ensuring that residents were in receipt of a very good quality of service which was safe and was meeting their assessed needs in a rights-informed manner.

The designated centre had clearly defined and accessible governance arrangements and structures. These set out lines of authority and accountability. The inspector spoke with a number of staff members over the course of the inspection including those in leadership and management roles. Each staff member spoken with was knowledgeable regarding their specific roles and responsibilities and of how to escalate any concerns through the management systems to the provider level.

The staffing complement of the centre comprised of nurses, social care workers and healthcare assistants. This mix of staff ensured that residents' nursing and health and social care needs were effectively met. Staff members had access to a programme of refresher training which ensured they maintained the competencies required to safely support the residents. Specific bespoke training was also provided to staff members in meeting particular assessed needs which were not covered in general mandatory training.

There were sufficient staff on duty to meet the needs of the residents in a person-centred manner. The provider had measures in place to ensure that, where there were gaps in the roster, these were filled by familiar relief and agency staff. This was effective in ensuring continuity of care for the residents. Staff members were performance managed and were supported to exercise their professional and personal accountability for the provision of safe and effective care.

Regular audits were conducted both locally in the centre and by the provider to assess, evaluate and improve the provision of services in a systematic way to achieve better outcomes for the residents living in the service. There were two minor areas for improvement noted, one was in respect of a review of policies and the other was to ensure that all residents had a completed contract of care available to them.

Registration Regulation 5: Application for registration or renewal of registration

A full and complete application to renew the centre's certificate of registration was made within the required time frame. This afforded the centre the protections of the Health Act 2007 (as amended) while going through the renewal process.

Judgment: Compliant

Regulation 14: Persons in charge

The designated centre was overseen by a suitably qualified and experienced person in charge. They were employed in a full-time capacity. The person in charge was also responsible for another designated centre which was located on the same campus. The person in charge was supernumerary and had sufficient management time to fulfill their regulatory responsibilities. A supernumerary Clinical Nurse Manager 1 was also employed in the centre. This stakeholder supported the person in charge in having oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

A planned and actual roster were maintained for the service. The inspector reviewed the rosters for January 2026 and explored four dates in detail. It was seen that, across each of these dates, staffing numbers and qualifications were in line with the statement of purpose. The inspector observed on the day of inspection that there were sufficient staff to provide person-centred care to the residents.

The centre was operating with three vacancies at the time of inspection. Gaps in the roster were largely filled through the use of regular relief and agency staff. On the dates reviewed by the inspector, it was seen that the majority of staff working were regular staff employed in the centre. This was effective in ensuring continuity of care for the residents.

The centre was staffed by a team of staff nurses, social care workers and healthcare assistants. The staffing complement ensured that residents' nursing and social care needs could be effectively met. A chef and housekeeping staff were also employed in order to meet residents' nutritional needs and to ensure the cleanliness of the premises.

The Schedule 2 files for three staff were reviewed on the day of inspection. These contained all of the information as required by the Regulations, including an up-to-date Garda Vetting record for each staff member.

Judgment: Compliant

Regulation 16: Training and staff development

There was a very high level of compliance with mandatory and refresher training in the centre. A training matrix demonstrated that all staff members were up-to-date with training in key areas including fire safety, safeguarding vulnerable adults, infection prevention and control and managing behaviour that is challenging.

Staff members also had access to additional training as required by the residents' needs including, for example, in supporting communication and in the use of bespoke clinical holds. All staff were scheduled to attend training in the Assisted Decision Making and Capacity Act in the coming weeks. This training ensured that staff members had the necessary competencies to meet residents' assessed needs and that they were informed of how to support residents in a rights-informed manner.

Staff members had access to regular supervision with the management team. The inspector reviewed the supervision records for two staff members. It was seen that these supervisions were used to performance manage and develop staff. Staff members were also kept informed of provider updates and changes to residents' care plans through monthly staff meetings.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in place in the centre with defined roles and responsibilities for each manager. The staff team reported to a shift lead, who in turn reported to a clinical nurse manager 1. The clinical nurse manager 1 and the person in charge were supernumerary in their roles which ensured they had sufficient time to have oversight of the centre and to respond to any service needs.

The staff members spoken with over the course of the inspection were very informed of their roles and responsibilities and of how to escalate any concerns to the management team. The shift leader told the inspector of their specific duties on the day and talked the inspector through the staffing allocations and arrangements to support the residents. The inspector observed the staff team communicating effectively with each other and with managers during the day to ensure that residents' needs were met in a person-centred manner.

There were a series of regular scheduled meetings across all levels of the management chain to ensure that risks to the service were responded to in a timely manner. Quality and safety reports were drawn up monthly and were discussed at meetings between the person in charge and the service manager. The inspector reviewed records of these meetings from October and December 2025 and saw that they discussed pertinent issues such as safeguarding, staffing and residents' needs.

The provider had completed regular six monthly unannounced visits in order to audit the quality and safety of care of the service. The inspector reviewed the records of

the two most recent unannounced visits which took place in April and September 2025. These audits were found to be very comprehensive and detailed and clearly identified actions required to ensure the quality and safety of the service. The audits were seen to be used as an effective tool to drive service improvement. For example, the six monthly audit in September 2025 identified a number of deficits in respect of staff compliance with refresher training. This required actions to ensure compliance had been completed by the time of the inspection with all staff being up to date with mandatory training.

An annual review for 2024 had also been completed. Residents and their representatives were provided with an opportunity to give their feedback on the quality of the service through questionnaires. The annual review informed an action plan to further enhance the service.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed the contracts of care for three residents. Two of these contracts were completed and contained information relating to the fees and charges to be paid. The third contract of care was however incomplete and did not contain information on fees. This required review to ensure that each resident was informed of fees through their contract of care.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was maintained in the designated centre. This was reviewed by the inspector and was found to contain all of the information as required by the Regulations. The statement of purpose provided an accurate overview of the facilities and services provided for in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

One of the policies reviewed by the inspector was out of date, having been last updated in March 2019. This policy related to the management of residents' finances. This required updating in line with the requirements of the Regulations.

Judgment: Substantially compliant

Quality and safety

This section of the report describes the quality of the service and how safe it was for the residents who lived there. Overall, this inspection found that the residents living here were in receipt of a very good quality, person-centred service which was striving to go beyond the requirements to meet the Regulations. There was only one area for improvement noted which was to review the arrangements for night checks in the service.

The designated centre was seen to be homely and accessible, and promoted the privacy, dignity and welfare of each resident. The premises was equipped with assistive technology, aids and appliances, including communication technology to promote the full capabilities of the residents living there. There was a relaxed and gentle pace to the centre which was in line with the residents' needs and preferences. Each resident had their own bedroom, and there were sufficient communal spaces including bathrooms, as well as suitable laundry and cooking facilities.

The centre was equipped with fire detection, containment and extinguishing facilities. These were all maintained in good working order and staff members had received the necessary training to ensure that all residents could be safely evacuated in the event of an emergency.

Each resident had a comprehensive assessment of their health and social care needs available on their file. This assessment was informed by multidisciplinary professionals and set out residents' needs. Care plans were implemented in respect of each assessed need and staff members spoken with demonstrated a comprehensive understanding of these care plans.

Residents' rights were respected and promoted. Their privacy and dignity was upheld in respect of the provision of care and support. Each resident had their own bedroom and their personal possessions were protected. There were measures in place to support residents with managing their finances and to protect residents' finances.

Residents were supported to have choice and control in their daily life. Residents were encouraged to work out a structure to their daily routine which best met their goals and needs on a particular day. The activities of daily living, including mealtimes observed by the inspector provided opportunities for social interaction and engagement.

Regulation 10: Communication

Many of the residents living in this centre presented with assessed needs in communication. The inspector saw, on reviewing three of the residents' files, that they each had an up-to-date communication profile completed by a relevant multidisciplinary professional. This profile described how staff could best support residents to communicate. The inspector saw, through observations of staff and resident interactions, that staff members were implementing these recommendations. Staff members were seen to engage positively with residents, consult with them about their day, offer choices and encourage residents to communicate in line with their assessed needs.

The centre had previously used a whiteboard and photographs to support residents to understand and make choices about their routines, activities and meals. Recently the whiteboard had been replaced with a television and a tablet. Staff members told the inspector that they hoped this would support better communication with residents, for example, through being able to show videos and interactive material at residents' forums.

Most of the staff in this centre had completed training on inclusive communication. Newer staff were scheduled to complete this training in the coming weeks. The provider had also implemented a policy on inclusive communication which had been recently reviewed and updated.

Judgment: Compliant

Regulation 12: Personal possessions

Residents in this designated centre each had their own bank accounts and were supported to have control of their finances. Support was provided to residents who required it by the provider with accessing their money. There were regular audits of residents' finances completed to ensure that residents' finances were safeguarded. The inspector reviewed the financial records for three residents and saw that they spent their money on personally meaningful items and activities.

Residents' possessions were safeguarded and were treated with respect. A record of each residents' valuable property was maintained. The inspector saw that residents' possessions were neatly displayed in their bedrooms and that they had sufficient storage for other important items.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out in a manner suitable to meet the needs of, and the number of, residents. The centre was a single storey property which had wheelchair access to the front door and to the emergency exits. Each resident had their own bedroom which was equipped with required aids and was seen to be decorated in line with their preferences and interests. Residents shared accessible bathrooms which were very clean and well-maintained. There were suitable facilities to dispose of clinical waste. The centre was also equipped with a medications room and a staff office to store medicines and files.

Residents had access to a communal sitting room, a dining room, a family room and a sensory room. Each of these rooms were very clean and welcoming. The inspector saw that the sensory room provided opportunities for relaxation. The sitting room had comfortable couches and chairs and also had a television and an interactive projector for occupation. The dining room had suitable tables and chairs to enable residents to sit comfortably for their meals and to allow staff members to support the residents in a person-centred manner. The dining room had been equipped with a coffee station which further enhanced the facilities.

The designated centre had suitable cooking and laundry facilities. The provider had employed a chef who prepared meals in line with the residents' assessed needs. The laundry room was seen to be clean and there were procedures in place to manage infection prevention and control (IPC) risks associated with laundry.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available in the centre. This was written in an easy-to-read manner. It was reviewed by the inspector and was found to contain all of the information as required by the regulations including, for example, information on the complaints procedure.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire management systems implemented in the centre. The premises of the centre was equipped with a fire detection system, fire extinguishers and emergency lighting. Servicing records for these systems were maintained. These were reviewed and showed that the systems were maintained in good

working order. Fire doors with automatic door closers were in place to contain smoke and fire in the event of an emergency. The inspector tested the operation of the door closers on a number of doors along the evacuation corridor and saw that these closed readily and were not obstructed.

All staff members were up to date with mandatory fire safety training. The inspector spoke with one staff about the fire evacuation arrangements. They were very informed of the procedures to evacuate residents and of the evacuation aids which could be used in the event of an emergency.

Regular fire drills were completed in the centre. The inspector reviewed the records of the the last four fire drills and it was seen that all residents could be evacuated in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the individual assessments and care plans of three of the residents. Each resident had an up-to-date and comprehensive assessment of their health and social care needs available on their file. This assessment was informed by the multidisciplinary team and was used to inform care plans for each assessed need. Care plans were implemented in areas such as nutrition, epilepsy, mobility needs and communication.

Each resident had also had an annual health assessment from their general practitioner, and residents and their representatives had been supported to attend a circle of support meeting which reviewed residents' plans and their goals for the coming year.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were a number of restrictive practices implemented in this centre in line with residents' assessed needs; for example, many of the residents used mobility aids and lap belts and chest harnesses were used with these for safety and positioning purposes. Other restrictive practices included environmental ones such as keypad access to doors and two clinical holds. These restrictive practices were referred to the provider's rights committee for review and approval. The frequency of use of restrictive practices was recorded. Staff members spoken with were very informed of the potential impact of restrictive practices on residents' rights. One staff member told the inspector about the training that they had received in clinical holds and how

these were used as a very last resort and for the shortest duration. The staff member described providing care in a manner which upheld the residents' rights to bodily autonomy.

In speaking with staff members it was identified that there was a practice in place of completing night checks for all residents. This had not been identified as a potential rights restriction and referred to the provider's committee for review. The inspector saw that a written assessment of the rationale for night checks for one resident was inaccurate as it detailed that the resident used a cocoon bed and could leave their bed by night; however, a cocoon bed was not in use and the resident was non-ambulant.

The inspector saw that each resident who required one had an up-to-date positive behaviour support plan on their file. These detailed proactive strategies to promote a positive day for the residents and detailed, for example, residents' communication needs and their rights to end an interaction. The positive behaviour support plans also outlined reactive strategies that staff could implement. Direct interventions, such as clinical holds, were supported by protocols which set out residents' rights to refuse interventions and how to support residents in a low arousal and person-centred manner. Specific training had been provided to staff in prescribed clinical holds and all staff had received training in managing behaviour that challenges.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had implemented measures to protect residents from all forms of abuse. The provider had implemented a standard operating procedure in respect of adult safeguarding. Staff members had completed training in safeguarding vulnerable adults and Children First. Staff spoken with were informed of their safeguarding roles and responsibilities.

Residents' files contained intimate care plans which guided staff in providing care and support in line with the residents' needs and preferences. The inspector observed staff taking care to protect the dignity and privacy of residents when supporting personal care.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was being operated in a manner which recognised and upheld residents' rights. The pace of the centre was tailored to meet the individual

needs of each resident and residents were supported to work out a routine which best suited their preferences. There were sufficient staff on duty to meet the needs of each resident in a person-centred manner and the skill mix of staff ensured that residents' health and social care needs were supported.

The provider was striving to enhance the facilities of the centre and had added a sensory room, family room and coffee dock in recent months. These facilities provided opportunities for residents to relax and to meet with their family and friends. The provider had also invested in assistive technology and staff training to enable the staff team to better support the communication needs of the residents. This ensured that residents could communicate their choices and exercise control over their day.

Interactions between staff members and residents were seen to be kind, respectful and positive. Staff members engaged with residents to offer them choices, compliment them and to provide them with information on the running of the centre. Residents' communications were responded to positively and staff members assisted residents to engage with each other and other persons in the centre.

The rostering for the centre was implemented in a person-centred manner. Residents had choice in attending day services, staying in the centre or accessing the community. There were sufficient staff available to support residents to have a day of their choosing. Some residents remained in the centre due to their medical needs and the inspector saw that there were nursing staff available to them in these instances.

Care and support was provided in a manner which upheld residents' privacy and dignity. Staff members took care to knock on doors before entering and to close doors when providing intimate care. Staff members were seen to be cognisant of the needs of residents and ensured that works going on in part of the centre did not disturb their morning routine.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Arranmore OSV-0003591

Inspection ID: MON-0040800

Date of inspection: 21/01/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> • The contracts of care have been reviewed, and they contain all the required information in line with the residents' needs. The contract of care contains detail of the services to be provided and where appropriate, the fees to be charged. Time Frame: Completed • One contract of care that did not have the details of fees has been amended to reflect this information. A copy has been provided to the resident and their representatives and has been signed in line with the needs of the resident. • Time Frame: 06.02.2026 – completed.] 	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> • The Saint John of God Community Services clg Service Users' Private Property and Finances Policy and Procedures has been forwarded to the CEO and Board Sub-Committee for approval. Once approved, it will be shared with the region. Time Frame: 27.02.2026] 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • A comprehensive review regarding night-time checks will be completed by the management team to ensure that we are in line with best practice. Where actions are required, we will apply the appropriate policy. Time Frame: 20.02.2026.] 	

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 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	06/02/2026
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/01/2026
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be	Substantially Compliant	Yellow	30/01/2026

	consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	27/02/2026
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	20/02/2026