



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

Issued by the Chief Inspector

Name of designated centre:	Glebe House
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	29 October 2025
Centre ID:	OSV-0003615
Fieldwork ID:	MON-0048475

About the designated centre

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

This is a service providing residential care and support to five adult men with disabilities. The centre comprises of a large detached two storey house on the outskirts of a large town in Co. Louth. Each resident has their own bedroom which are decorated to their individual style and preference. Communal facilities include a large well equipped kitchen cum dining and TV area, a separate large sitting room, utility facilities, bathing/showering facilities and a staff office. The centre has a small garden area to the front with ample on street parking available. To the rear of the property there is also a large garden area with the provision of private car parking facilities. Transport is available to the residents for trips to the nearby towns and further afield. Systems are in place so as to ensure the health, social and emotional needs of the residents are provided for and as required access to GP services form part of the service provided. The centre is staffed on a 24/7 basis by a qualified person in charge, (who is a clinical nurse manager), and a staff team consisting of health care assistants, staff nurses and social care workers. There are two on staff on each day and in the house and one waking night staff each night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 29 October 2025	09:55hrs to 16:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

While residents appeared happy, content and settled in their home on the day of this unannounced inspection, issues and non-compliance were found with Regulation 17: premises and Regulation 27: protection against infection. Additionally, minor issues were found with Regulation 16: training, and development. These issues are discussed later in this report, under the relevant Regulations.

The inspector met with all five residents over the course of this inspection and spoke directly with one family member (who was in the house on the day of this inspection) so as to get their feedback on the quality and safety of care provided in the service. Additionally, written feedback on the quality and safety of care from two family members and all five residents was viewed by the inspector on the day of this inspection.

On arrival to the centre at 09.55am the inspector was met with by a staff nurse. They explained to the inspector that the residents were still in bed as they were on some time off from work and or their day services. The inspector observed that the house was warm, clean, and welcoming. The residents had decorated their home for Halloween and, one resident had grown their own pumpkins. These pumpkins were on display to the front of the house and created a fun and festive atmosphere. The staff nurse said that the residents very much enjoyed decorating their home and really get into the spirit of it.

Later in the morning the inspector briefly met two of the residents who were having their breakfast. They said hello however, chose not to speak much more to the inspector. One did say however, that they were happy in the house and had everything they needed. Both residents appeared comfortable and at home in their surroundings and were observed to enjoy their breakfast. They were also observed to be happy and content in the company and presence of staff.

One of these residents had moved into the house just under two years ago and on the day of this inspection had a visit from a family member. The family member said that they would be happy speak to the inspector about the quality and safety of care provided to their relative. They said that since their relative had moved into the service they had improved greatly and were flourishing. They said that the support from the staff team and other allied healthcare professionals was very good and, that their relative was very happy and settled in the house. They could pop into the house at anytime they wanted and said that they were always made to feel welcome. Their relative had their own room and the family member reported that staff were very respectful of their personal belongings. This resident also liked their own space and since they had moved into the house, staff supported them to buy and install a garden room to the back of the property. This room was also insulated and wired for electricity. The family member said that this was a great idea as their relative loved to spend time in this room engaging in activities of their preference

and choosing. The family member also reported that their relative had a number of social and recreational activities of interest that they liked to partake in every week. For example, they were a member of a boxing club, liked to go swimming, were a member of a 'mens' club, and liked to participate in sports. They also attended a day service two days a week where they met up with friends and participated in activities of their choosing and interest. The family member said that they had no concerns about any aspect of the quality or safety of care, the food options provided in the service were good and that their relative was happy and settled in their home.

Later in the day the inspector met with a third resident. They said that they were in very good form and were very happy living in the house. They were getting their own garden room installed in the back garden at the time of this inspection and were actively helping out with this project. They said that they would like to get a snooker table for the garden room once it was completed. This resident also kept guinea pigs and ensured to take care of them as required. They were also in employment Monday to Friday and said that they loved their job and looked forward to going to work each morning. (They were off work on the day of this inspection).

Later in the day this resident invited the inspector to see their bedroom. The resident had their room recently redecorated to their individual style and preference and said that they were very happy with it. They were also very keen on sport and being active and were a member of a sporting club and a member of the local Gaelic Athletic Association (GAA) club. They had pictures of themselves engaged in sporting activities such as running events on display in their home and showed the inspector a number of medals they had won from various sporting competitions. The inspector observed that this resident liked their independence and liked to do their own thing however, they also enjoyed being in the company and presence of staff.

Another resident (who did not engage with the inspector) was also observed to be happy and content in the house. When they needed something they would let staff know and staff were observed to be kind and caring in their interactions with this resident. They were also observed to understand and respect the residents preferred style of communication. This resident liked to spend time in the back garden especially on the trampoline and the inspector observed them engaged in this activity on the afternoon of the inspection. While staff gave the resident space and time to use the trampoline, they also checked in with them regularly so as to reassure them.

The fifth resident also appeared very settled and content in their home. They chose not to engage much with the inspector however, they were observed to be happy and smiling in the company and presence of staff. This resident went for a drive and social outing later in the day with a staff member and the person in charge informed the inspector that the resident very much enjoyed these activities. The inspector also observed over the course of the day this resident relaxing in their home watching television programmes that they enjoyed.

Written feedback on the service from the five residents was observed to be positive and complimentary. For example, they all reported that they were happy where they lived, their home was comfortable, they were happy with their rooms, happy with

the menu options available to them and felt staff were respectful of their daily routines. They also reported that they were happy with the level of activities on offer, staff were easy to talk to, they felt staff listened to them, staff knew their likes and dislikes and they felt safe in their home.

Additionally, written feedback from two family representatives was also positive and complimentary on the service provided. They reported that they were very satisfied with the quality and safety of care provided to their relatives, staff were courteous and helpful, staff were respectful to the residents, they were happy how their family members were supported to achieve their goals, happy with the level of social activities offered to their relatives, and had no complaints. They also reported that the service met with their expectations, they would recommend it and that overall, it was excellent.

However, the inspector observed that two residents had recently made a complaint about the premises and, the inspector followed up on these complaints. While the house was observed to be warm, clean, and welcoming on the day of this inspection, the complaints made by the residents were substantiated as there were serious ongoing issues with the premises.

For example, four bedrooms had problems with mould as did one of the sitting rooms. The inspector observed that in order to help address this issue, there were enhanced daily cleaning schedules in place in rooms that required it, vents had been fitted to windows and where required, dehumidifiers were in place. Additionally, the residents were due to move to another vacant registered designated centre on November 11, 2025 for a two week period, in order for a contractor to undertake a number of required renovations to address the issues with the premises.

Notwithstanding, on the day of this inspection these issues remained ongoing and had not been addressed in a timely manner. For example, from reviewing the services quality enhancement plan it informed that as far back as February 2025, this issue was '*ongoing for a prolonged period of time*' and as they stand, '*the premises did not meet the required environmental and maintenance standards*'. This quality enhancement plan also identified that as they stood the premises '*did not meet the relevant infection prevention and control standards*'. These issues are discussed in more detail later in this report, under the relevant regulations.

Notwithstanding the two complaints and issues as identified above, on the day of this inspection residents reported that they were very happy in their homes and appeared content and at ease in the company and presence of the staff team. One family member spoken with by the inspector was also complimentary and positive about the quality and safety of care provided in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

Despite the issues as identified with the premises, residents appeared happy and content in their home and systems were in place to meet their assessed needs. It was observed however, that some staff required refresher training and, this training was overdue at the time of this inspection.

The centre had a clearly defined management structure in place which was led by a person in charge. They were supported in their role by a senior manager who was also a person participating in management. The person in charge was aware of their legal remit as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (The Regulations).

For example, they were aware that the statement of purpose should be updated and or reviewed on an annual basis (or sooner) if required and aware of their legal remit to notify the Office of Chief Inspector of any adverse incidents occurring in the centre as required by Regulations.

The staffing arrangements were as described by the person in charge. Staff also had as required training relevant to the assessed needs of the residents. Two staff spoken with on the day of this inspection demonstrated that they were aware of the assessed needs of the residents. However, it was observed that some refresher training for staff was overdue at the time of this inspection.

The centre was being audited and monitored as required by the regulations. An annual review of the quality and safety of care had been completed for 2024 and, a six monthly unannounced visit to the centre had been facilitated in October 2025. Any actions identified and arising from the auditing process were being addressed (or plans were in place to address them).

Regulation 14: Persons in charge

The person in charge was a qualified nursing professional, with additional qualification in management, leadership and quality.

Through discussions and the review of information, the inspector found that the person in charge had good oversight of practices and the care provided to the residents residing in this service. Throughout the inspection, the person in charge demonstrated their knowledge of the residents' assessed needs.

They worked on a full-time basis with the organisation and demonstrated that they had the appropriate skills and experience required to manage the day-to-day

operations of the designated centre.

The person in charge was also found to be aware of their legal remit in line with the regulations, and was found to be responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters for the month of September 2025 indicated that there were sufficient staff members on duty to meet the needs of the five residents as described by the person in charge on the day of this inspection.

For example, when all five residents were in the house the following arrangements were in place:

- two staff worked 8am to 9pm each day
- one staff worked waking nights from 9pm to 8am each night.

The staff team consisted of the person in charge, staff nurses, social care workers and health care assistants.

The inspector met with two staff members (one staff nurse and one health care assistant) over the course of the day and both demonstrated that they were aware of the assessed needs of the residents. They were also observed over the course of the inspection to support the residents in a kind, caring and person centred manner.

Schedule 2 files (files that contain information and documents to be obtained in respect to staff working in the centre) were not viewed as part of this inspection. However, the inspector asked to view vetting for three staff members and these files were made available for review prior to the end of the inspection process.

The person in charge maintained actual and planned rosters in the centre and had a schedule in place for the supervision of their staff team.

Additionally, in their feedback on the service, family members and residents were both complimentary and positive about the staff team.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the online training matrix (and a number of training certificates for various staff members) the inspector found that staff were provided with training to

ensure they had the necessary skills and or knowledge to support the residents. However, it was observed that some refresher training was overdue for some staff at the time of this inspection.

The inspector observed that staff had training in the following:

- manual handling
- fire safety
- safe administration of medication (for non nursing staff)
- infection prevention and control
- safeguarding of vulnerable adults (specific training for staff supporting adults with disabilities, covering the principles of safeguarding, types of abuse and reporting requirements)
- Children's First (provides guidance to staff for all matters concerning the welfare and protection of children).
- basic life saving
- autism awareness
- assisted decision making
- training in behavioural management.

From speaking with two staff members over the course of this inspection, both staff demonstrated that they were aware of the assessed needs of the residents.

Notwithstanding, some staff required refresher training in behavioural management, manual handling and one required refresher training in safeguarding of vulnerable adults. The person in charge was aware of this and had dates identified for staff to attend some of this refresher training. However, it was important to ensure that all training was kept up-to-date and refresher training was provided for in a timely manner so as to ensure the staff team were kept up-to-date on current best practice.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in place in this service. It was led by a person in charge who was supported in their role by a senior manager who was also a person participating in management.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and, a six monthly unannounced visit to the centre had been facilitated in October 2025. Any actions identified and arising from the auditing process were being addressed (or plans were in place to address them).

For example, the auditing process identified the following:

- a schedule of formal supervision was to be developed by the person in charge for the staff team
- some medication protocols required updating
- some open liquid medications did not have an opening date on them
- some self administration of medicine assessments required updating.

These issues had been identified in the auditing process and all had been addressed at the time of this inspection. It was observed that the issues to do with the premises could have been addressed in a more timely manner however, this issue is discussed and actioned later in this report, under Regulation 17: premises and Regulation 27: protection against infection.

Systems were in place so as to support and facilitate staff to raise concerns about the quality and safety of care provided in the service. Two staff spoken with on the day of this inspection informed the inspector that if they had any concerns about the residents, they would inform the person in charge immediately.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and was found to meet the requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis, or sooner, as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Office of Chief Inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

Quality and safety

The residents living in this service were being supported to live their lives based on their assessed needs and preferences. However, Regulation 17: premises and Regulation 27: protection against infection were found not compliant on this inspection.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to engage in social, recreation and learning activities of their preference and choosing.

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals to include GP services

Systems were in place to safeguard the residents and at the time of this inspection, there were three active safeguarding plans in place. Systems were also in place to manage and mitigate risk and support residents' safety in the service.

Firefighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

While the house was found to be homely, warm and welcoming on the day of this inspection and personalised to the residents' individual preferences and taste, serious issues were ongoing with the premises at the time of this inspection. These issues are discussed in detail the next section of this report.

Regulation 10: Communication

Residents were assisted to communicate in line with their needs and preferences and, their preferred style of communication were detailed in their individual care plans.

Residents also had access to portable computers, telephones and other media such as televisions and radio.

At the time of this inspection all residents had been referred to a speech and language therapist so as to support and enhance their individual style of communication.

Staff were also observed to understand and respect the communication preference of each resident.

Judgment: Compliant

Regulation 13: General welfare and development

The residents were being actively supported and encouraged to engage in social and recreational activities of their choosing and preference. They were also being supported to maintain regular contact with their families.

As detailed in section one of this report *'What the residents told us and what we observed'*, some residents attended day services where they met up with friends and participated in activities and social events of their choosing and preference.

Some residents were also members of various sporting clubs where they engaged in competitive sporting competitions and one resident said that they really enjoyed these events. One resident was also a member of a local GAA club and was in employment from Monday to Friday each week. They told the inspector that they loved their job. Another resident liked to attend mindful movement classes and another attended boxing classes each week.

While it was observed that the residents goals could have been better documented in their individual personal plans, the inspector noted that in 2024 they had achieved a number of goals that were meaningful and important to them, For example, one resident was supported to celebrate a landmark birthday, one went on a holiday to Florida, some residents enjoyed going on hotel breaks, one resident attended a convention on comic books, some residents visited Dublin and took in a trip to the Wax Museum and some attended the ploughing championships.

Residents also liked to swim, have lunch and or dinner out, go shopping, attend reflexology classes and go for drives and walks to the nearby towns, beaches and parks.

Judgment: Compliant

Regulation 17: Premises

At the time of this inspection the premises were not fit for their stated purpose and did not meet the requirements of the Standards or Regulations.

As detailed in section one of this report *'What residents told us and what inspectors observed'* some residents had complained about the premises, these complaints were substantiated on the day of this inspection as there were serious ongoing problems with the premises. For example,

- four of the bedrooms had problems with mould (some were more affected

- than others)
- there was a damp smell in one of the sitting rooms.

The inspector observed that in order to help address this issue, there were enhanced daily cleaning schedules in place in rooms that required it, vents had been fitted to windows and where required and dehumidifiers were in place. The inspector checked to ensure these measures were in place and found that they were.

Additionally, the residents were due to move to another vacant registered designated centre on November 11, 2025 for a two week period in order for a contractor to undertake a number of required renovations to address these issues in their home.

Notwithstanding, on the day of this inspection these issues remained ongoing and had not been addressed in a timely manner. For example, from reviewing the services quality enhancement plan, it informed that as far back as February 2025 this issue was 'ongoing *for a prolonged period of time*'. Additionally, this report informed as they stand, '*the premises did not meet the required environmental and maintenance standards*'. It also identified that as they stood the premises '*did not meet the relevant infection prevention and control standards*'.

A number of other issues were identified with the premises on the day of this inspection:

- the upkeep of the front garden and in particular the patio/path area, required review
- the kitchen while clean and functional, required updating
- some tiling on the floor required replacing
- areas of the house required painting.

Judgment: Not compliant

Regulation 26: Risk management procedures

Systems were in place to manage risk and support the residents' safety in the centre. There was a policy on risk management and where required, individual risk assessments were on each residents' individual files.

For example, where a risk of a slip, trip or fall was identified, the following control measures were in place:

- residents had access to a physiotherapist
- staff provided support to residents when in the community
- specialised equipment like hip protectors and or footwear were available to the residents
- floors were kept free from clutter

- handrails and a ramp were provided for at the rear of the house.

A resident also had an identified risk related to weight loss however, the following supports were in place for this resident:

- as required access to GP services
- their weight, fluid and nutritional intake were being monitored
- they were prescribed supplements
- they had been reviewed by a speech and language therapist
- the had an eating and drinking care plan in place
- the had been referred to a community dietitian in October 2025.

The inspector spoke to the staff nurse about this resident and they demonstrated that they were aware of this issue and showed the inspector how they were monitoring the residents weight, fluid and nutritional intake.

Judgment: Compliant

Regulation 27: Protection against infection

As detailed under Regulation 17: premises and identified in the services own quality enhancement plan, due to the ongoing issues with mould and damp in this house the premises *'did not meet the relevant infection prevention and control standards'*

Additionally, the storage shed for mops and buckets while clean, had a broken door and this needed replacing.

Judgment: Not compliant

Regulation 28: Fire precautions

Firefighting systems were in place to include a fire detection and alarm system, fire doors, fire extinguishers, emergency lighting and a fire blanket.

Equipment was also being serviced as required by the regulations. For example:

- fire extinguishers and fire blanket had been serviced and or reviewed on March 26, 2025
- the fire detection and alarm panel had been serviced in April, June and September of 2025
- emergency lighting had also been serviced April, June and September of 2025.

Fire drills were being conducted as required and each resident had a personal

emergency evacuation plan (PEEPs) in place. These plans detailed the level of support and guidance the residents required in evacuating the house during a fire drill.

A fire drill conducted in June 2025 informed it took two staff and five residents 30 seconds to evacuate the house with no issues occurring. Another drill conducted in August 2025 indicated that it took one staff and five residents one minute and 20 seconds to evacuate the house and again, no concerns were noted.

Staff also conducted weekly checks on smoke detectors, emergency lighting and fire exits. Escape routes and the fire panel were checked daily and fire signage was checked monthly. These checks were to ensure that signage remained visible at all times and to ensure that all fire equipment was functional and reliable in the event of an emergency.

Judgment: Compliant

Regulation 6: Health care

The residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

From reviewing two residents' files, the inspector observed that residents had access to the following services:

- GP (General Practitioner)
- speech and language therapy
- dentist
- physiotherapist
- optician
- chiropody.

Care plans were also in place to guide staff practice. One staff nurse spoken with demonstrated that they were familiar with these care plans and the assessed needs of the residents.

Hospital passports were also in place which detailed and provided important information about the residents' healthcare-related needs. In the event of a resident being hospitalised, these passports provided hospital staff with an overview of the residents medical needs, current medications, information on their likes and dislikes and their preferred style of communication.

Residents were also supported with to experience positive mental health and where required, had access to behavioural and psychiatry support.

Judgment: Compliant

Regulation 8: Protection

Systems, policies and procedures were in place to safeguard the residents in the centre.

At the time of this inspection, there were three active safeguarding plans in the centre. However, they were being managed in line with policy and procedure, had been reported to the designated safeguarding officer, reported to the national safeguarding team and safeguarding plans had been developed and were in place at the time of this inspection.

Staff spoken with were familiar with the safeguarding plans and the actions required to promote the residents safety and welfare.

Additionally, the inspector noted the following:

- staff had training in safeguarding of vulnerable adults
- two staff spoken with said if they had any concerns regarding the safety or welfare of the residents, they would report such concerns to the person in charge immediately
- one resident had access to the organisation's assisted decision making co-ordinator and designated safeguarding officer for support and advice with an issue pertaining to the management of their finances
- information on how to make contact with an independent advocate was readily available in the centre and on public display
- easy to read information on 'protection and welfare' was available to the residents
- information on how to make a complaint was readily available in the centre (and this inspection found that recently, two residents had made a complaint about the premises as discussed earlier in this report)
- information on residents' right to be free from abuse and neglect was on display in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Glebe House OSV-0003615

Inspection ID: MON-0048475

Date of inspection: 29/10/2025

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>In the case of one staff member requiring refresher training in behavioral management, the staff member is booked to attend on 27.11.2025.</p> <p>In the case of one staff member requiring manual handling training, the staff member is booked to attend on 10.12.2025.</p> <p>In the case of the staff member requiring safeguarding training, the staff member completed training 29.10.2025.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The maintenance/Premises works identified in the QEP and on the day of inspection have been completed. All residents successfully transferred back to their home on Tuesday 25th November 2025.</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>As per Regulation 17 Premises, the maintenance works identified in the QEP have been completed in totality, addressing the Infection Prevent & Control issue in the designated Centre. Works completed on Tuesday 25th November 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
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	10/12/2025
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.	Not Compliant	Orange	25/11/2025
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by	Not Compliant	Orange	25/11/2025

	adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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