

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

## Issued by the Chief Inspector

Name of designated centre:	Camphill Community Grangemockler
Name of provider:	Camphill Communities of Ireland
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	17 November 2025
Centre ID:	OSV-0003622
Fieldwork ID:	MON-0040091

## About the designated centre

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

Camphill Community Grangemockler is a designated centre operated by Camphill Communities of Ireland. The centre provides a community residential service for up to 17 adults, male and female, with disabilities. The centre consists of four large separate houses all within short walking distance to each other. One of the houses had an adjacent flat which was home to one resident. These houses are located in a rural area on the site of a farm and are in close proximity to a small village and some towns in Co. Tipperary. Each resident had their own bedroom and facilities within the centre include sitting rooms, kitchens, dining rooms, utility rooms and staff offices. In line with the provider's the model of care, residents are supported by paid staff and at times by volunteers. The staff team are supported by the person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	16
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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 17 November 2025	11:50hrs to 18:50hrs	Marie Byrne	Lead
Tuesday 18 November 2025	08:40hrs to 13:30hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

From what residents told them and what the inspector observed, residents living in this designated centre were enjoying as good quality of life and receiving person-centred care and support.

This announced inspection was completed by one inspector of social services over two days. It was carried out to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. This inspection had positive findings, with the majority of regulations reviewed found compliant. Some improvements were required to the premises and grounds and to staffing numbers and these will be discussed in the body of the report.

In Camphill Community Grangemocker full-time residential care is provided for up to 17 adult residents with an intellectual disability. It comprises five premises within walking distance on a campus close to a small town in County Tipperary.

Over the course of the inspection, the inspector had an opportunity to meet 15 of the 16 residents living in the centre at the time of the inspection. One resident chose not meet with the inspector but passed on their contribution to the inspection through the person in charge. Residents told the inspector what it was like to live in the centre and additionally, observations, a review of documentation and discussions with staff, were used to capture the lived experience of residents. The inspector also had an opportunity to meet and briefly engage with eight staff and the live-in volunteer. They also met and spoke with the person in charge, two team leaders, the area service manager who is a person participating in the management of the designated centre (PPIM) and the compliance, Safeguarding and Risk Manager. In addition, the head of services (PPIM) joined for feedback via video conference on the second day of the inspection.

Over the two days residents were taking part in activities both in their home and in the local community. There were vehicles available to support them to access work, day services and their favourite activities. Examples of activities they were engaging in regularly included, attending community knitting groups, swimming, going to the gym, attending and performing in a drama group and attending an active retirement group. They were also visiting and being visited by their family and friends. Some residents were also artists in a nearby art centre, working in local businesses, working on the farm on the same site as the designated centre and taking part in educational programmes.

One resident spoke about their love of sport and about their favorite teams. Another residents spoke about how much they had enjoyed going to a show in Dublin last week. Residents had enjoyed a number of holidays over the summer months and a number of residents spoke about looking forward to Christmas celebrations, including a party on the campus and parties in day services and in the local

community.

Residents had a number of pets in their home including cats and a dog. The inspector observed a number of residents spending time with and looking after their pets. One resident spoke about how important their pet was to them and how much they enjoyed spending time with them.

Over the course of the inspection residents were observed relaxing in the communal areas of their homes, taking part in the upkeep of their home and spending time chatting to each other and members of the staff and local management team. A number of residents showed the inspector around their homes and spoke about all the works that had been completed in their home and to the grounds since the last inspection. They spoke about their involvement in picking paint colours for their bedrooms and other parts of their homes. They showed the inspector some of their favourite possessions, art work and photos. As previously mentioned a number of residents were artists in a local art studio. The inspector had an opportunity to see some of their artwork on display in their homes and to see a book celebrating some of the artworks of one resident.

Some residents spoke with the inspector about their favorite ways to spend their time and about the important people in their lives. They were very complimentary towards the staff team. They told the inspector who they would go to if they had any worries or concerns. There were notice boards in each of the premises and they information in the form of handouts, posters and pictures relating to a variety of topics such as rights, safeguarding, the confidential recipient, independent advocacy services, complaints, the emergency plan and contact details for use in emergencies. Two residents were representing their peers in this centre on the provider's national resident advocacy group. The inspector reviewed minutes of a sample of five keyworker meetings and seven residents' meetings. These demonstrated that residents were regularly having opportunities to discuss this wishes and preferences and they captured their preferred ways to make choices and decisions. The format of resident meetings differed in the houses, based on residents communication needs and preferences.

Throughout the inspection residents appeared very comfortable in the presence of staff, the person in charge and the team leaders. They smiled and laughed during their interactions with them. Staff were observed to be very familiar with residents' care and support needs and their communication preferences. Staff who spoke with the inspector highlighted residents' many talents, strengths and skills.

The inspector reviewed documentation to demonstrate that the provider was capturing the views of residents and their representatives as part of their audits and reviews. In addition, the inspector reviewed the nine residents' questionnaires on "what it is like to live in your home" which had been sent out to the centre prior to the inspection. These questionnaires seek resident feedback on aspects of the service such as the staff, the premises, their ability to make choices and decisions, and meals. Feedback was positive in relation to care and support and their home. Residents included comments such as, "all is fantastic", "the food is nice", and "the

people in my house are nice. I really enjoy having a dog in my home".

In summary, residents in this centre were being well supported. They were busy and had things to look forward to. A number of works had been completed to the houses and grounds and more were planned. Some further improvements were also required to staffing numbers to ensure continuity of care.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in the centre, and how these arrangements affected the quality and safety of residents' care and support.

## Capacity and capability

As previously mentioned this inspection was announced and completed to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. It was also completed to follow up on the findings of an inspection of this centre in July 2025 which formed as part of a regulatory programme of inspections completed in all centres operated by the registered provider in response to information received by the Chief Inspector of Social Services. Overall, the findings of this inspection were that a number of improvements had been made in this centre since the last inspection. The provider was also in the process of implementing actions to bring about further improvements, particularly relating to the premises and grounds, and staffing numbers.

The provider had recruited to fill a number of senior and local management positions since the last inspection. As a result, there were clearly defined management structures and staff were aware of the lines of authority and accountability. The person in charge receives support and supervision from a PPIM. Two team leaders and two house co-ordinators now support the person in charge with the day-to-day running of the centre.

The centre was not fully staffed at the time of the inspection but it was evident that efforts were being made to ensure continuity of care and support for residents while the provider recruited to fill vacancies. The inspector found that staff were supported to carry out their roles and responsibilities through probation, supervision, training, and opportunities to discuss issues and share learning at team meetings.

## 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 the registration of this centre. The provider had submitted the required information and made the application in

line with the required timeframe.

Judgment: Compliant

### Regulation 14: Persons in charge

The inspector reviewed the Schedule 3 information for the person in charge and found that they had the qualifications and experience to fulfill the requirements of the regulations.

The inspector found they had effective systems for oversight and monitoring and were present in this centre regularly. They formed part of the provider's on-call arrangements.

Residents were very familiar with them and appeared very comfortable and content in their presence. Staff were complimentary towards the support they provided to them.

The person in charge was self-identifying areas for improvement in line with the findings of this inspection and had plans to implement the required actions to bring about these improvements.

They had a clear focus on quality improvement and implementing a human-rights based approach to care and support in this centre. They were focused on residents abilities and strengths and on ensuring that residents were making choices and decision about their care and support and how and where they would like to spend their time.

Judgment: Compliant

### Regulation 15: Staffing

As previously mentioned, the provider had recruited to fill a number of staff vacancies; however, the centre was not fully staffed at the time of this inspection.

There was seven whole time equivalent (WTE) staff vacancies in the centre at the time of the inspection. This was an reduction in the number of staff vacancies in recent months. For example, the inspection findings in June 2025 indicated there were 12 staff vacancies at this time. The provider was actively recruiting to fill the vacancies and the inspector was shown documentation to demonstrate that three staff had accepted job offers and were onboarding at the time of the inspection. In the interim, these staff were completing shifts in the centre as agency staff.

From a review of rosters for an three month period between July and October 2025,

it was evident that efforts were being made to ensure continuity of care and support for residents. The majority of planned and unplanned leave was being covered by three agency staff who had been completing shifts regularly in the centre for over three years. In addition the two house co-ordinators and team leaders were available to support residents, as required.

The provider had recruitment policies and procedures and the three staff and a volunteer file reviewed by the inspector were found to contain the information required under Schedule 2.

Judgment: Substantially compliant

## Regulation 22: Insurance

The inspector reviewed the provider's contract of insurance which was submitted as part of their application to renew the registration for the centre. It was also available and reviewed in the centre during the inspection.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found that that the provider's systems for monitoring the quality and safety of care and support were being utilised effectively at the time of this inspection. The provider was self-identifying areas of good practice and areas where improvements were required in their own audits and reviews.

As previously mentioned, the provider had recruited to fill a number of senior and local management posts since the last inspection. This had resulted in clearly defined management structures and roles and responsibilities. It had also resulted in improved oversight and monitoring in this centre. The provider was completing annual and six monthly reviews and the inspector reviewed the latest six-monthly review and action plan. This review recognised the significant progress in relation to the premises, maintenance and cleaning since the provider's last review. It also recognised that some improvements were required in relation to staff training, residents' plans and the premises.

Meetings were occurring regularly at a senior management, local management and team level. The inspector reviewed the minutes of a sample of seven house meetings, two monthly community meetings and a management meeting. These demonstrated that discussions were held regularly in relation to areas such as, incidents and learning, complaints, risk, safeguarding, medicines management, restrictive practices and audit findings and actions.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector reviewed the provider's statement of purpose for the centre which was submitted with the provider's application to renew the registration of this designated centre. It was also available and reviewed in the centre. It contained all of the information required in Schedule 1 of the regulations. It was found to accurately reflect the services and facilities observed by the inspector during the inspection.

Judgment: Compliant

### Regulation 30: Volunteers

There was one short-term volunteer working in the designated centre at the time of this inspection. They had their roles and responsibilities set out in writing. The inspector reviewed their schedule 2 file and it contained the required information including vetting disclosures. The inspector reviewed their supervisions records which demonstrated that their role and responsibilities were discussed regularly and they had opportunities to raise any concerns they may have.

Judgment: Compliant

## Quality and safety

The inspector found good levels of compliance with regulations relating to the quality and safety of the service provided for residents in this centre. Residents were receiving person-centred care which promoted their human rights. They were supported to engage in activities they find meaningful and to spend time with their family and friends. The provider was aware that further improvements were required to the premises and grounds and they had plans in place to complete the required works.

Residents had up-to-date assessments of need and personal plans in place. These documents were found to positively describe their abilities, needs, likes, dislikes and preferences. They were being supported by health and social care professionals in line with their assessed needs. Positive behaviour support plans were developed and reviewed, as required. It was demonstrated during the inspection, that the least

restrictive practices were being utilised for the shortest duration.

Residents, staff and visitors were protected by the risk management and fire safety policies, procedures and practices in the centre. There was a system for responding to emergencies and to ensure the vehicles were serviced and maintained.

Residents were also protected by the safeguarding and protection policies, procedures and practices in the centre. Staff had completed training to ensure they were knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

## Regulation 17: Premises

As previously mentioned, the provider's six monthly review highlighted progress and areas for further improvement relating to the premises and grounds works. In addition, the recommendations from a health and safety site visit and actions on the maintenance tracker for the centre were identified and tracked the large number of works completed, and the outstanding planned works.

Examples of some of the works completed since the last inspection included;

- Tarmac and edging was laid on a long path between the central office on site and one of the houses,
- Painting of walls and wardrobes in a number of residents' rooms,
- Two bathrooms were upgraded.
- A number of bathrooms were deep cleaned by an external company
- A leak was fixed to an external wall of one of the houses and an anti-mould treatment applied indoors.
- White goods were replaced in a number of houses.
- Blinds were replaced in a number of areas.
- The replacement of a number of floors.
- Sanding, repainting or replacement of a number of skirting boards and window sills.
- Saddle boards were replaced in a number of areas.
- A sink was replaced in a laundry room,
- Grouting was replaced to tiling in a number of areas,
- Window and gutter cleaning,
- Kitchen presses had been repainted.
- A number of windows and doors had been replaced in a number of premises.

The outstanding planned works included;

- Following scoping works, some pipes need to be dug up and fixed. Following this tarmac will require resurfacing.
- Three bathrooms are due to be upgraded.
- A number of floors across the premises are due to be sanded and varnished,

- or replaced,
- Lighting upgrades are planned across the grounds to ensure all paths and walkways were fully lit and accessible.
- Rooms in some of the houses the exteriors are due to be painted.

The provider gave written assurances to the inspector during the inspection that the above works would be completed, as planned, by the end of February 2026.

Judgment: Substantially compliant

## Regulation 20: Information for residents

The inspector reviewed the residents' guide which had been submitted by the provider prior to the inspection. This guide was also available and reviewed in the centre. It contained information required under this regulation such as information about the services and facilities provided, the terms and conditions relating to their residency and arrangements for visits and resident participation in the running of the centre.

Judgment: Compliant

## Regulation 26: Risk management procedures

The safety and quality of life of residents was promoted in this centre through proactive risk assessment, learning from incidents and through the implementation of risk management policies and procedures.

The provider's risk management policy was reviewed and found to meet regulatory requirements. There was a detailed emergency plan in place which was regularly reviewed.

The operational risk register and a sample of 21 individual risk assessments were reviewed. These were found to be reflective of the presenting risks in the centre. They were also up-to-date and regularly reviewed.

There were systems in place to record incidents, accidents and near misses. The inspector reviewed the electronic systems for recording incidents. There had been 25 incidents between July and September 2025 and it was evident that these were reviewed by the relevant parties such as the person in charge, PPIM and relevant clinical support officers. Following their review, where relevant, risk assessments and plans were updated. For example, changes were made to one resident's environment to reduce presenting risks following a review of incidents.

There were systems to respond to emergencies and to ensure that vehicles in the

centre was roadworthy and suitably equipped.

Judgment: Compliant

### Regulation 28: Fire precautions

Over the course of the inspection, the inspector did a walk around each of the premises with the person in charge and team leaders. They found that the each premises had detection and containment measures in place such as smoke alarms and fire doors.

There was fire-fighting equipment and emergency lighting in place. Fire evacuation procedures were on display and there was evidence that servicing and maintenance were carried out on all equipment. The inspector reviewed records relating to the maintenance of fire extinguishers for 2025, and evidence that the fire alarm panel and emergency lighting had been service and maintained as required in 2025 to date.

One fire door was not fully operational during the inspection as it required a battery. This was rectified and fully operational before the inspector left the premises.

The inspector reviewed a sample of 12 residents' personal emergency evacuation plans which clearly outlined procedures for evacuation. They clearly indicated what supports, if any, residents required to evacuate safely. Fire drills were taking place regularly in each of the premises, and a sample of 15 of these drills were reviewed. The drill records detailed different possible fire scenarios, and were undertaken with the day and night-time staffing complements. During the inspection, one resident showed the inspector emergency exits in their home and spoke about which one they would use, depending on where the emergency was. Another resident described where the emergency evacuation point was.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were appropriate supports in place for residents in relation to behavioural support and where restrictive practices were in place they were reviewed regularly to ensure they were the least restrictive for the shortest duration.

The inspector found that residents had access to a behaviour specialist, with some residents also attending a psychiatrist. The inspector reviewed a sample of three residents' positive behaviour support plans and found that they were up-to-date and regularly reviewed. They detailed proactive and reactive behaviour support strategies and were found to be sufficiently detailed to guide staff practice to

provide a consistent and safe service.

There were a number of restrictive practices in use in the centre. For example, locked doors, locked presses, and a pager system on a door. For these restrictions, there was documentary evidence to show that they were reviewed regularly to ensure they were the least restrictive for the shortest duration. There was a clear focus in this centre on ensuring that a least restrictive approach to care and supported was used within the centre. For example, a restriction relating to a pager system was trialled off; however, in line with presenting risks the restriction was put back in place. There were social stories developed and available for residents on the use of restrictive practices.

Judgment: Compliant

## Regulation 8: Protection

The provider had systems, policies and procedures in place to ensure that residents were protected from abuse. The inspector found that every effort was being made to support residents to build their knowledge and skills around self-protection and to reduce the risk of safeguarding incidents occurring.

Inspectors viewed a sample of four residents' plans and found that they were sufficiently detailed in relation to their preferences and support needs around personal and intimate care. They had enough detail to guide staff practices and to ensure that residents' right to privacy and dignity was upheld during care routines.

From a review of the staff training matrix, 100% of staff had completed adult safeguarding and protection training. The inspector spoke with the person in charge and the two staff on duty and found that they were all found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

The provider had a safeguarding policy which was available and reviewed in the centre. There had been a small number of safeguarding incidents notified to the Chief Inspector since the last inspection and documentation relating to these was reviewed during the inspection. This demonstrated that there were effective systems in place to ensure that safeguarding plans were developed and reviewed, as required.

The inspector reviewed the systems in place to ensure that residents' finances were safeguarded in this centre. The inspector reviewed a sample of three residents' financial folders and they each had money management assessments, a log of all their purchases and the corresponding receipts. They also had regular statements of account from financial institutions which were being reconciled. These records were regularly audited by the local management team. Residents also had an assets list and the sample of 3 reviewed were detailed in nature. Pictures were taken of large

purchases and available for review alongside the receipts.

A sample of four residents' plans were reviewed and were sufficiently detailed in relation to their preferences and support needs around personal and intimate care. They had enough detail to guide staff practices and to ensure that residents' right to privacy and dignity was upheld during care routines.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Camphill Community Grangemockler OSV-0003622

Inspection ID: MON-0040091

Date of inspection: 18/11/2025

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"><li>- At the time of inspection, three staff members were in the onboarding process; as of 16/12/2025, one staff member is fully onboarded with a confirmed start date of 31/12/2025, and two staff members remain outstanding pending outcome of Garda Vetting</li><li>- Two interviews (one full-time position and one relief position) are scheduled for 02/01/2026 to support staffing levels.</li><li>- An ongoing recruitment drive is in place across Camphill social media platforms, with Grangemockler vacancies re-posted on 18/12/2025</li><li>- The Person in Charge (PIC) attended a SETU careers day in November to promote career opportunities within the service, resulting in two CVs progressing to interview stage. This will be attended again by the PIC in quarter 2 of 2026</li><li>- The HR department continues to forward CVs to the PIC, which are reviewed on a monthly basis to support continuous workforce planning and ensure adequate staffing levels are maintained.</li><li>- A consistent cohort of agency staff continues to support the Grangemockler Community.</li><li>- Rosters are reviewed daily to ensure adequate, suitably qualified, and experienced staff are available to meet residents' assessed needs.</li><li>- Ad campaign for month of January finalised and sent to radio and papers on 22/12/2025, this will run for the month of January.</li></ul>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

- Monthly updates are being sent to HIQA in relation to concerns identified and progress made.
- The Person in Charge (PIC) engages in twice-weekly calls with the Maintenance team to discuss plans, progress, and updates on outstanding works.
- A schedule of works is in place to address all outstanding maintenance issues.
- A commitment from the provider, confirmed to HIQA by Senior Management, is in place to ensure all works are completed on or before 28/02/2026.
- The bathroom in one of the houses had the floor dug up, pipes reset, and flooring replaced as of 19/12/2025 to resolve issues.
- Outstanding bathroom reflooring works are scheduled to commence on 05/01/2026.
- Works to increase the size of bathrooms to better accommodate the assessed needs of residents will commence in January.
- Remaining floors requiring replacement are booked to be fitted and finalized on 07/01/2026.
- Three remaining rooms are scheduled for painting, with completion expected by 10/01/2026.
- Pipework is currently under assessment, with cameras used to scope underground pipes; the service is awaiting a contractor's advisory report, and tarmacking/resurfacing will commence once repairs are completed and will be finalized prior to 28/02/2026.

## 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 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	31/03/2026
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	28/02/2026
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in	Substantially Compliant	Yellow	28/02/2026

	<p>achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.</p>			
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