

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

Issued by the Chief Inspector

Name of designated centre:	St. Teresa's Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	16 July 2025
Centre ID:	OSV-0004064
Fieldwork ID:	MON-0047479

About the designated centre

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

St Teresa's Services is registered children's respite service which can provide respite services for up to six children aged between six and eighteen years. The children have a diagnosis of intellectual disability and some of the children also have complex physical, medical and/or mental health issues. St Teresa's Service is located in Co. Galway. The centre comprises of a six bedroom bungalow. All of the bedrooms are spacious, two of the bedrooms have been designed for wheelchair users and provided with overhead ceiling hoists. There is a shared accessible bathroom with overhead ceiling hoist and a separate accessible shower room. The centre has two sitting rooms, a dining room, kitchen, multi-sensory room and children have access to secure gardens. Children attending St. Teresa's Service generally access education by attending local schools during the week. The centre is staffed during the day and at night-time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 16 July 2025	09:15hrs to 15:45hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, carried out to monitor compliance with the regulations, to follow-up on issues to be addressed following the last inspection and following receipt of unsolicited information received by the Chief Inspector. This information was also used to inform lines of enquiry during this inspection. The inspection was facilitated by the person in charge and area services manager. The inspector also met with one staff member, three children who were availing of the respite service and with one family member. The inspector observed that children appeared to have a good rapport with staff and were content in the surroundings.

The findings from this inspection indicated that the provider had addressed the staffing deficits and there was now a full staffing compliment in place. The planned works to extend the outdoor garden space to facilitate the safe siting of additional outdoor play equipment was still in progress. The area manager outlined that the additional land had been purchased, planning permission had been granted, funding for the proposed works had been approved and the plans for the proposed project were gone to tender. The regulations reviewed on this inspection were generally found to be compliant. However, requests submitted for maintenance issues as identified by the local management team and logged on the computerised system were not always responded to in a timely manner and required review. While personal planning documentation reviewed was generally found to be informative and up-to-date, a small number of assessments and support plans required review and updating. The arrangements and documentation to support personal outcomes and individual goals also required review to ensure meaningful goals were set out for each child particularly during the summer months while they were on holidays from school.

St. Teresa's Services is registered to provide a respite service for children (children can avail of respite post 18 years old as long as in full-time education). At the time of inspection, there were twelve children and one young adult who was still in full-time education receiving respite services on a planned and recurrent basis, with each child or young adult having their own bedroom for the duration of their stay. The length of stay is typically for one or two nights with each child or young adult availing of a varying number of nights per month. The person in charge advised that a maximum of three children were accommodated per night. There was a full staff compliment in place and the service was now operating each day with the exception of two days per month. Children and young adults were supported to attend school during the school year while availing of respite services. At the time of this inspection, children were on summer holidays from school.

On the morning of inspection, there was one child availing of respite who was being supported by one staff member. On arrival to the centre, the child was still in bed and was about to be supported with personal care and breakfast. The inspector met with the child as they were having their breakfast at the dining table. They were unable to express their views verbally but appeared content and relaxed and

seemed to enjoy their breakfast. They indicated to staff that they would like more toast and the staff member on duty was attentive to their requests. Following breakfast the staff member supported the child to go for a drive in the bus and visit a local playground. On return to the centre, the resident was supported to have lunch which was freshly prepared and cooked. The child was observed to have their lunch at the outdoor bench in the rear garden area, enjoyed time playing on the swing and engaged in activities at the water table until their family member arrived to collect them as planned. The inspector spoke with the family member who advised that their child was very happy when availing of the respite service and got on well with staff. They advised that there was good communication with the staff team, who regularly provided updates on their child's well-being. They advised that they felt confident and assured that their child was being well looked after while availing of the service. Later during the afternoon, two children arrived to avail of the respite service. The inspector briefly met with both as they were sitting on the minibus about to go for a drive and visit a playground. They appeared content and relaxed in the company of familiar staff.

St. Teresa's consists of a single storey six bedroom bungalow located in the countryside but close to a large urban centre. There were a variety of communal areas, including two sitting rooms, a dining room and sensory room. A range of colourful soft floor mats and bean bags were provided to both sitting rooms. Two overhead projectors connected to the Internet were provided to the both sitting rooms ensuring that children and young adults availing of respite could view their preferred television programmes, music videos and YouTube videos. A separate sensory room was provided with a range of sensory lighting, projectors and mirror ball. Several large and colourful wall murals were provided to the walls in communal areas throughout the house. There were storage cupboards provided to each sitting room and dining room which contained a variety of soft toys, sensory toys, games, books, musical instruments and art and crafts materials. The person in charge showed the inspector new toys that had recently been purchased including dolls and a dolls buggy. Notice boards were provided throughout the centre and information regarding staffing, the management team, complaints procedure and human rights were displayed in a easy read and picture format.

The provider had continued to enhance the living environment, the walls to the sitting rooms had recently been painted, further colourful murals had been painted on walls and photo tiles of each child were displayed on the corridor. A large snakes and ladder wall board game was provided in the dining room. The local management team had identified additional improvement works required including the repainting of some bedroom walls, the replacing of flooring to the sensory room and office, upgrades to the kitchen, additional shelving to some bathrooms and the repair of the intruder alarm. These works had been identified and requested through the computerised system(Flex), however, some of the issues had been requested over several months. The provider had arranged an audit of all fire doors in the centre during May 2025. The area services manager advised that actions identified as a result of the audit were due to be completed in the coming weeks. The external areas and gardens were found to be well maintained. The inspector was informed that there was now a maintenance person available two days a week to ensure regular upkeep of the gardens and external areas. A range of suitable outdoor play

equipment including swings, sensory outdoor toys, basketball hoop, water table, sand pit and raised flower bed was provided. As discussed earlier, the provider had plans to extend the garden area and provide additional age appropriate outdoor play equipment. The area manager advised that funding had been approved on the day of inspection for new outdoor garden furniture.

The house and gardens were accessible to all children including those with mobility issues and using wheelchairs. There were suitable ramps provided at entrance doors, the corridors were wide and unobstructed and some bedrooms had been provided with double doors to facilitate bed evacuation in the event of fire or other emergency. The house was well equipped with aids and appliances to support and meet the assessed needs of the children availing of the service. Overhead ceiling hoists were provided to some bedrooms and bathrooms, specialised equipment including beds, mattresses, chairs and showering equipment were provided following assessment by the occupational therapist (OT). The person in charge advised that there were no delays in obtaining funding for specialised equipment in order to meet the assessed needs of children. The centre was generally found to be visibly clean and there were written cleaning protocols in place, however, a specialised bed showed obvious lack of regular cleaning and needed to be included in the cleaning schedule.

Staff reported that children and young adults who availed of respite continued to be supported to engage in activities both in the centre and in the local community. Staff advised that some children preferred to relax and listen to music or watch their preferred DVD in their bedroom in the evening time, some liked spending time alone in the sensory room, others enjoyed going for walks, spins in the bus, visiting local playgrounds, going to the shop for treats or getting a take away meal. The centre had access to its own transport which could be used to support the children to partake in activities. A new template had been developed and introduced to record activities offered and chosen by each individual child. While children normally attended school during the day throughout the school year, improvements were required to ensure that children were provided with opportunities to partake in appropriate activities and outings particularly during the school holiday period. While some discussions had taken place regarding proposed activities such as visiting the aquarium, there were no plans yet put in place.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the children's and young adults lives.

Capacity and capability

The findings from this inspection indicated that the provider had largely implemented the compliance plans submitted following the last inspections in

February 2024 and September 2023. Deficits in staffing had been addressed, recruitment had taken place and there was a full compliment of staff in place. The provider had continued to invest in the premises and outdoor play areas to ensure that its design and play equipment was appropriate. The providers plans to extend the outdoor space in order that additional play equipment could be sited safely was still a work in progress.

There was a clearly defined management structure in place. The person in charge worked full-time and was supported in their role by the staff team and area services manager. There were on-call management arrangements in place for out of hours.

The provider had ensured that the staff numbers and skill-mix were in line with the assessed needs of children, statement of purpose and the size of the designated centre. The inspector noted that there were adequate staff on duty to support children on the day of inspection. The staffing rosters reviewed for 7 July 2025 to 27 July 2025 indicated that a team of consistent staff was in place. The rosters were clear and set out the hours worked by each staff. The staff member in charge of each shift was also clearly set out. Staff spoken with were knowledgeable regarding the childrens' up-to-date support needs. There were normally three staff members on duty during the afternoon and evening time with two staff on duty (one on active duty) at night-time.

Staff training records reviewed indicated that all staff had completed mandatory training. Additional training had also been provided to staff to support them in their roles and meet the specific health care needs of some children.

The person in charge had systems in place to regularly monitor and review areas such as identified risks, accidents and incidents, restrictive practices, medicines management, infection, prevention and control, fire safety and residents finances. Regular team meetings were taking place at which identified areas for improvement were discussed and learning shared. Minutes from the last meeting reviewed indicated that topics including safeguarding, fire safety, risk, restrictive practices and infection, prevention and control were discussed. There was also evidence of consultation with residents at weekly house meetings where the views of residents were sought and information shared. Issues such as advocacy, safeguarding and rights had been recently discussed.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The provider had continued to complete six-monthly reviews of the service. The last review recently took place in June 2025. Actions as a result of this review included the recording of activities, as well as, food and drinks offered and chosen by individual children was now being implemented. The review had also recommended that the minutes of house meetings should be more personalised and descriptive. The annual review of the service for 2024 had been completed and included consultation with children and their families. The inspector reviewed five questionnaires which had been completed by family members which generally indicated satisfactory feedback. However, it was noted that a number of questionnaires indicated that communication between staff and family members needed improvement, and one family mentioned that more social activities would be

a bonus. The planned improvements as a result of the annual review included completing the works on the additional land purchased to extend the garden, replacing the floor to the office and sensory room, exploring new activities for the children in the community, and painting of further murals on the walls. Some improvements had been completed, some were work in progress and others had not yet been addressed. The person in charge and area service manager spoke of enhanced communication with families and how staff routinely communicated and provided regular updates via telephone or text with parents while children were availing of the respite service. The both confirmed that there were no open complaints and that there were no complaints regarding the service received in recent months that they were aware of.

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix was appropriate to the number and assessed needs of children. The staffing levels at the time of inspection met the support needs of children. The inspector found that the staffing levels were in line with levels set out in the statement of purpose. There were stable staffing arrangements and a team of consistent staff was now in place. There were no staff vacancies at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that all staff who worked in the centre had received mandatory training in areas such as fire safety, positive behaviour support, manual handling, safeguarding and Children First. Additional training was provided to staff to support them to safely meet the specific needs including the specific health care needs of some children. For example, training was provided in various aspects of infection prevention and control, safe administration of medications, feeding, eating and drinking guidance, epilepsy care, communication, use of hoists, wheelchair harnessing, percutaneous endoscopic gastrostomy (PEG) feeding, oxygen therapy and skin integrity. Some staff had completed modules on a human rights based approach to care. The person in charge had systems in place to oversee training and to ensure all staff were provided with refresher training as required.

Judgment: Compliant

Regulation 23: Governance and management

The findings from this inspection indicated that the centre was generally being well managed. There was a clear management structure in place as well as an on-call management rota for out of hours and at weekends. The provider had ensured that the designated centre was resourced in terms of staffing and other resources in line with the assessed needs of children.

The provider had continued to invest resources and had plans in place to carry out further improvements to the outdoor areas. The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including annual and six-monthly reviews. There was evidence that issues identified from reviews were being addressed.

Improvements, review and further oversight were required to ensuring that maintenance requests were responded to and acted upon in a timely manner, to ensuring that all support plans were up-to-date and reflective of the recommendations of allied health professionals, to ensure meaningful goals were set out for each child and to ensure opportunities were provided for children to partake in appropriate activities and outings particularly during the summer months while they were on holidays from school.

Judgment: Substantially compliant

Quality and safety

The children appeared to be comfortable in their environment and with staff supporting them. The provider had adequate resources in place to ensure that their assessed needs were met, that they were supported to attend school, get out and engage in activities that they enjoyed. While most of the personal planning documents reviewed were informative and up to date, some assessments and support plans needed to be reviewed and updated. The arrangements in place to support personal outcomes and individual goals needed to be reviewed to ensure that appropriate goals were set for each child.

The inspector reviewed the files of two children. Overall, the files were well maintained, informative, person centered and up-to-date. There were comprehensive assessments of the personal, health and social care needs of each child completed. There were individual risk assessments and support plans in place for specific health care conditions including epilepsy, percutaneous endoscopic gastrostomy (PEG) feeding. However, there were no care and support plans in place for children with specific skin conditions such as eczema. There was evidence of regular review and input from the speech and language therapist (SALT), dietitian and occupational therapist (OT). However, it was noted that the most up-to-date

recommendations were not always reflected in the care plans. The documentation and arrangements to support personal outcomes and individual goals also required review to clearly identify meaningful goals for each child, with a clear plan of action to support each child to achieve their goals. There was no clear planned activity schedule for the summer months while the children were availing of the school holidays.

Children and young adults had access to general practitioner (GP) services while availing of respite services. Staff advised the inspector that due to the respite nature of the service, families managed and supported children to attend all medical and healthcare appointments. Children and young adults had up-to-date hospital passports which included important and useful information specific to each of them in the event that they required hospital admission in an emergency. Children and young adults who required supports with communication had plans in place tailored to their individual communication support needs.

The management team had taken measures to safeguard children and young persons' from abuse. All staff had received specific training in the protection of vulnerable people and children. There were comprehensive and detailed personal and intimate care plans to guide staff. The inspector was satisfied that two peer on peer incidents reported to the Chief Inspector of Social Services in recent months had been managed appropriately in line with safeguarding policies. The person in charge advised that there were no active safeguarding concerns at the time of inspection. The local management team had identified and implemented control measures in response to the associated risks of a young adult over the age of 18 using the service.

The person in charge continued to review restrictive practices in the centre. There had been a further reduction in use of some restrictive practices since the previous inspection. All restrictive practices in use had been reviewed and approved by the restrictive practice committee. There were updated protocols and risk assessments for use of specific restraints. There were 15 minute safety checks taking place at night time where specific risk was identified in relation to the use of some physical restrictions in use such as bed rails.

Regulation 13: General welfare and development

Staff reported that children and young adults who availed of respite continued to be supported to engage in activities both in the centre and in the local community, however, improvements were required to ensure that children were provided with opportunities to partake in appropriate activities and outings in accordance with their interests, capacities and developmental needs while availing of the respite service. Children normally attended school during the academic year. Staff advised that some children preferred to relax and listen to music or watch their preferred DVD in their bedroom in the evening time after school, some liked spending time alone in the sensory room, others enjoyed going for walks, spins in the bus, visiting

local playgrounds, going to the shop for treats or getting a take away meal. The centre had access to its own transport which could be used to support the children to partake in activities.

The person in charge advised that four children were due to attend a summer camp in Co. Roscommon and there had been discussions about some children possibly visiting an aquarium, however, there was no clear planned activity schedule for the summer months particularly while the children were availing of respite during the school holidays.

Judgment: Substantially compliant

Regulation 17: Premises

The provider had continued to improve the living environment to meet the requirements of the children and young adults receiving respite services. However, improvements were still required to ensure that planned works to the external garden areas were progressed, to ensuring that maintenance requests submitted by the local management team were responded to and acted upon in a timely manner and to ensuring that the actions as an outcome of a recent fire door audit were addressed.

The planned works to extend the outdoor garden space to facilitate the safe location of additional outdoor play equipment was still in progress. The area manager outlined that the additional land had been purchased, planning permission had been granted, funding for the proposed works had been approved and the project proposals had been sent out for tender.

The local management team had identified additional improvement needs, such as repainting some bedroom walls, replacing the flooring in the sensory room and office, upgrading the kitchen, adding shelves to certain bathrooms, and repairing the intruder alarm. While these identified works had been requested through the computerised system (Flex), and follow up emails had been sent, there was no time bound plan in place for completion of the works at the time of inspection.

The provider had completed an audit of all fire doors in the centre during May 2025. The area services manager advised that actions identified as a result of the audit were due to be completed in the coming weeks.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Childrens' and young persons' health, personal and social care needs were regularly assessed and care plans were mostly developed, where required. Staff spoken with were familiar with, and knowledgeable regarding the childrens' and young adults' up to date health-care needs.

The inspector reviewed the files of two children. Overall, the files were well maintained, informative, person centered and up-to-date. There were individual risk assessments and support plans in place for specific health care conditions including epilepsy and percutaneous endoscopic gastrostomy (PEG) feeding. However, there were no care and support plans in place for children assessed as having a specific skin condition such as eczema. There was evidence of regular review and input from the speech and language therapist (SALT), dietitian and OT. While staff were aware of the most recent up-to-date recommendations from the dietitian dated May 2025, those recommendations were not reflected in the PEG care plan for that child.

The documentation to support personal outcomes and individual goals required review to clearly identify and set out meaningful goals for each child, with a clear plan of action to support each child to achieve their goals.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The local management team continued to ensure that restrictive practices in use were managed in line with national policy. The person in charge regularly completed a review of restrictive practices in the centre. All restrictive practices in use had been reviewed and approved by the restrictive practice committee and a further review was due to take place for one restriction used on transport. There were risk assessments, clear protocols with input and guidance from the OT for use of specific restraints. There were 15 minute safety checks taking place at night time where specific risk was identified in relation to the use of some physical restrictions in use.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that children and young adults using the respite service were protected from abuse. All staff had completed training in relation to safeguarding and Children First. The child safeguarding statement was recently updated. Staff spoken with recognised the associated risks of young adults and children utilising the service. The risk register had been updated to reflect the current control measures in place in order to mitigate those identified risks. The person in charge advised that there were no active safeguarding concerns in the

centre at the time of inspection. Safeguarding was a standing agenda item for discussion at staff meetings. The right to feel safe, the role and contact details of the designated officer, the right to a safe environment had recently been discussed with children and young adults at recent house meetings.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St. Teresa's Services OSV-0004064

Inspection ID: MON-0047479

Date of inspection: 16/07/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The planned works to extend the outdoor garden space to facilitate the safe location of additional outdoor play equipment is expected to be completed by the 30th November 2025.</p> <p>An external contractor has been assigned to address all issues pertaining to fire doors, this will be completed by the 22nd August 2025.</p> <p>A robust action plan with clear timelines for the remainder of the improvements to the centre has been completed and these works will be finalized on the 30th November 2025. The Person in Charge will continue to submit maintenance requests through the online Flex system and follow up with the Area Services Manager. The Area Services Manager shall request an action plan with clear timelines from the Facilities/Maintenance Services.</p> <p>All resident's support needs have been review and assessed. Care plans are now in place for children that were assessed as having a skin condition such as eczema, completed 28th July 2025. Input from Speech and Language and Dietitian was updated in a PEG careplan to reflect new changes, completed 28th July 2025.</p> <p>Personal outcomes and goals for each resident were reviewed and updated for the summer holidays. All residents have identified meaningful activities that they have chosen to engage in over the summer months, completed on 29th July 2025. Long term goals for the remainder of the year are currently under review with residents, to be completed on 31st August 2025.</p> <p>A clear planned activity schedule for the summer holidays is now in place for all residents</p>	

<p>attending respite, this has been completed in consultation with the children we support, completed 29th July 2025.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>Personal outcomes and goals for each resident were reviewed and updated for the summer holidays.</p> <p>All residents have identified meaningful activities that they have chosen to engage in over the summer months, examples are pet farms, local hurling and football matches, bowling, swimming, walks in Salthill promenade, boat tour. Completed on 29/07/2025.</p> <p>Long term goals for the remainder of the year are currently under review with residents, to be completed on 31st August 2025.</p> <p>A clear planned activity schedule for the summer holidays is now in place for all residents attending respite, this has been completed in consultation with the children we support, completed 29th July 2025.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The planned works to extend the outdoor garden space to facilitate the safe location of additional outdoor play equipment is expected to be completed by the 30th November 2025</p> <p>An external contractor has been assigned to address all issues pertaining to fire doors, this will be completed by the 22nd August 2025.</p> <p>A robust action plan with clear timelines for the remainder of the improvements to the centre has been completed and these works will be finalized on the 30th November 2025. The Person in Charge will continue to submit maintenance requests through the online Flex system and follow up with the Area Services Manager. The Area Services Manager shall request an action plan with timeline from Ancillary Services.</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>All resident's support needs have been review and assessed. Care plans are now in place for children that were assessed as having a skin condition such as eczema, completed 28th July 2025. Input from Speech and Language and Dietitian was updated in a PEG careplan to reflect new changes, completed 28th July 2025.</p> <p>Personal outcomes and goals for each resident were reviewed and updated for the summer holidays. All residents have identified meaningful activities that they have chosen to engage in over the summer months, completed on 29th July 2025. Long term goals for the remainder of the year are currently under review with residents, to be completed on 31st August 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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31/08/2025
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.	Substantially Compliant	Yellow	30/11/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the	Substantially Compliant	Yellow	30/11/2025

	service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	28/07/2025
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/08/2025