Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area E
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	21 October 2025
Centre ID:	OSV-0004087
Fieldwork ID:	MON-0048562

About the designated centre

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

This centre comprises of a bungalow in the centre of a rural town and can provide a residential service for up to three residents. This centre is home to male and female residents over the age of 18 who present with moderate to severe intellectual disability and/or other diagnoses such as autism. The house operates on a 24 hour, seven days a week basis with staff present both day and night to support residents. This centre strives to provide a home like environment where individuals are encouraged and supported to become as independent as possible in their daily lives. The centre promotes and encourages community involvement and places an emphasis on personal choice and person centered planning.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
Tuesday 21 October 2025	09:00hrs to 16:40hrs	Maureen McMahon	Lead

What residents told us and what inspectors observed

This inspection was completed by the Health Information and Quality Authority (HIQA), to assess the provider's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with disabilities 2013. This inspection followed up on the findings of the last HIQA inspection completed in June 2023 and also took into consideration notifications the provider had submitted to the Chief Inspector of Social Services. As part of this inspection, the inspector met with three residents who were present in the centre and observed how they lived. The inspector also met with the person in charge, three members of staff and the regional director, and viewed a range of documentation and processes. While the provider did not demonstrate full compliance with the regulations, the residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported to integrate in the local community, and were involved in activities that they enjoyed.

The centre had a warm and welcoming atmosphere and the inspector was kindly greeted by a resident upon arrival. One resident was relaxing in the sitting room watching morning television. They spoke with the inspector about attending a local county final over the weekend, the outcome was a draw, and their plans to attend the replay. The resident was a passionate sports fan and enjoyed chatting during the day about local and county football and hurling. Staff members spoken with were knowledgeable on this resident's wishes and preferences and told the inspector about the importance of ensuring the resident could attend local events and had access to sports on television.

Another resident was observed relaxing in the kitchen in a comfortable recliner chair. They shook hands and spoke briefly with the inspector, they appeared relaxed and content. Staff were observed communicating clearly with this resident in line with their communication needs. A resident assisted the inspector in walking around the centre. Each resident had their own ensuite bedroom which they had personalised and decorated in line with their individual interests. One bedroom featured pictures of favourite sports teams and family photographs. Another resident showed the inspector their bedroom, which had been decorated in a western-style theme that the resident had chosen and enjoyed. Residents had access to televisions in their bedrooms. There was adequate storage for residents' clothing and belongings in each bedroom.

Residents were observed completing their morning routines in a relaxed manner. Staff were respectful and offered residents choice throughout the day. For example regarding activities available and possible meal options. One resident told the inspector that they had recently celebrated a milestone birthday and that a surprise party had been organised with their family, friends and staff in the centre.

All residents left the centre in the morning and went to a nearby coffee shop. This coffee shop was well known to the residents and a preferred place. Staff described

ones resident's favourite activity as enjoying "a coffee and a bun". One resident told the inspector that they had planned to go cycling with a peer to a seaside town in the afternoon. This resident was excited about this activity and was observed planning for the trip with staff. Residents spoken with were enthusiastic about visiting the seaside and having a meal out. A review of records demonstrated that residents were out and about on a daily basis to restaurants, shops, appointments and areas of interest.

There was evidence that residents were consulted about the running of the centre. For example, residents held monthly house meetings to discuss relevant matters. One resident told the inspector that they loved living in the house and raised no issues about the support provided by the staff team. They also said they get along with everyone in the centre.

In summary, this inspection identified good practices across the regulations examined but some improvements were also identified. Some of the findings from this inspection were repeat issues identified during the previous inspection of the centre. This impacted the level of compliance determined by the inspector, as the provider had not taken effective action to address these issues. These will be discussed in the next two sections of this report.

The next two sections of this report will discuss the governance and management arrangements in place in the centre and how these ensured or not the quality and safety of the service.

Capacity and capability

Based on the findings of this inspection the provider had a clear commitment to provide each resident with a safe quality service. However, the oversight systems in place were not robust enough to fully support or ensure effective governance of the service. Areas identified in the last inspection of this centre in June 2023, continued to require improvement, such as the management of residents' personal finances and contracts for the provision of care.

There was a clearly defined management structure in place with well-established lines of accountability. Day-to-day management and oversight of the centre was the responsibility of the person in charge, who was also responsible for two other designated centres. They described being present in the centre one to two times per week. Staff confirmed that they had access to support and guidance as needed from the person in charge. The person in charge also confirmed that they received support from their line manager. On-call management arrangements were in place for out-of-hours.

The person in charge told the inspector that the centre was transitioning to an online documentation system and they were currently in the process of

implementing it.

Records reviewed by the inspector confirmed four staff meetings had taken place to date in 2025. Standard agenda items included areas such as risk management, incidents, complaints, training, finances and good news stories. The person in charge described challenges to ensuring all staff could access team meetings due to the waking night rota in the centre. Minutes were made available in the centre for all staff to read if they were not in attendance.

The staff duty rota reflected the staffing levels, staffing arrangements and the staff skill-mix observed and described.

The inspector reviewed records that indicated that the provider's formal quality assurances systems were consistently applied. For example, the annual review for 2024 had been completed by the person in charge, with feedback sought from residents and their representative. The provider's unannounced audits were undertaken in line with the regulations. However, observations from this inspection indicated that more robust auditing practices are required. For example, improvements were needed regarding the oversight of resident's personal finances.

Regulation 15: Staffing

Staffing numbers and staffing arrangements were based on the assessed needs of each resident. It was evident that the staffing arrangements were in accordance with the needs and preferences of each resident.

The person in charge had prepared planned and actual staff duty rotas for the centre. These rotas were reviewed by the inspector for September 2025 and up to and including 21 October 2025. This review indicated that the planning of the rota considered continuity and residents were generally supported by a familiar staff team. When additional staff were required from an agency used by the provider, they were also usually known to residents. The person in charge ensured agency staff worked alongside the regular staff and also conducted a detailed induction with them.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre had received appropriate training relevant to their roles, including training in fire safety and safeguarding residents from abuse.

Additional training was provided to support staff to meet the needs of residents

including training in medicines management, infection prevention and control, food safety, catheter care and cardiopulmonary resuscitation (CPR).

The person in charge described the systems in place for supporting and supervising the staff team. Formal supervision meetings took place at least annually and more frequently if required. The person in charge had a supervision planner in place for 2025. Staff confirmed they had received supervision in the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents. The inspector saw that the directory contained the information specified in paragraph (3) of Schedule 3 of the regulations. For example, information relating to the admission and discharge of each resident was maintained as required. The inspector observed a recent temporary discharge from the centre was recorded in the directory of residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place and all staff were aware of this structure and their reporting relationships. However, while the provider had systems of oversight, this inspection found improvements were required in the oversight of fire safety, residents' personal possessions and the notification of incidents to be submitted to the Chief Inspector.

The provider had various monitoring and oversight systems in place such as a provider unannounced audit undertaken twice each year. The inspector read the report of the provider's unannounced audit completed in May 2025. The person in charge demonstrated to the inspector that any identified actions were complete or in the process of being addressed. An annual review of the service was available in the centre and had been prepared in accordance with the regulations. This review included feedback from residents regarding their views on living in the centre.

There was also a schedule of audits in place including audits of fire safety, health and safety, medicines management and infection prevention and control. The inspector reviewed these audits for September 2025. These audits were not always sufficiently detailed or robust so as to identify where improvement might have been needed. For example, no corrective actions were recorded as needed in financial audits undertaken. However, the inspector found bank account records required for

reconciliation had not been available since December 2024. This impact on oversight had not been identified by the provider despite completion of monthly financial audits. In addition, the inspector found that there were up to ten occasions this year where daily fire safety checks were not recorded as having been completed. This issue was also not identified by the provider in the fire safety and health and safety audits it had completed.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had prepared written contracts for the provision of a residential service for each resident. However, the inspector viewed a sample of two contracts and found details of some charges for additional services were not detailed in the contract. The provider had not addressed the areas for improvement identified in the June 2023 inspection regarding residents' contracts of care.

For example, one resident was paying for a satellite television service that was not clearly stated in their contract of care as an additional charge. The inspector also reviewed the plan that outlined the supports required in relation to personal finances. There was conflicting information in the records seen as to the resident's understanding of financial matters. The provider had documented that the resident required full support to understand decisions regarding financial matters. However, the same care plan later described the resident as making informed financial decisions.

Judgment: Not compliant

Regulation 31: Notification of incidents

There was a system in place for the recording of incidents and for submitting notification of the required incidents to the Chief Inspector. However, improvement was required to ensure all required notifications were submitted.

The inspector reviewed daily notes for a resident and saw injuries such as bruising and minor scratches were recorded. However, while the residents were cared for and attended to, the injuries had not been notified to the Chief Inspector for example, as part of the required quarterly returns.

Judgment: Substantially compliant

Quality and safety

As discussed in the opening section of this report residents were supported to enjoy a good quality of life. Residents told the inspector that they liked living in the centre, residents said they were happy with their lifestyle and the opportunities available to them. However, as discussed in the previous section of this report, the inspector again found that improvements were required in the systems and arrangements for the management of residents' personal finances and in the providers fire safety arrangements.

The location, design and layout of the centre was suitable. The provider had undertaken a review of the environment in response to the changing needs of residents and found the centre was meeting their current needs. Communal areas were homely and personalised to the residents' preferences. Residents had plans to decorate the centre for Halloween in the coming days.

Each resident participated in the personal planning process which included their individual goals and progress updates. The inspector observed residents were actively engaging in activities in support of these goals such as the progression of a sensory assessment for one resident.

The person in charge maintained good oversight of incidents that occurred, and of risks and how they were managed. The centre did not have any restrictive practices in place on the day of inspection.

Financial records seen by the inspector indicated that residents regularly participated in community activities such as shopping, attending shows, going to coffee shops and sporting events. However, the inspector did identify areas for improvement with financial records. For example, a receipt for a purchase of an item in September was recorded with the October returns with no explanation provided. Some receipts lacked sufficient detail to identify the purchases that were made, they were not consistently maintained or initialed by staff members. Similar issues had been identified in the June 2023 inspection of the centre and based on these inspection findings they had not been adequately addressed by the provider.

The inspector saw that the provider had fire safety measures in place including an fire detection alarm system, emergency lighting and fire-fighting equipment. However, the inspector saw during a walkabout of the centre that the fire-resistant utility room door did not have a self-closing mechanism in place to ensure the door operated correctly in the event of a fire. This door was open in the earlier part of this inspection and laundry was actively being done. This was brought to the attention of the provider and they took action to ensure the door remained closed and the correct mechanism was fitted the day following the inspection. In addition, improved oversight was required for the completion of fire safety checks and fire evacuation procedures in the centre.

Regulation 10: Communication

There were effective systems in place to support residents to communicate. The inspector saw that residents in the centre were supported to communicate in line with their assessed needs and wishes.

The inspector had opportunity to speak with all residents in the centre. Some residents readily engaged and independently initiated conversations with the inspector.

Staff were knowledgeable of each resident's communication style. Staff used communication strategies with residents as outlined in their personal plans such as allowing time for a resident to respond and using simple language.

Residents had access to media devices such as televisions, personal tablets and radios.

Judgment: Compliant

Regulation 11: Visits

Residents were actively supported and encouraged to maintain connections with their families. There were no restrictions on visiting the centre. Residents had space to meet visitors in private if they wished. Residents received visits from family members in the centre frequently and they were also supported to visit and stay with family members at home.

Judgment: Compliant

Regulation 12: Personal possessions

Improvement was required in the systems for the management of resident's personal finances.

The inspector reviewed the financial records held for two residents. The provider had a system in place for cash balances to be checked daily. However, records reviewed by the inspector found some cash balances to have not been checked in recent days with gaps in records of up to three days noted.

Up-to-date account statements were not available for all residents in the centre so as to support reconciliation of the management of their finances. In addition, where statements were available these had not been reviewed for the purposes of

reconciliation in 2025. This lack of oversight impacted on the provider's ability to assure resident's personal finances were managed in line with the provider's own procedures.

The provider had undertaken financial audits in the centre each month. However. these audits were not robust. For example, where prompted to review expenditures, the auditor noted to refer to the other records under review with no scrutiny of these expenditures. The financial audits did not identify the issues found on this inspection. For example, missed daily cash balance checks, the failure to reconcile accounts and poor receipt management. For example, it was not always clear which staff completed the transactions and some receipts lacked sufficient detail to identify the item purchased.

Judgment: Substantially compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service. The inspector saw the centre was well maintained, comfortable, nicely decorated and personalised.

During a walk around the centre the inspector saw that the centre was visibly clean. All residents had their own bedrooms and ensuite bathrooms. A spacious accessible room with a bath was also available to residents.

Measures that enhanced the safety of residents included the provision of handrails in bathrooms and specific equipment such as shower-chairs where required.

To the rear of the centre was a compact yard with some garden furniture and potted plants. This area did require some maintenance to ensure items were stored away, such as a sun parasol, and to ensure the area was free from trip hazards. A small garden was also available to the front of the centre.

The centre had access to two vehicles for residents to access activities and places of interest.

Judgment: Compliant

Regulation 18: Food and nutrition

Resident's nutritional needs were well supported in the centre. The centre had a well-equipped kitchen where food could be stored and prepared in hygienic conditions. Staff spoken with explained that residents chose their meals on a daily basis and took part in preparing the shopping list for the centre with their preferred

items.

A resident told the inspector that they chose their meals and that they really enjoyed the food. They also said that they could get a takeaway if they wished.

Some residents were assessed as requiring modified diets and these were provided. The inspector observed a meal prepared in the centre and served to a resident. This meal was freshly prepared and appeared nutritious and wholesome.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, management and ongoing review of risk.

The provider had an established system in place for recording, reporting, and reviewing incidents, ensuring learning and improvement so as to improve the quality and safety of the support provided.

The inspector reviewed all incident records recorded in the centre for 2025 up to the 25 October 2025. The person in charge was familiar with all of the incidents and had taken corrective action where required. For example, in response to a slip involving one resident, a follow-up occupational therapist assessment was undertaken to assess the environment.

The provider had contingency plans in place to respond to events such as loss of power and heat.

The provider had prepared a risk register for the centre, the provider had 17 risks identified. This register was reviewed by the inspector. The register of risks reflected the findings of resident's assessments. For example, the provider had identified risks associated with unfamiliar staff and controls included the requirement for consistent staffing in the centre to support residents' assessed needs. In addition, an identified risk due to changing mobility needs was identified and control measures were in progress such as the installation of additional level access at the front door.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the inspector was not assured the provider had adequate oversight of fire

safety in the centre. For example, as discussed above, the provider's own fire safety checks had failed to identify that a fire door was missing a required a self-closing device. While this issue was subsequently addressed, the inspector was not assured that adequate oversight was maintained of fire evacuation times.

The inspector reviewed records of eight fire drills. Evacuation times ranged from one minute thirty seconds up to eight minutes. This variation in evacuation times was not always explained in records reviewed or in discussion had. Therefore the inspector was not assured the provider had a good understanding of the requirement to evacuate residents within a timeframe specified by the provider.

There was no evidence that individual fire drills were reviewed or sent to the designated fire officer as required by the provider's own procedures. As a result, the provider was unable to give robust assurances that all residents could be safely and promptly evacuated in the event of a fire.

These findings indicated that the fire safety systems lacked evidence of review and oversight by the provider and require improvement.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident informed by the assessment of their needs. The plans were reviewed annually or more frequently if required.

A person-centred plan had been developed for all residents and goals were identified. Personal goals were set in accordance with residents' lifestyle choices and wishes. Some goals included the use of a local sensory garden and the progression of a music system for a resident's bedroom. To enhance these goals, the provider had an active referral in place for the specialist support of a sensory occupational therapist.

Personal plans identified areas such as "what is important to me" and provided residents with easy-read health plans where required. Residents were supported to be part of their planning meetings.

Staff were knowledgeable on resident's personal plans and could describe the care and support required to progress resident's goals.

Judgment: Compliant

Regulation 6: Health care

Resident's healthcare needs were well met in line with their personal plans and residents had access to medical and healthcare services to ensure their wellbeing.

The inspector reviewed healthcare records for one resident. These records demonstrated access to a range of multidisciplinary professions such as medical consultants, audiology, ophthalmology, neurology teams and general practitioners (GP).

The provider had prepared detailed care plans, for example, in relation to epilepsy, nutritional needs, and the prevention and management of falls.

The inspector reviewed daily notes created by staff and there was evidence these care plans were implemented in the centre.

Judgment: Compliant

Regulation 8: Protection

The provider had measures in place to safeguard residents from abuse.

The provider had a clear safeguarding policy and all staff spoken with were aware of their responsibilities in relation to safeguarding residents.

All staff had received training in safeguarding. It was evident from records seen that staff and residents had access, as needed, to the designated safeguarding officer. For example, the person in charge had previously referred an incident to the designated officer for consideration.

Posters with details of the designated officer were available in the centre. A resident who spoke with the inspector said everyone who lived in the centre got along well.

The inspector was assured that the measures in place safeguarded residents from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to make choices in all aspects of their daily lives, and to be involved in decisions which would affect them.

The inspector saw residents were actively supported to understand the upcoming presidential election, with easy-read information available in the centre and supports in place to ensure all residents were registered to vote. There were many examples

where residents' choices and decisions were respected and supported, such as in the running of the centre through residents' meetings. The inspector observed staff engaging respectfully with residents to understand choices regarding menu options and planned activities. All residents had a comprehensive intimate care plan to guide staff on their assessed needs.
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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area E OSV-0004087

Inspection ID: MON-0048562

Date of inspection: 21/10/2025

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

A] Fire safety

The PIC will ensure oversight of fire evacuations by reviewing them on the flex system each month in accordance with the current fire policy, which advises that fire evacuations will be completed on a monthly basis. In the event that the policy changes and the frequency of fire evacuations changes, the monitoring of the PIC will be in accordance with this. To be completed by 30/11/25

Remedial Actions if required following review of the fire evacuations will be recorded by the PIC, discussed with the residents and staff. To be implemented by 12/12/25

The agreed actions will be implemented within agreed time frames. To be implemented by 12/12/25

The PIC will under audits to ensure the necessary actions have been implemented. To be implemented by 12/12/25

B] Audits- Finance

The PIC will implement a system to ensure daily compliance with record keeping of receipts and reconciliation of documentation as per finance policy. To be implemented by 12/12/25

C] Audits- Medication

The PIC will implement a system to ensure there is a robust auditing system including action plans as required for medication management and infection control to ensure appropriate standards of compliance in accordance with the organizational policies. To be implemented by 12/12/25

The PIC will review all completed audits at least on a monthly basis and implement any remedial actions as required. To be implemented by 12/12/25

The PIC will ensure all notifications in accordance with HIQA regulations are submitted to the HIQA Chief Inspector within timeframes identified in the regulations. To be implemented immediately

Regulation 24: Admissions and contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
The PIC will include an addendum to the contract of care detailing any charges for additional services. To be completed by 31/12/25

The PIC will review and update as require each care plan to ensure that information recorded is accurate and provides the appropriate guidance and supports required for residents in relation to their financial decision making. To be completed by 31/12/25

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The PIC will implement a system to ensure all notifications will be submitted to the Chief Inspector in accordance with regulation. To be implemented immediately.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
The PIC will implement a system to ensure daily compliance with record keeping of receipts and reconciliation of documentation as per finance policy. These will include daily checks on cash balances, provision of current finance statements for reconciliation,

signing of receipts by staff on the same day transactions are made. To be implemented by 12/12/25

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• Doors off the protected corridor and including the utility door will have self-closing devices. Completed

• All fire evacuations will be completed on the Flex system and will be reviewed by the PIC and fire prevention officer for oversight. To commence by 30/11/25

• All fire evacuations will include details of time in which each person evacuated, the supports required and will also identify where the individual evacuated to. To commence by 30/11/25

• All daily local fire checks will be completed as per policy. Monthly fire check reports will be completed on the Flex System and will be review by the PIC and Fire Prevention Officer for oversight. To commence by 30/11/25

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	14/12/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	21/12/2025
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall	Not Compliant	Orange	14/12/2025

	include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	12/12/2025
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Substantially Compliant	Yellow	01/01/2026